

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 7490 New Technology Way
Check if different than previously reported. (ACC) Frederick MD 21703

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00416305 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report
(b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Dr. Jeremy Roth [Electronically Filed] Date 01 / 31 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		89717.90
(b) Cash on Hand at Beginning of Reporting Period.....	106125.27	
(c) Total Receipts (from Line 19) .....	9510.00	55260.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	115635.27	144977.90
7. Total Disbursements (from Line 31).....	5621.86	34964.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	110013.41	110013.41
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

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).....	9310.00	43310.00
(ii) Unitemized .....	200.00	11950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9510.00	55260.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9510.00	55260.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9510.00	55260.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9510.00	55260.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	1496.86	14989.49
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1496.86	14989.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	4125.00	12475.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5621.86	34964.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4125.00	19975.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9510.00	55260.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9510.00	55260.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Hasan Abed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Waterbird Court  
 City Cockeyesville State MD Zip Code 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6967**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**B. Marc Azran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Hillsboro Drive  
 City Silver Spring State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6934**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**C. Dr. Maksim Barkinskiy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10021 Dickens Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6830**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 7 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Maksim Barkinskiy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10021 Dickens Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6927**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6852**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6950**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 8 OF 72  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Dr. Jeffrey Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14952 Finegan Farm Rd.  
 City State Zip Code  
 Germantown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6806**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Jeffrey Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14952 Finegan Farm Rd.  
 City State Zip Code  
 Germantown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6904**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. John Bunker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15229 National Pike  
 City State Zip Code  
 Hagerstown MD 21740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6882**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John Bunker</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6980</b>
Mailing Address 15229 National Pike		Amount of Each Receipt this Period 50.00
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Rachel Cappuccino</b>		Date of Receipt 12 / 24 / 2012 <b>Transaction ID : SA11AI.6876</b>
Mailing Address 2811 Sommersby Rd.		Amount of Each Receipt this Period 25.00
City Mt. Airy	State MD	Zip Code 21771
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anestheisa	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Rachel Cappuccino</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6974</b>
Mailing Address 2811 Sommersby Rd.		Amount of Each Receipt this Period 25.00
City Mt. Airy	State MD	Zip Code 21771
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anestheisa	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Donald Charney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Meadowhill Court

City Phoenix State MD Zip Code 21131

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6853**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Donald Charney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Meadowhill Court

City Phoenix State MD Zip Code 21131

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6951**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. Satyam Chary**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6855**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Satyam Chary**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6952**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Thomas Chau**  
Full Name (Last, First, Middle Initial)

Mailing Address 7204 Loch Edin Court

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6807**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 7204 Loch Edin Court

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6905**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 12 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Dwayne Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12808 Spring Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6829**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Dwayne Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12808 Spring Drive  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6926**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Edward Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10209 Fleming Avenue  
 City State Zip Code  
 Bethesda MD 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6808**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Edward Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10209 Fleming Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6906**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. William Chester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13771 Lambertina Place  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6809**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. William Chester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13771 Lambertina Place  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6907**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 14 OF 72  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 11008 South Glen Road

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**12 / 24 / 2012**

**Transaction ID : SA11AI.6831**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

Mailing Address 11008 South Glen Road

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**12 / 31 / 2012**

**Transaction ID : SA11AI.6928**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

Mailing Address 11546 Fox River Road

City Ellicott City State MD Zip Code 21042

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt  
**12 / 24 / 2012**

**Transaction ID : SA11AI.6862**

Amount of Each Receipt this Period  
**75.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 11546 Fox River Road

City Ellicott City State MD Zip Code 21042

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6960**

Amount of Each Receipt this Period 75.00

Payroll deduction

**B. Dr. Melvin Coursey**  
Full Name (Last, First, Middle Initial)

Mailing Address 18720 Shremor Drive

City Derwood State MD Zip Code 20855

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6810**

Amount of Each Receipt this Period 50.00

Payroll deduction

**C. Dr. Melvin Coursey**  
Full Name (Last, First, Middle Initial)

Mailing Address 18720 Shremor Drive

City Derwood State MD Zip Code 20855

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6908**

Amount of Each Receipt this Period 50.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City State Zip Code  
 Bowie MD 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6872**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Lauren Deloach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City State Zip Code  
 Bowie MD 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6970**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Patrick Dono**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17136 Wesley Chapel Rd.  
 City State Zip Code  
 Monkton MD 21111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6856**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 17 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Patrick Dono**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17136 Wesley Chapel Rd.  
 City State Zip Code  
 Monkton MD 21111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6953**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll deduction

