Image# 13960620175				PAGE 1 / 72
FEC	REPORT OF R AND DISBURS For Other Than An Autho	SEMENTS	Office	lse Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
				TTEE
ADDRESS (number and street)	7490 New Technology Way			
Check if different				
than previously reported. (ACC)	Frederick		MD 2170	3
2. FEC IDENTIFICATION NU	IMBER V CITY	•	STATE 🔺	ZIP CODE
C C00416305	3. IS T REF	HIS PORT X (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Apr 20	(M3) Jun 20 (M6	i) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15	1) (c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
Quarterly Report (Q X January 31 Year-End Report (Y	-	on / / /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election of	m _ / D - D /	Y Y Y Y Y Y Y	in the State of
5. Covering Period 11	M / D D / Y Y Y Y 27 2012	through 12		12
I certify that I have examined the Type or Print Name of Treasurer		y knowledge and belief it is	true, correct and comple	ete.
	eremy Roth	[Electronically Filed]	Date 01 / D	D / Y Y Y Y Y 2013
NOTE: Submission of false, errone	eous, or incomplete information m	nay subject the person signing	this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From:	1 / D D / Y Y Y Y Y 27 / 2012 To	: 12 / D D / Y Y Y Y Y 31 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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) and6(c) for Column A and Lines6(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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED	SUMMARY	PAGE
		IAME

of Receipts

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	/ D D / Y Y Y Y 27 2012 To	b: 12 / D D / Y Y Y Y 12 31 2012
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	9310.00	43310.00
(i) Itemized (use Schedule A)	3310.00	
	200.00	11950.00
(ii) Unitemized	200.00	11930.00
(iii) TOTAL (add	9510.00	55260.00
Lines 11(a)(i) and (ii)	3310.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	17 17 17	
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
	7	
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	/7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made	7 7 7	7 7 7
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 느		
(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
	7 7 7	4 4 4
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	9510.00	55260.00
· · · · · · · · · · · · · · · · · · ·		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date
(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))► Transfers to Affiliated/Other Party	1496.86	14989.49
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	7500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		0.00
Than Political Committees	0.00	
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00
Other Disbursements	4125.00	12475.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5621.86	34964.49
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	4125.00	19975.00
	7 7 7 7	

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DETAILED SUMMARY PAGE

of Disbursements

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

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	ny information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Hasan Abed	Date of Receipt				
	Mailing Address 15 Waterbird Court	12 31 Y Y Y Y Y Y				
	City Cockeysville	State MD	Zip Code 21030	Transaction ID : SA11AI.6967 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction 		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
в.	Full Name (Last, First, Middle Initial) Marc Azran	Date of Receipt				
	Mailing Address 800 Hillsboro Drive	M M / D D / Y Y Y Y 12 31 2012				
	City Silver Spring	State MD	Zip Code 20902	Transaction ID : SA11AI.6934 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	50.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction 		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
с.	Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy			Date of Receipt		
	Mailing Address 10021 Dickens Avenue	12 24 2012				
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.6830 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia Receipt For:	Physician		_		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00			
⊢	SUBTOTAL of Receipts This Page (optional)			150.00		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	IESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy Mailing Address 10021 Dickens Avenue			Date of Receipt	
City Bethesda	State MD	Zip Code 20814	12 31 2012 Transaction ID : SA11AI.6927 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer First Colonies Anesthesia	Occupatior Physician	1	Payroll deduction	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]	
Full Name (Last, First, Middle Initial) B. Dr. Marc Beck				
Mailing Address 16 Norris Run Court	12 24 Y Y Y Y Y 12 24 2012			
City	State MD	Zip Code	Transaction ID : SA11AI.6852	
Reisterstown FEC ID number of contributing federal political committee.	C	21136	Amount of Each Receipt this Period	
Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]	
Full Name (Last, First, Middle Initial) C. Dr. Marc Beck			Date of Receipt	
Mailing Address 16 Norris Run Court	M = M / D = D / Y = Y = Y = Y 12 31 2012			
City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.6950 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	5			
Name of Employer	Occupatior	1	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	1	
SUBTOTAL of Receipts This Page (optional	 al)		150.00	

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

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

Use separate schedule(s) for each category of the

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(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	IESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE	
A. Full Name (Last, First, Middle Initial) Dr. Jeffrey Briggs Mailing Address 14952 Finegan Farm Rd			Date of Receipt	
City	State	Zip Code	Transaction ID : SA11AI.6806	
Germantown	MD	20874	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer	Occupation	1	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]	
Full Name (Last, First, Middle Initial)				
B. Dr. Jeffrey Briggs Mailing Address 14952 Finegan Farm Rd.	Date of Receipt			
City	City State Zip Code			
Germantown	MD	20874	Transaction ID : SA11AI.6904 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer	Occupation	1	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify) ▼		600.00]	
Full Name (Last, First, Middle Initial) C. Dr. John Bunker			Date of Receipt	
Mailing Address 15229 National Pike	Mailing Address 15229 National Pike			
City	State	Zip Code	Transaction ID : SA11AI.6882	
Hagerstown	MD	21740	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	S S S S S S S S S S S S S S S S S S S			
Name of Employer	Occupation	1	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For:	Aggregate	Year-to-Date V		
Other (specify)		550.00]	
SUBTOTAL of Receipts This Page (optional	al)		150.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. John Bunker	Date of Receipt				
	Mailing Address 15229 National Pike	12 31 Y Y Y Y Y 12 31 2012				
	City Hagerstown	State MD	Zip Code 21740	Transaction ID : SA11AI.6980 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]		
В.	Full Name (Last, First, Middle Initial) Dr. Rachel Cappuccino Mailing Address 2811 Sommersby Rd.	Date of Receipt				
	City Mt. Airy	State MD	Zip Code 21771	12 24 2012 Transaction ID : SA11AI.6876 Amount of Each Receipt this Period 25.00		
	FEC ID number of contributing federal political committee.	С				
	Name of Employer First Colonies Anestheisa	Occupation Physician	1	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00]		
с.	Full Name (Last, First, Middle Initial) Dr. Rachel Cappuccino			Date of Receipt		
	Mailing Address 2811 Sommersby Rd.	12 31 2012				
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID : SA11AI.6974 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anestheisa	Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]		
F	SUBTOTAL of Receipts This Page (optional)					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) A. Dr. Donald Charney Mailing Address 3707 Meadowhill Court City	State	Zip Code	Date of Receipt			
Phoenix FEC ID number of contributing federal political committee.	MD	21131	Amount of Each Receipt this Period 50.00 Payroll deduction			
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 550.00				
B. Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Court			Date of Receipt			
City Phoenix FEC ID number of contributing federal political committee.	State MD	Zip Code 21131	Transaction ID : SA11AI.6951 Amount of Each Receipt this Period 50.00			
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Payroll deduction			
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]			
C. Dr. Satyam Chary	Dr. Satyam Chary					
Mailing Address 9 Alterwood Lane City Owings Mill	State MD	Zip Code 21117	12 24 2012 Transaction ID : SA11AI.6855 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C ID number of contributing					
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 550.00	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