**B. Dr. Karen Dugan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4107 Vickie Lynn Court  
 City State Zip Code  
 Mt. Airy MD 21771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6884**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll deduction

**C. Dr. Karen Dugan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4107 Vickie Lynn Court  
 City State Zip Code  
 Mt. Airy MD 21771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.7002**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 65.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8370 Greensboro Drive  
Apt #208

City McLean State VA Zip Code 22102

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6836**

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 8370 Greensboro Drive  
Apt #208

City McLean State VA Zip Code 22102

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6933**

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6839**

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

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

FOR LINE NUMBER: PAGE 19 OF 72  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Todd Epstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11305 Struttman Terrace  
City North Bethesda State MD Zip Code 20852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6936**  
Amount of Each Receipt this Period 50.00  
Payroll deduction

**B. Dr. Richard Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6436 West Langley Lane  
City McLean State VA Zip Code 22101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6834**  
Amount of Each Receipt this Period 50.00  
Payroll deduction

**C. Dr. Richard Evans**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6436 West Langley Lane  
City McLean State VA Zip Code 22101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6931**  
Amount of Each Receipt this Period 50.00  
Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Philip Ferkler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4107 Vickie Lynn Court

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6885**

Amount of Each Receipt this Period  

30.00
-------

Payroll deduction

**B. Dr. Philip Ferkler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4107 Vickie Lynn Court

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6981**

Amount of Each Receipt this Period  

30.00
-------

Payroll deduction

**C. Ronald Flax**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3715 Birchmere Ct.

City Owings Mills	State MD	Zip Code 21117
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6857**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ronald Flax**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 Birchmere Ct.  
 City Owings Mills State MD Zip Code 21117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6954**  
 Amount of Each Receipt this Period 25.00  
 Payroll deduction

**B. Dr. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6886**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6982**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 125.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 22 OF 72  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Thomas Gambon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Charleston Dr.  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6897**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Thomas Gambon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7700 Charleston Dr.  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6993**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**c. Dr. James Glass**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1221 T Street, N.W.  
City Washington State DC Zip Code 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6835**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. James Glass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1221 T Street, N.W.  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6932**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Steven Grube**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13895 Foxtower Road  
 City Thurmont State MD Zip Code 21788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6887**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Steven Grube**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13895 Foxtower Road  
 City Thurmont State MD Zip Code 21788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6983**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6858**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6955**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6881**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Shelly Hairston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12312 Highstakes Drive  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6979**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**B. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City Great Falls State VA Zip Code 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6840**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**C. Dr. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Ct.  
 City Great Falls State VA Zip Code 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6937**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8101 Ruxton Crossing Road

City Towson State MD Zip Code 21204

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6859**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

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

Mailing Address 8101 Ruxton Crossing Road

City Towson State MD Zip Code 21204

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6956**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

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

Mailing Address 1614 Randallwood Court

City Jarrettsville State MD Zip Code 21084

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6860**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Court  
 City Jarrettsville State MD Zip Code 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6957**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6861**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Sung Hong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8525 Huntspring Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6958**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 28 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Steven Hopper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 N. Park Avenue #101  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6841**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Steven Hopper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4550 N. Park Avenue #101  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6938**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**c. Dr. Stuart Hough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9110 Travener Circle  
 City Frederick State MD Zip Code 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6811**  
 Amount of Each Receipt this Period 75.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Stuart Hough**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9110 Travener Circle  
City Frederick State MD Zip Code 21704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6909**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

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

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6968**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Sean Isaac**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Starlight Farm Drive  
City Phoenix State MD Zip Code 21131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6868**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Sean Isaac**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Starlight Farm Drive

City Phoenix State MD Zip Code 21131

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6966**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Supriya Jagannath**  
Full Name (Last, First, Middle Initial)

Mailing Address 9657 Atterbury Lane

City Frederick State MD Zip Code 21704

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6900**

Amount of Each Receipt this Period **25.00**

Payroll deduction

**c. Dr. Supriya Jagannath**  
Full Name (Last, First, Middle Initial)

Mailing Address 9657 Atterbury Lane

City Frederick State MD Zip Code 21704

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6997**

Amount of Each Receipt this Period **25.00**

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**

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

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

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

FOR LINE NUMBER: PAGE 31 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. David Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Bootjack Drive  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6888**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. David Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Bootjack Drive  
 City State Zip Code  
 Frederick MD 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6984**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. James Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7514 Arrowwood Road  
 City State Zip Code  
 Bethesda MD 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6842**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6939**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 6579 Prestwick Drive

City Highland State MD Zip Code 20777

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6812**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 6579 Prestwick Drive

City Highland State MD Zip Code 20777

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6910**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6929**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. James Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4808 Moorland Lane Apt. #803  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6838**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. James Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4808 Moorland Lane Apt. #803  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6935**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 34 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Richard Ko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6795 Stockwell Manor Drive  
 City Falls Church State VA Zip Code 22043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6813**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Richard Ko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6795 Stockwell Manor Drive  
 City Falls Church State VA Zip Code 22043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6911**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Harkisan Laheri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11722 Split Tree Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6814**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 11722 Split Tree Circle

City	State	Zip Code
Potomac	MD	20854

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6912**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

Mailing Address 3467 North Venice Street

City	State	Zip Code
Arlington	VA	22207

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6843**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

Mailing Address 3467 North Venice Street

City	State	Zip Code
Arlington	VA	22207

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6941**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 36 OF 72  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Thomas Malone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11667 Fairmont Place  
City Ijamsville State MD Zip Code 21754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **825.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6889**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

**B. Dr. Thomas Malone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11667 Fairmont Place  
City Ijamsville State MD Zip Code 21754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **900.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6985**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

**C. Dr. Mollyann March**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6504 Greentree Road  
City Bethesda State MD Zip Code 20817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **825.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6844**  
Amount of Each Receipt this Period **75.00**  
Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6942**

Amount of Each Receipt this Period **75.00**

Payroll deduction

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

Mailing Address 3336 O Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6815**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 3336 O Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6913**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Omid Moayed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8913 Cherbourg Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6828**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**B. Omid Moayed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8913 Cherbourg Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6925**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**C. Dr. Danielle Mossman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3709 Falling Green Way  
 City Mt. Airy State MD Zip Code 21771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6883**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Danielle Mossman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3709 Falling Green Way  
 City State Zip Code  
 Mt. Airy MD 21771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.7001**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Thomas Munro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15310 Forest Lake Court  
 City State Zip Code  
 Darnestown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6898**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll deduction

**C. Dr. Thomas Munro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15310 Forest Lake Court  
 City State Zip Code  
 Darnestown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6995**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Anna Noriega-Nalls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 603 Queen Street #4  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6816**  
 Amount of Each Receipt this Period **100.00**  
 Payroll deduction

**B. Dr. Anna Noriega-Nalls**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 603 Queen Street #4  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6914**  
 Amount of Each Receipt this Period **100.00**  
 Payroll deduction

**C. Dr. Denis O'Fallon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12123 Merricks Court  
 City Monrovia State MD Zip Code 21770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6890**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

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



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

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

FOR LINE NUMBER: PAGE 41 OF 72  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Denis O'Fallon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12123 Merricks Court  
City Monrovia State MD Zip Code 21770  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6986**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Philip Owens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 141 Adams Street, NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6818**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Philip Owens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 141 Adams Street, NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6915**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 42 OF 72  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Dr. Kent Ozkum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10720 Dern Road

City Emmitsburg	State MD	Zip Code 21727
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6899**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Kent Ozkum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10720 Dern Road