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Satyam Chary	Date of Receipt		
	Mailing Address 9 Alterwood Lane	12 31 2012		
	City Owings Mill	State MD	Zip Code 21117	Transaction ID : SA11AI.6952 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	l	 Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Court	Date of Receipt		
	City			
	Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6807 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	I	 Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Thomas Chau			Date of Receipt
	Mailing Address 7204 Loch Edin Court	M M / D D / Y Y Y Y Y 12 31 2012		
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6905 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
F	GUBTOTAL of Receipts This Page (optional)			150.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITI	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Dwayne Chen Mailing Address 12808 Spring Drive City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20850 C Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 550.00	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6829 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. Dwayne Chen Mailing Address 12808 Spring Drive City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20850 C C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 12 31 2012 Transaction ID : SA11AI.6926 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Avenue City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20814 C Occupation Physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt Date of Receipt 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)......

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		each category of the ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIA ⁻	TES LLC POLITIC	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Avenue City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼		p Code 0814 o-Date ▼ 600.00	Date of Receipt 12 31 2012 Transaction ID : SA11AI.6906 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. William Chester Mailing Address 13771 Lambertina Place City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼		p Code 0850 D-Date ▼ 550.00	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6809 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. William Chester Mailing Address 13771 Lambertina Place City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼		p Code 0850 D-Date ▼ 600.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			150.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Charles Ciolino			Date of Receipt
	Mailing Address 11008 South Glen Road			12 24 2012
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6831 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		 Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Charles Ciolino			Date of Receipt
	Mailing Address 11008 South Glen Road			12 31 2012
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6928 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	50.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore			Date of Receipt
	Mailing Address 11546 Fox River Road			M M / D D / Y Y Y Y Y 12 24 2012
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.6862 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation	l	Payroll deduction
First Colonies Anesthsia Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.00	
	UBTOTAL of Receipts This Page (optional)			175.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore			Date of Receipt
	Mailing Address 11546 Fox River Road			12 31 2012
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.6960 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation Physician	1	 Payroll deduction
	First Colonies Anesthsia Receipt For: Primary General Other (specify)	,	Year-to-Date ▼ 900.00	
в.	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey Mailing Address 18720 Shremor Drive			Date of Receipt
	City Derwood	State MD	Transaction ID : SA11AI.6810	
	FEC ID number of contributing federal political committee.	С	20855	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey			Date of Receipt
	Mailing Address 18720 Shremor Drive			M M / D D / Y Y Y Y 12 31 2012
	City Derwood	State MD	Zip Code 20855	Transaction ID : SA11AI.6908 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	UBTOTAL of Receipts This Page (optional)			175.00

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge Drive			Date of Receipt
	City Bowie	State MD	Zip Code 20721	12 24 2012 Transaction ID : SA11AI.6872 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
В.	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach			Date of Receipt
	Mailing Address 15114 Pepperridge Drive	12 31 Y Y Y Y Y 12 31 2012		
	City Bowie	State MD	Zip Code 20721	Transaction ID : SA11AI.6970
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
с.	Full Name (Last, First, Middle Initial) Patrick Dono			Date of Receipt
	Mailing Address 17136 Wesley Chapel Rd.	0		12 24 Y Y Y Y Y 2012
	City Monkton	State MD	Zip Code 21111	Transaction ID : SA11AI.6856 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	25.00	
	Name of Employer	Occupation	1	
	First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 275.00	_
s	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

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANEST	HESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) Mailing Address 17136 Wesley Chapel F	Rd.	Zip Code	Date of Receipt
Monkton	MD	21111	Transaction ID : SA11AI.6953
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial)			
B. Dr. Karen Dugan			Date of Receipt
Mailing Address 4107 Vickie Lynn Court		7.0.0.1	12 24 Y Y Y Y Y 12 24 2012
City	State MD	Zip Code 21771	Transaction ID : SA11AI.6884
Mt. Airy	ND	21771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthsia	Physician		
Receipt For:	Aggregate	Year-to-Date V	
Other (specify)		220.00]
Full Name (Last, First, Middle Initial) C. Dr. Karen Dugan			Date of Receipt
Mailing Address 4107 Vickie Lynn Court			12 31 2012
City	State	Zip Code	Transaction ID : SA11AI.7002
Mt. Airy	MD	21771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthsia	Physician		
Receipt For:	Aggregate	Year-to-Date V	
Other (specify)		240.00]
SUBTOTAL of Receipts This Page (option	nal)		65.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	I Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Ali Emamhosseini Mailing Address 8370 Greensboro Drive Apt #208 City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22102 C Occupation Physician Aggregate Year-to-Date ▼ 550.00 550.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Ali Emamhosseini Mailing Address 8370 Greensboro Drive Apt #208 City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22102 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Todd Epstein Mailing Address 11305 Struttman Terrace City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20852 C Occupation Physician 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).....