City Emmitsburg	State MD	Zip Code 21727
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6996**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Paul Park**  
Full Name (Last, First, Middle Initial)  
Mailing Address 510 Golden Oak Terrace

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6819**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Paul Park**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Golden Oak Terrace

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : SA11AI.6916**

Amount of Each Receipt this Period  
50.00

Payroll deduction

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

Mailing Address 1813 Solitaire Lane

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.6820**

Amount of Each Receipt this Period  
50.00

Payroll deduction

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

Mailing Address 1813 Solitaire Lane

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : SA11AI.6917**

Amount of Each Receipt this Period  
50.00

Payroll deduction

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

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

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

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

FOR LINE NUMBER: PAGE 44 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Michael Peck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Farm Haven Court  
 City State Zip Code  
 Rockville MD 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6845**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll deduction

**B. Dr. Michael Peck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Farm Haven Court  
 City State Zip Code  
 Rockville MD 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6943**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll deduction

**C. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City State Zip Code  
 McLean VA 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6821**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6918**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**B. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6851**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**C. Dr. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6949**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 46 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Jeffrey Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Granite Ridge Ct.  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6867**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**B. Dr. Jeffrey Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Granite Ridge Ct.  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6965**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**C. Dr. Charles Rizzuto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6409 Pinehurst Road  
 City Baltimore State MD Zip Code 21212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonis Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6863**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Charles Rizzuto**  
Full Name (Last, First, Middle Initial)

Mailing Address 6409 Pinehurst Road

City	State	Zip Code
Baltimore	MD	21212

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

Name of Employer	Occupation
First Colonis Anesthesia	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6961**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Timothy Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Dalewood Road

City	State	Zip Code
Timonium	MD	21093

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6864**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Timothy Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Dalewood Road

City	State	Zip Code
Timonium	MD	21093

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6962**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 48 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Jeremy Roth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 913 Hillstead Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6873**  
 Amount of Each Receipt this Period 30.00  
 Payroll deduction

**B. Dr. Jeremy Roth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 913 Hillstead Drive  
 City Lutherville State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.6971**  
 Amount of Each Receipt this Period 30.00  
 Payroll deduction

**C. Dr. Alexander Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6611 Hunter Trail Way  
 City Frederick State MD Zip Code 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.6891**  
 Amount of Each Receipt this Period 50.00  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Alexander Rubin**  
Full Name (Last, First, Middle Initial)

Mailing Address 6611 Hunter Trail Way

City Frederick State MD Zip Code 21702

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
Transaction ID : SA11AI.6987

Amount of Each Receipt this Period 50.00

Payroll deduction

**B. Leudvig Sardarian**  
Full Name (Last, First, Middle Initial)

Mailing Address 11601 Brandy Hall Lane

City North Potomac State MD Zip Code 20878

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2012  
Transaction ID : SA11AI.6902

Amount of Each Receipt this Period 50.00

Payroll deduction

**C. Leudvig Sardarian**  
Full Name (Last, First, Middle Initial)

Mailing Address 11601 Brandy Hall Lane

City North Potomac State MD Zip Code 20878

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2012  
Transaction ID : SA11AI.6999

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Suzanne Scattergood**  
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6892**

Amount of Each Receipt this Period **100.00**

Payroll deduction

**B. Dr. Suzanne Scattergood**  
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6988**

Amount of Each Receipt this Period **100.00**

Payroll deduction

**C. Dr. Mark Seymour**  
Full Name (Last, First, Middle Initial)

Mailing Address 2932 Thurston Rd.