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

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	IPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITT		OCIATES LLC POLITIC	CAL ACTION COMMITTEE
A. Full Name (Last, Firs Dr. Todd Epstein Mailing Address 1130	5 Struttman Terrace		Date of Receipt
City North Bethesda	State MD	Zip Code 20852	Transaction ID : SA11AI.6936
FEC ID number of cc federal political comm	ntributing		Amount of Each Receipt this Period
Name of Employer	Occupati	on	Payroll deduction
First Colonies Anesthe	esia Physiciar	1	
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 600.00]
Full Name (Last, First B. Dr. Richard Evan			Date of Receipt
Mailing Address 6436	West Langley Lane		12 24 2012
City	State	Zip Code	Transaction ID : SA11AI.6834
McLean	VA	22101	Amount of Each Receipt this Period
FEC ID number of co federal political comm	ů.		50.00
Name of Employer	Occupati	on	Payroll deduction
First Colonies Anesthe	sia Physiciar	l de la construcción de la constru	
Receipt For: Primary Other (specify)	General	te Year-to-Date ▼ 550.00]
Full Name (Last, First c. Dr. Richard Eva			Date of Receipt
Mailing Address 6436	S West Langley Lane		12 31 2012
City	State	Zip Code	Transaction ID : SA11AI.6931
McLean	VA	22101	Amount of Each Receipt this Period
FEC ID number of co federal political comm	Ű,		50.00
Name of Employer	Occupati	on	Payroll deduction
First Colonies Anesthe	esia Physiciar	۱	
Receipt For:		te Year-to-Date ▼	
Other (specify)	General	600.00]
SUBTOTAL of Receipts	This Page (optional)		150.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITI	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21771 C Occupation Physician Aggregate Year-to-Date ▼ 330.00	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6885 Amount of Each Receipt this Period 30.00 Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21771 C Occupation Occupation Physician Aggregate Year-to-Date ▼ 360.00	Date of Receipt 12 31 2012 Transaction ID : SA11AI.6981 Amount of Each Receipt this Period 30.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Ronald Flax Mailing Address 3715 Birchmere Ct. City Owings Mills FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21117 C Occupation Occupation Physician Aggregate Year-to-Date ▼ 275.00	Date of Receipt Table of Receipt Table of Receipt Tansaction ID : SA11AI.6857 Amount of Each Receipt this Period 25.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional).		▶ 85.00

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

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Ronald Flax Mailing Address 3715 Birchmere Ct. City Owings Mills FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21117 C Occupation Occupation Physician 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
Full Name (Last, First, Middle Initial) B. Dr. Tamara Gabrielli Mailing Address 504 Reserve Champion Drive City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20850 C Occupation Physician 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
Full Name (Last, First, Middle Initial) C. Dr. Tamara Gabrielli Mailing Address 504 Reserve Champion Drive City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20850 C Occupation Occupation Physician 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)......

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

Use separate schedule(s) for each category of the

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(check only one)

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		r person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITI	ICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Thomas Gambon Mailing Address 7700 Charleston Dr. City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20817 C Occupation Physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6897 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) B. Thomas Gambon Mailing Address 7700 Charleston Dr. City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20817 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 12 31 2012 Transaction ID : SA11AI.6993 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. James Glass Mailing Address 1221 T Street, N.W. City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20009 C Occupation Physician 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)......

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

Use separate schedule(s) for each category of the

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(check only one)

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		ch category of the ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	ESIA ASSOCIATE	ES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. James Glass Mailing Address 1221 T Street, N.W. City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip o DC 2000 C Occupation Physician Aggregate Year-to-D		Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 13895 Foxtower Road			Date of Receipt
City Thurmont FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip (MD 2178 C Occupation Physician Aggregate Year-to-D		12 24 2012 Transaction ID : SA11AI.6887 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Steven Grube Mailing Address 13895 Foxtower Road City Thurmont FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip of MD 2174 C Occupation Physician Aggregate Year-to-D		Date of Receipt 12 31 2012 Transaction ID : SA11AI.6983 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		150.00

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE			
A. Full Name (Last, First, Middle Initial) Dr. Keith Hairston Mailing Address 12312 Highstakes Drive	eith Hairston					
Reisterstown FEC ID number of contributing federal political committee. Name of Employer	MD C	21136	Amount of Each Receipt this Period 50.00 Payroll deduction			
First Colonies Anesthesia Receipt For: ☐ Primary _ General Other (specify) ▼	Physician	Year-to-Date ▼ 550.00				
B. Full Name (Last, First, Middle Initial) Dr. Keith Hairston Mailing Address 12312 Highstakes Drive			Date of Receipt			
City Reisterstown FEC ID number of contributing federal political committee.	State MD	Zip Code 21136	Transaction ID : SA11AI.6955 Amount of Each Receipt this Period 50.00			
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 600.00	Payroll deduction			
Full Name (Last, First, Middle Initial) C. Shelly Hairston Mailing Address 12312 Highstakes Drive City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State MD C Occupation Physician Aggregate	Zip Code 21136	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6881 Amount of Each Receipt this Period 50.00 Payroll deduction			
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		400.00	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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Shelly Hairston Mailing Address 12312 Highstakes Drive	State	Zip Code	Date of Receipt			
	Reisterstown	MD	21136	Transaction ID : SA11AI.6979			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	Occupation		Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00				
в.	Full Name (Last, First, Middle Initial) Dr. John Hanna			Date of Receipt			
	Mailing Address 9310 Leigh Mill Ct.	12 24 2012					
	City	State	Zip Code	Transaction ID : SA11AI.6840			
	Great Falls	VA	22066	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) v	Aggregate	550.00				
с.	Full Name (Last, First, Middle Initial) Dr. John Hanna	Date of Receipt					
	Mailing Address 9310 Leigh Mill Ct.	12 31 2012					
	City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.6937 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation		Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	L	600.00				
s	UBTOTAL of Receipts This Page (optional)			150.00			

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Mailing Address 8101 Ruxton Crossing Road	01-1-		Date of Receipt
	City Towson	State MD	Zip Code 21204	Transaction ID : SA11AI.6859
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
В.	Full Name (Last, First, Middle Initial) Dr. Glen Hessinger			Date of Receipt
	Mailing Address 8101 Ruxton Crossing Road	12 31 Y Y Y Y Y 12 12 12		
	City	State	Zip Code	Transaction ID : SA11AI.6956
	Towson	MD	21204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
с.	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt		
	Mailing Address 1614 Randallwood Court	12 24 2012		
	City Jarretsville	State MD	Zip Code 21084	Transaction ID : SA11AI.6860 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
s	UBTOTAL of Receipts This Page (optional)		····· •	150.00

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth Mailing Address 1614 Randallwood Court			Date of Receipt				
	City	State	Zip Code	Transaction ID : SA11AI.6957				
	Jarretsville	MD	21084	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
В.	Full Name (Last, First, Middle Initial) Dr. Sung Hong	Date of Receipt						
	Mailing Address 8525 Huntspring Drive	M M / D D / Y Y Y Y Y 12 24 2012						
	City	State	Zip Code	Transaction ID : SA11AI.6861				
	Lutherville	MD	21093	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)	550.00						
c.	Full Name (Last, First, Middle Initial) Dr. Sung Hong	Date of Receipt						
	Mailing Address 8525 Huntspring Drive	M M / D D / Y Y Y Y Y 12 31 2012						
	City	State	Zip Code	Transaction ID : SA11AI.6958				
	Lutherville	MD	21093	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Other (specify)		600.00					
s	UBTOTAL of Receipts This Page (optional)		•••••	150.00				

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a 13		11b 14	11c	12			
Ar	y information copied from such Reports and	Statements m	I ay not be sold or used by any pe	erson f		pur		15 f solicitin	d contribu	utions		
or	for commercial purposes, other than using th	e name and a	ddress of any political committee	to so	licit co	ntrib	utions	from suc	h commi	ttee.		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL A		ON	I CO	MMIT	ГЕЕ			
<u>А</u> .	Full Name (Last, First, Middle Initial) Dr. Steven Hopper		Date o	f Do	ooint							
А.	Mailing Address 4550 N. Park Avenue					_	D		Y Y	V		
	#101				12		24		2012	- T		
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.6841			
	Chevy Chase	MD	20815	/	Amoun	t of	Each I	Receipt tl	his Period	b		
	FEC ID number of contributing federal political committee.	С								0.00		
	Name of Employer	Occupatior	l	- P	ayroll	dedu	iction					
	First Colonies Anesthesia	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00									
в.	Full Name (Last, First, Middle Initial) Dr. Steven Hopper	1			Date of Receipt							
	Mailing Address 4550 N. Park Avenue #101				12 31 2012							
	City State Zip Code						Transaction ID : SA11AI.6938					
	Chevy Chase	MD	20815	/	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		50.00									
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	— Pi	Payroll deduction							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 600.00										
с.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough	1			Date o	f Re	ceipt					
	Mailing Address 9110 Travener Circle				м м 12	/	D 24		y y 2012	Y		
	City Frederick	State MD	Zip Code 21704					: SA11AI Receipt tl	.6811 his Period	d		
	FEC ID number of contributing federal political committee.	С					7		7	5.00		
	Name of Employer	Occupation	1	P	Payroll deduction							
	First Colonies Anesthesia	Physician										
	Receipt For:		Year-to-Date V		1							
	Primary General Other (specify) V											
s	UBTOTAL of Receipts This Page (optional)		•				7	7	17:	5.00		
т	OTAL This Period (last page this line number	r only)	••••••				,					

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

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	AL ACTION COMMITTEE					
A.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough			Date of Receipt			
	Mailing Address 9110 Travener Circle			12 31 2012			
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6909 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00				
в.	Full Name (Last, First, Middle Initial)			Date of Receipt			
	Mailing Address 212 Washington Ave Apt. #1217						
	City Towson	State MD	Zip Code 21204	Transaction ID : SA11AI.6968 Amount of Each Receipt this Period 50.00			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Sean Isaac			Date of Receipt			
	Mailing Address 7 Starlight Farm Drive			M M / D D / Y Y Y Y 12 24 2012			
	City Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.6868 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.				50.00			
	Name of Employer	Occupation		Payroll deduction			
First Colonies Anesthesia Physician							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00				
	UBTOTAL of Receipts This Page (optional)			175.00			

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE				
Α.				Date of Receipt				
	Mailing Address 7 Starlight Farm Drive	State	Zip Code	12 31 2012 Transaction ID : SA11AI.6966				
	Phoenix	MD	21131	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation	1	 Payroll deduction 				
	First Colonies Anesthesia Receipt For:	Physician	Veer te Dete =	_				
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 600.00					
В.	Full Name (Last, First, Middle Initial) Dr. Supriya Jagannath							
	Mailing Address 9657 Atterbury Lane	M M / D D / Y Y Y Y 12 24 2012						
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6900 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician		 Payroll deduction 				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00					
с.	Full Name (Last, First, Middle Initial) Dr. Supriya Jagannath			Date of Receipt				
Mailing Address 9657 Atterbury Lane				12 31 Y Y Y Y Y 12 31 2012				
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.				25.00				
	Name of Employer	Occupation		Payroll deduction				
First Colonies Anesthesia Physicia				_				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00					
F	GUBTOTAL of Receipts This Page (optional)			100.00				

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

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	AL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) A. Dr. David Johnson Mailing Address 5506 Bootjack Drive City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21702 n Year-to-Date ▼ 550.00	Date of Receipt 12 24 2012 Transaction ID : SA11AI.68888 Amount of Each Receipt this Period 50.00 Payroll deduction	
Full Name (Last, First, Middle Initial) B. Dr. David Johnson Mailing Address 5506 Bootjack Drive			Date of Receipt	
City	State MD	Zip Code	Transaction ID : SA11AI.6984	
Frederick FEC ID number of contributing federal political committee.	C	21702	Amount of Each Receipt this Period	
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 600.00	Payroll deduction	
Full Name (Last, First, Middle Initial) C. Dr. James Kaufman				
Mailing Address 7514 Arrowwood Road	01-1-1	7. 0.4	12 / D D / Y Y Y Y 12 24 2012	
City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11AI.6842 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer	Occupation	1	Payroll deduction	
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]	
SUBTOTAL of Receipts This Page (optional).			150.00	