City Frederick State MD Zip Code 21704

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6893**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark Seymour</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6989</b>
Mailing Address 2932 Thurston Rd.		Amount of Each Receipt this Period 50.00
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Nader Soliman</b>		Date of Receipt 12 / 24 / 2012 <b>Transaction ID : SA11AI.6822</b>
Mailing Address 22905 David Mill Road		Amount of Each Receipt this Period 50.00
City Germantown	State MD	Zip Code 20876
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Nader Soliman</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : SA11AI.6919</b>
Mailing Address 22905 David Mill Road		Amount of Each Receipt this Period 50.00
City Germantown	State MD	Zip Code 20876
FEC ID number of contributing federal political committee. C		Payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. James Sowry</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012
Mailing Address 5008 Green Bridge Road		<b>Transaction ID : SA11AI.6875</b>
City Dayton	State MD	Zip Code 21036
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James Sowry</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 5008 Green Bridge Road		<b>Transaction ID : SA11AI.6973</b>
City Dayton	State MD	Zip Code 21036
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert Study</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012
Mailing Address 6 Beall Spring Court		<b>Transaction ID : SA11AI.6846</b>
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robert Study**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Beall Spring Court  
City Potomac State MD Zip Code 20854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6944**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Lisa Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4639 Teen Barnes Road  
City Frederick State MD Zip Code 21703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6894**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Lisa Sullivan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4639 Teen Barnes Road  
City Frederick State MD Zip Code 21703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6990**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Robert Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		24		2012

**Transaction ID : SA11AI.6895**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**B. Dr. Robert Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		31		2012

**Transaction ID : SA11AI.6991**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

**C. Dr. Louis Swann**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6081

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		24		2012

**Transaction ID : SA11AI.6847**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 72
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6945**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6848**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6946**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Bernard Tsai**  
Full Name (Last, First, Middle Initial)

Mailing Address 10013 New London Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6823**

Amount of Each Receipt this Period  
50.00

Payroll deduction

**B. Dr. Bernard Tsai**  
Full Name (Last, First, Middle Initial)

Mailing Address 10013 New London Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6920**

Amount of Each Receipt this Period  
50.00

Payroll deduction

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

Mailing Address 1518 T Street, NW

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6833**

Amount of Each Receipt this Period  
50.00

Payroll deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1518 T Street, NW

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6930**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

Mailing Address 22 Woodfield Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.6874**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

Mailing Address 22 Woodfield Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.6972**

Amount of Each Receipt this Period  

50.00
-------

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Martha Van Clief**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 Apple Grove Road  
City Silver Spring State MD Zip Code 20904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6879**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**B. Dr. Martha Van Clief**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 Apple Grove Road  
City Silver Spring State MD Zip Code 20904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6977**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Dr. Sanjay Vanguri**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9657 Atterbury Lane  
City Frederick State MD Zip Code 21704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Colonies Anesthesia Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **275.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6901**  
Amount of Each Receipt this Period **25.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Sanjay Vanguri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9657 Atterbury Lane  
 City Frederick State MD Zip Code 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6998**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction

**B. Dr. Paul Van Nice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 Meadow Lane  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6824**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**C. Dr. Paul Van Nice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7101 Meadow Lane  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6921**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Nicholas Visnich Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10816 Willow Run Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6825**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction

**B. Dr. Nicholas Visnich Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10816 Willow Run Circle  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.6922**  
 Amount of Each Receipt this Period **25.00**  
 Payroll deduction

**C. Dr. Mark Vogt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1149 Colonial Road  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.6849**  
 Amount of Each Receipt this Period **50.00**  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1149 Colonial Road

City McLean State VA Zip Code 22101

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6947**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

Mailing Address 1200 Colvin Meadows Lane

City Great Falls State VA Zip Code 22066

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6826**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

Mailing Address 1200 Colvin Meadows Lane

City Great Falls State VA Zip Code 22066

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6923**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Timothy Wex**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Cedar Ridge Drive

City Potomac State VA Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6850**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. Dr. Timothy Wex**  
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Cedar Ridge Drive

City Potomac State VA Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6948**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. Dr. David Wheeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 7108 Collingwood Court

City Elkridge State MD Zip Code 21075

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6865**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David Wheeler</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2012
Mailing Address 7108 Collingwood Court		<b>Transaction ID : SA11AI.6963</b>
City Elkridge	State MD	Zip Code 21075
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas Wherry</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2012
Mailing Address 611 W. 2nd Street		<b>Transaction ID : SA11AI.6880</b>
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas Wherry</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2012
Mailing Address 611 W. 2nd Street		<b>Transaction ID : SA11AI.6978</b>
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Howard Wilpon**  
Full Name (Last, First, Middle Initial)