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

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood Road City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 20817 Year-to-Date ▼ 600.00	Date of Receipt M M J J 2012 Transaction ID : SA11AI.6939 Amount of Each Receipt this Period 50.00 Payroll deduction Factor State State
в.	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol Mailing Address 6579 Prestwick Drive	State	Zip Code	Date of Receipt
	Highland FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	MD C Occupation Physician	20777	Transaction ID : SA11AI.6812 Amount of Each Receipt this Period 50.00 Payroll deduction
C.	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol Mailing Address 6579 Prestwick Drive City Highland FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 20777 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
s	UBTOTAL of Receipts This Page (optional)			150.00

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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	AL ACTION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) HaengShik Kim			Date of Receipt			
	Mailing Address 11429 Twining Lane			12 31 _ 2012			
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6929 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
в.	Full Name (Last, First, Middle Initial) James Kim	Date of Receipt					
	Mailing Address 4808 Moorland Lane Apt. #803	12 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.6838 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 250.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) James Kim			Date of Receipt			
	Mailing Address 4808 Moorland Lane Apt. #803			12 31 Y Y Y Y 12 31 2012			
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.6935 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation	1	Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General Other (specify) ▼						
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			150.00			

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

Use separate schedule(s) for each category of the

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E	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	information copied from such Reports and S or commercial purposes, other than using the			to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Ko Mailing Address 6795 Stockwell Manor Drive			Date of Receipt
	Dity Falls Church	State VA	Zip Code 22043	Transaction ID : SA11AI.6813 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard Ko			Date of Receipt
_	Aailing Address 6795 Stockwell Manor Drive	12 31 Y Y Y Y 12 31		
	City Falls Church	State VA	Zip Code 22043	Transaction ID : SA11AI.6911
F	EC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period
F	Jame of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
	- Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri			Date of Receipt
_	Aailing Address 11722 Split Tree Circle			12 / Y Y Y Y Y 12 24 2012
_	Dity Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6814 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		50.00
٩	Name of Employer	Occupation		
_	First Colonies Anesthesia Receipt For:	Physician		_
r	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	
su	BTOTAL 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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	ESIA ASSC	OCIATES LLC POLITIC	AL ACTION COMMITTEE	
A. Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree Circle			Date of Receipt	
City	State	Zip Code	Transaction ID : SA11AI.6912	
Potomac	MD	20854	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer	Occupation	n	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]	
Full Name (Last, First, Middle Initial) B. Dr. Kathleen Leavitt	·		Date of Receipt	
Mailing Address 3467 North Venice Street	12 24 2012			
City	State	Zip Code	Transaction ID : SA11AI.6843	
Arlington	VA	22207	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer	Occupation	n	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For:	Aggregate	Year-to-Date ▼		
Other (specify)		, 550.00]	
Full Name (Last, First, Middle Initial) C. Dr. Kathleen Leavitt				
Mailing Address 3467 North Venice Street	Mailing Address 3467 North Venice Street			
City	State	Zip Code	Transaction ID : SA11AI.6941	
Arlington	VA	22207	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer	Occupation	า	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For:	Aggregate	Year-to-Date V		
Other (specify)		600.00]	
SUBTOTAL of Receipts This Page (optional)		150.00	

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

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place City State Zip Code			Date of Receipt	
	ljamsville MD 21754			Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		75.00	
	Name of Employer	Occupation		Payroll deduction	
	First Colonies Anesthesia	Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.00		
	Full Name (Last, First, Middle Initial)				
	Dr. Thomas Malone			Date of Receipt	
	Mailing Address 11667 Fairmont Place			12 31 2012	
	City	State	Zip Code	Transaction ID : SA11AI.6985	
	Ijamsville	MD	21754	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		75.00	
	Name of Employer	Occupation		Payroll deduction	
	First Colonies Anesthesia	Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		900.00		
C.	Full Name (Last, First, Middle Initial) . Dr. Mollyann March			Date of Receipt	
	Mailing Address 6504 Greentree Road			12 24 Y Y Y Y Y 12 24 2012	
	City	State	Zip Code	Transaction ID : SA11AI.6844	
	Bethesda	MD	20817	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		75.00 Payroll deduction	
	Name of Employer	of Employer Occupation			
	First Colonies Anesthesia	Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		825.00		
s	UBTOTAL of Receipts This Page (optional)		····· •	225.00	

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

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116			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Road	Date of Receipt		
	City	Transaction ID : SA11AI.6942		
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen Martin	Date of Receipt		
	Mailing Address 3336 O Street, NW	12 24 2012		
	City	State	Zip Code	Transaction ID : SA11AI.6815
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		, 550.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen Martin	Date of Receipt		
	Mailing Address 3336 O Street, NW	12 31 Y Y Y Y Y 12 12 12		
	City Washington	State DC	Zip Code 20007	Transaction ID : SA11AI.6913 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		, 600.00	
s	JBTOTAL of Receipts This Page (optional)		····· •	175.00

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Omid Moayed	Date of Receipt						
	Mailing Address 8913 Cherbourg Drive	12 24 _ 2012						
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6828 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00					
в.	Full Name (Last, First, Middle Initial) Omid Moayed	Date of Receipt						
	Mailing Address 8913 Cherbourg Drive							
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6925 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	50.00 Payroll deduction						
	Name of Employer First Colonies Anesthesia							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Danielle Mossman	Date of Receipt						
	Mailing Address 3709 Falling Green Way	M M / D D / Y Y Y Y 12 24 2012						
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID : SA11AI.6883 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00					
\vdash	UBTOTAL of Receipts This Page (optional)			150.00				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Dr. Danielle Mossman Mailing Address 3709 Falling Green Way	Date of Receipt			
	City	12 31 2012 Transaction ID : SA11AI.7001			
	Mt. Airy	MD	21771	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Name of Employer	Occupation	l	Payroll deduction	
	First Colonies Anesthesia Receipt For:	Physician		_	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00		
в.	Full Name (Last, First, Middle Initial) Dr. Thomas Munro	Date of Receipt			
	Mailing Address 15310 Forest Lake Court	12 24 2012			
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.6898 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		75.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Thomas Munro	Date of Receipt			
	Mailing Address 15310 Forest Lake Court	12 31 Y Y Y Y Y 2012			
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.6995 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		75.00	
	Name of Employer	Occupation	1	Payroll deduction	
	First Colonies Anesthesia	Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00		
F	SUBTOTAL of Receipts This Page (optional)			200.00	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANES	THESIA ASSOCI	ATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls Mailing Address 603 Queen Street #4 City Alexandria FEC ID number of contributing federal political committee. Name of Employer	State VA C Occupation Physician	Zip Code 22314	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6816 Amount of Each Receipt this Period 100.00 Payroll deduction
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1100.00]
B. Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls Mailing Address 603 Queen Street #4 City	State	Zip Code	Date of Receipt
Alexandria FEC ID number of contributing federal political committee.	C	22314	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Ye	ar-to-Date ▼ 1200.00	Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon Mailing Address 12123 Merricks Court	·		Date of Receipt
City Monrovia FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: □ Primary □ General Other (specify) ▼	State MD C Occupation Physician Aggregate Yea	Zip Code 21770 ar-to-Date ▼ 550.00	12 24 2012 Transaction ID : SA11AI.6890 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (option	nal)		250.00
TOTAL This Period (last page this line r	umber only)		

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

Use separate schedule(s) for each category of the

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Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon Mailing Address 12123 Merricks Court City Monrovia FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21770 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Philip Owens Mailing Address 141 Adams Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20001 C	Date of Receipt M M / D D / Y Y Y Y Y 12 24 2012 Transaction ID : SA11AI.6818 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Philip Owens Mailing Address 141 Adams Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20001 C Occupation Physician Aggregate Year-to-Date ▼ 600.00 600.00	Date of Receipt M M / D D / Y Y Y Y Y 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)......

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum	Date of Receipt		
	Mailing Address 10720 Dern Road	12 24 2012		
	City Emmitsburg	State MD	Transaction ID : SA11AI.6899 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
в.	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum	Date of Receipt		
	Mailing Address 10720 Dern Road	12 31 2012		
	City Emmitsburg	State MD	Zip Code 21727	Transaction ID : SA11AI.6996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Paul Park	Date of Receipt		
	Mailing Address 510 Golden Oak Terrace	M M / D D / Y Y Y Y Y 12 24 2012		
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.6819 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	l	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	UBTOTAL of Receipts This Page (optional)			150.00

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

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE			
A. Full Name (Last, First, Middle Initial) Dr. Paul Park Mailing Address 510 Golden Oak Terrace			Date of Receipt			
City Rockville	State MD	Zip Code 20850	12 31 2012 Transaction ID : SA11AI.6916 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician	Year-to-Date ▼	Payroll deduction			
Primary General Other (specify) ▼	Aggregate	600.00				
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis Mailing Address 1813 Solitaire Lane	or. Kestutis Pauliukonis					
City McLean	State VA	Zip Code 22101	12 24 2012 Transaction ID : SA11AI.6820 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	federal political committee.					
Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00				
Full Name (Last, First, Middle Initial) C. Dr. Kestutis Pauliukonis	Dr. Kestutis Pauliukonis					
Mailing Address 1813 Solitaire Lane	State	Zip Code	12 31 2012			
McLean	VA	22101	Transaction ID : SA11AI.6917 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer First Colonies Anesthesia	Occupation Physician					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00				
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num						

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

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (IN FUII) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
A. Full Name (Last, First, Middle Initial) Dr. Michael Peck Mailing Address 4 Farm Haven Court	State	Zip Code	Date of Receipt		
Rockville	MD	20852	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		75.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 825.00]		
Full Name (Last, First, Middle Initial) B. Dr. Michael Peck	Dr. Michael Peck				
Mailing Address 4 Farm Haven Court	12 31 2012				
City	State	Zip Code	Transaction ID : SA11AI.6943		
Rockville	MD	20852	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		75.00		
Name of Employer First Colonies Anesthesia	Occupation	I	Payroll deduction		
	Physician				
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		900.00			
Full Name (Last, First, Middle Initial) C. Dr. Ramani Peruvemba					
Mailing Address 8302 Fox Haven Drive	Mailing Address 8302 Fox Haven Drive				
City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.6821 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		550.00]		
SUBTOTAL of Receipts This Page (optional).			200.00		

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

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	v information copied from such Reports and S for commercial purposes, other than using the	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
A .	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8302 Fox Haven Drive			Date of Receipt
	City McLean	State VA	Zip Code 22102	12 31 2012 Transaction ID : SA11AI.6918 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
B.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic Mailing Address 3912 Calverton Drive	Date of Receipt		
-	City	12 24 2012 Transaction ID : SA11AI.6851		
	Hyattsville	MD	20782	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		50.00
F	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
I	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic	Date of Receipt		
_	Mailing Address 3912 Calverton Drive	12 31 Y Y Y Y Y 12 31 2012		
	City Hyattsville	State MD	Zip Code 20782	Transaction ID : SA11AI.6949 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	50.00 Payroll deduction		
I	Name of Employer	Occupation	l	
	First Colonies Anesthesia	Physician		
'	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
รเ	JBTOTAL of Receipts This Page (optional)			150.00

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

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman Mailing Address 6906 Granite Ridge Ct. City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21209 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
Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman Mailing Address 6906 Granite Ridge Ct. City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21209 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
Full Name (Last, First, Middle Initial) C. Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 21212 Year-to-Date V 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).....