Mailing Address 18212 Wickham Road

City Olney State MD Zip Code 20832

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6871**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**B. Dr. Howard Wilpon**  
Full Name (Last, First, Middle Initial)

Mailing Address 18212 Wickham Road

City Olney State MD Zip Code 20832

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.6969**

Amount of Each Receipt this Period **50.00**

Payroll deduction

**C. Dr. Monfold Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 4822 Tilly Dr.

City Sykesville State MD Zip Code 21784

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.6877**

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Monfold Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 4822 Tilly Dr.

City Sykesville State MD Zip Code 21784

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6975**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**B. You Wu**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 Dunlavin Ct.

City Timonium State MD Zip Code 21093

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.6866**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

**C. You Wu**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 Dunlavin Ct.

City Timonium State MD Zip Code 21093

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.6964**

Amount of Each Receipt this Period  
 50.00

Payroll deduction

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

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

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

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

FOR LINE NUMBER: PAGE 66 OF 72  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. David Wyler**

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**12 / 24 / 2012**

**Transaction ID : SA11AI.6878**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. David Wyler**

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**12 / 31 / 2012**

**Transaction ID : SA11AI.6976**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Dr. Aiqin Yu**

Mailing Address 13508 Gumspring Road

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**12 / 24 / 2012**

**Transaction ID : SA11AI.6827**

Amount of Each Receipt this Period  
**50.00**

Payroll deduction

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

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

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

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

FOR LINE NUMBER: PAGE 67 OF 72  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Aiqin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6924**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**B. Dr. Jungim Yun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2057 Thurston Road  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.6896**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

**C. Dr. Jungim Yun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2057 Thurston Road  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.6992**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9310.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Chopra for Virginia**

Mailing Address PO Box 100459

City Arlington State VA Zip Code 22210

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	2

**Transaction ID : SB29.7008**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Citizens for Karen Montgomery**

Mailing Address 211 Market St.

City Brookeville State MD Zip Code 20833

Purpose of Disbursement  
Contributions

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	2

**Transaction ID : SB29.7013**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Allan Kittleman**

Mailing Address 3102 Fox Valley Dr.

City W. Friendship State MD Zip Code 21794

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	1	2

**Transaction ID : SB29.7016**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Anthony G. Brown**

Mailing Address 1010 Hull Street  
Suite 202

City Baltimore State MD Zip Code 21230

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7015**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Mathias**

Mailing Address 3546 Figgs Landing Road

City Snow Hill State MD Zip Code 21863

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7028**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of John Astle**

Mailing Address 51 Fleet St.

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MD District: 30

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7003**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Justin Ready**

Mailing Address PO Box 402

City Westminster State MD Zip Code 21158

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: MD District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.7024**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Kirill Reznik**

Mailing Address 18469 Stone Hollow Dr.

City Germantonw State MD Zip Code 20874

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: MD District: 39

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.7011**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Friends of Shawn Tarrant**

Mailing Address PO Box 67047

City Baltimore State MD Zip Code 21215

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: MD District: 40

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.7010**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Susan Krebs**

Mailing Address 5835 Monroe Avenue

City Eldersburg State MD Zip Code 21784

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

Transaction ID : SB29.7023

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Supports of Thomas Middleton**

Mailing Address 11 Bladen Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

Transaction ID : SB29.7012

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

--

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

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

750.00
--------

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

4000.00
---------

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.7022**  
**Barbara Marx Brocato & Associates**  
Mailing Address 18 Pinkney Street

City State Zip Code  
Annapolis MD 21401

Purpose of Disbursement:  
Lobbying and expense reimbursement

Activity or Event Identifier:  
**Administrative**

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

Allocated Activity or Event Year-To-Date  
14989.49

Date 12 / 10 / 2012

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1496.86		1496.86

**B.** Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1496.86		1496.86

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		1496.86		1496.86