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	AL ACTION COMMITTEE			
A. Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road City Baltimore	State MD	Zip Code 21212	Date of Receipt	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify) ▼	Occupatior Physician Aggregate	Year-to-Date ▼ 600.00	Payroll deduction	
Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood Road	Dr. Timothy Robinson			
City Timonium	State MD	Zip Code 21093	12 24 2012 Transaction ID : SA11AI.6864 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	Payroll deduction	
Other (specify)		550.00]	
C. Full Name (Last, First, Middle Initial) Mailing Address 2212 Dalewood Road				
City Timonium	State MD	Zip Code 21093	12 31 2012 Transaction ID : SA11AI.6962 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	Payroll deduction	
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	al)	600.00	150.00	
			-	

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

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	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Jeremy Roth	Date of Receipt		
	Mailing Address 913 Hillstead Drive	12 24 2012		
	City Lutherville	State MD	Zip Code 21093	Transaction ID : SA11AI.6873 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
в.	Full Name (Last, First, Middle Initial) Dr. Jeremy Roth	Date of Receipt		
	Mailing Address 913 Hillstead Drive	M M / D D / Y Y Y Y 12 31 2012		
	City Lutherville	State MD	Zip Code 21093	Transaction ID : SA11AI.6971 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	30.00		
	Name of Employer First Colonies Anesthesia	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
С.	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin			Date of Receipt
	Mailing Address 6611 Hunter Trail Way	12 24 2012		
	City Frederick	State MD	Zip Code 21702	Transaction ID : SA11AI.6891 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	UBTOTAL of Receipts This Page (optional)			110.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin Mailing Address 6611 Hunter Trail Way	State	Zip Code	Date of Receipt
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	l	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Leudvig Sardarian	Date of Receipt		
	Mailing Address 11601 Brandy Hall Lane	12 24 2012		
	City	State	Zip Code	Transaction ID : SA11AI.6902
	North Potomac	MD	20878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	I	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
c.	Full Name (Last, First, Middle Initial) Leudvig Sardarian	Date of Receipt		
	Mailing Address 11601 Brandy Hall Lane	12 31 Y Y Y Y Y 12 31 2012		
	City	State	Zip Code	Transaction ID : SA11AI.6999
	North Potomac	MD	20878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction
	Name of Employer	Occupation	I	
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)			150.00

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

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		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	IESIA ASSOCIATES LLC POLIT	ICAL ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood Mailing Address 14700 Crossway Road	State Zip Code	Date of Receipt
Rockville FEC ID number of contributing federal political committee.	MD 20853	Amount of Each Receipt this Period 100.00 Payroll deduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood Mailing Address 14700 Crossway Road		Date of Receipt
City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code MD 20853 C Occupation Physician Aggregate Year-to-Date ▼ 1200.00	12 31 2012 Transaction ID : SA11AI.6988 Amount of Each Receipt this Period 100.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Mark Seymour Mailing Address 2932 Thurston Rd. City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21704 C Occupation Physician Aggregate Year-to-Date ▼ 550.00 550.00	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6893 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (option	al)	

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

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Mark Seymour Mailing Address 2932 Thurston Rd. City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21704 Year-to-Date ▼ 600.00	Date of Receipt 12 31 2012 Transaction ID : SA11AI.6989 Amount of Each Receipt this Period 50.00 Payroll deduction	
Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill Road City Germantown FEC ID number of contributing federal political committee.	State MD	Zip Code 20876	Date of Receipt 12 24 2012 Transaction ID : SA11AI.6822 Amount of Each Receipt this Period 50.00 Payroll deduction	
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼ 550.00		
C. Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill Road	Dr. Nader Soliman			
City Germantown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20876 Year-to-Date ▼ 600.00	12 31 2012 Transaction ID : SA11AI.6919 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)......

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE		
A. Dr. James Sowry Mailing Address 5008 Green Bridge Road				Date of Receipt		
	City	State	Zip Code	Transaction ID : SA11AI.6875		
	Dayton	MD	21036	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00			
в.	Full Name (Last, First, Middle Initial) Dr. James Sowry	Date of Receipt				
	Mailing Address 5008 Green Bridge Road	12 31 2012				
	City	State	Zip Code	Transaction ID : SA11AI.6973		
	Dayton	MD	21036	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer	Occupation		Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Other (specify)		300.00			
с.	Full Name (Last, First, Middle Initial) Dr. Robert Study	Date of Receipt				
	Mailing Address 6 Beall Spring Court	12 24 Y Y Y Y Y 12 24 2012				
	City	State	Zip Code	Transaction ID : SA11AI.6846		
	Potomac	MD	20854	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	ů – Elektrik				
	Name of Employer	Occupation		Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For:	Aggregate	Year-to-Date V			
	Other (specify)		550.00			
s	UBTOTAL of Receipts This Page (optional)		▶	100.00		

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

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Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 20854 Year-to-Date ▼ 600.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 4639 Teen Barnes Road			Date of Receipt
City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For: □ Primary □ General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21703 Year-to-Date ▼ 550.00	Transaction ID : SA11AI.6894 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Lisa Sullivan Mailing Address 4639 Teen Barnes Road City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 21703 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).....

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of th Detailed Summary Pag	
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	ESIA ASSOCIATES LLC POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Robert Sullivan Mailing Address 4639 Teen Barnes Road City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21703 C Occupation Physician Aggregate Year-to-Date ▼ 550	Date of Receipt 12 24 24 2012 Transaction ID : SA11AI.6895 Amount of Each Receipt this Period 50.00 Payroll deduction
B. Full Name (Last, First, Middle Initial) Dr. Robert Sullivan Mailing Address 4639 Teen Barnes Road		Date of Receipt
City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21703 C Occupation Physician Aggregate Year-to-Date ▼ 600.	Transaction ID : SA11AI.6991 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Louis Swann Mailing Address PO Box 6081 City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22106 C Occupation Physician Aggregate Year-to-Date ▼ 550 550	Date of Receipt Date of Receipt 12 24 2012 Transaction ID : SA11AI.6847 Amount of Each Receipt this Period 50.00 Payroll deduction .00
SUBTOTAL of Receipts This Page (optional	l)	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.				Date of Receipt		
	Mailing Address PO Box 6081	12 31 2012 Transaction ID : SA11AI.6945				
	City McLean	ean VA 22106				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify)		600.00			
в.	Full Name (Last, First, Middle Initial) Dr. Rojack Tan	Date of Receipt				
	Mailing Address 507 Goodland Place	12 24 2012				
	City	State	Transaction ID : SA11AI.6848			
	Rockville	MD	20850	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia		Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 550.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Rojack Tan			Date of Receipt		
	Mailing Address 507 Goodland Place	12 31 2012				
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.6946 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	ů – Elektrik				
	Name of Employer	Occupation	l	Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Other (specify)					
s	UBTOTAL of Receipts This Page (optional)		•	150.00		
Т	OTAL This Period (last page this line number	only)	•			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London Drive			Date of Receipt
	City	State	Zip Code	12 24 _ 2012
	Potomac FEC ID number of contributing federal political committee.	MD C	20854	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary Other (specify)		Year-to-Date ▼ 550.00	
в.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London Drive	Date of Receipt		
	City Potomac	State MD	12 31 2012 Transaction ID : SA11AI.6920 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
С.	Full Name (Last, First, Middle Initial) Dr. Reed Underwood	Date of Receipt		
	Mailing Address 1518 T Street, NW	12 / D D / Y Y Y Y 12 / 24 / 2012		
	Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.6833 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	I	Payroll deduction
	First Colonies Anesthesia Receipt For:	Physician	Maanda Data 🗖	_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
s	SUBTOTAL of Receipts This Page (optional)		•	150.00
1	TOTAL This Period (last page this line number	only)	•	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Dr. Reed Underwood Mailing Address 1518 T Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20009 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Arnaldo Valedon Mailing Address 22 Woodfield Court City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21136 C Occupation Physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon Mailing Address 22 Woodfield Court City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21136 C Occupation Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 12 31 2012 Transaction ID : SA11AI.6972 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

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
A. Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Road	State	Zip Code	Date of Receipt		
Silver Spring	MD	20904	Transaction ID : SA11AI.6879 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00]		
Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Road			Date of Receipt		
City	State	Zip Code	Transaction ID : SA11AI.6977		
Silver Spring	MD	20904	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]		
Full Name (Last, First, Middle Initial) C. Dr. Sanjay Vanguri					
Mailing Address 9657 Atterbury Lane	·				
City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6901 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For:	Aggregate	Year-to-Date ▼	1		
Other (specify)		275.00			
SUBTOTAL of Receipts This Page (optional).			125.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANEST	HESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
A. Full Name (Last, First, Middle Initial) Dr. Sanjay Vanguri Mailing Address 9657 Atterbury Lane			Date of Receipt		
City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6998 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		25.00		
Name of Employer	Occupation	l	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]		
Full Name (Last, First, Middle Initial) B. Dr. Paul Van Nice					
Mailing Address 7101 Meadow Lane	12 24 2012				
City	State	Zip Code	Transaction ID : SA11AI.6824		
Chevy Chase	MD	20815	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		550.00]		
Full Name (Last, First, Middle Initial) C. Dr. Paul Van Nice					
Mailing Address 7101 Meadow Lane	Mailing Address 7101 Meadow Lane				
City	State	Zip Code	Transaction ID : SA11AI.6921		
Chevy Chase	MD	20815	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For:	Aggregate	Year-to-Date V			
Primary General Other (specify) ▼		600.00	1		
SUBTOTAL of Receipts This Page (optic	nal)		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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich Jr. Mailing Address 10816 Willow Run Circle	State	Zip Code	Date of Receipt
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	
В.	Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich Jr.	Date of Receipt		
	Mailing Address 10816 Willow Run Circle	12 31 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1		
	City	State	Zip Code	Transaction ID : SA11AI.6922
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer	Occupation	l	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Mark Vogt			Date of Receipt
0.	Mailing Address 1149 Colonial Road	12 24 _2012 _		
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.6849 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
s	UBTOTAL of Receipts This Page (optional)			100.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	ny information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Mark Vogt			Date of Receipt		
	Mailing Address 1149 Colonial Road			12 31 2012		
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.6947 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		 Payroll deduction 		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00			
В.	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren			Date of Receipt		
	Mailing Address 1200 Colvin Meadows Lane					
	City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.6826 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00			
с.	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren			Date of Receipt		
	Mailing Address 1200 Colvin Meadows Lane			12 31 2012		
	City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.6923 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			50.00		
				Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00			
	UBTOTAL of Receipts This Page (optional)			150.00		

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Timothy Wex			Date of Receipt			
	Mailing Address 11429 Cedar Ridge Drive			M = M / D = D / Y = Y = Y = Y 12 24 2012			
	City Potomac	State VA	Zip Code 20854	Transaction ID : SA11AI.6850 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician		 Payroll deduction 			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00				
В.	Full Name (Last, First, Middle Initial) Dr. Timothy Wex			Date of Receipt			
	Mailing Address 11429 Cedar Ridge Drive	12 31 2012					
	City Potomac	State VA	Zip Code 20854	Transaction ID : SA11AI.6948 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00				
С.	Full Name (Last, First, Middle Initial) Dr. David Wheeler			Date of Receipt			
	Mailing Address 7108 Collingwood Court			M M / D D / Y Y Y Y 12 24 2012			
	City Elkridge	State MD	Zip Code 21075	Transaction ID : SA11AI.6865 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation	1	Payroll deduction			
	First Colonies Anesthesia Receipt For:	Physician	Veer te Dete 🗮	_			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00				
s	UBTOTAL of Receipts This Page (optional)		•	150.00			
ד	TOTAL This Period (last page this line number	only)	••••••				

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 7108 Collingwood Court			Date of Receipt				
	City Elkridge	State MD	Zip Code 21075	12 31 2012 Transaction ID : SA11AI.6963 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
в.	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry Mailing Address 611 W. 2nd Street			Date of Receipt				
	City Frederick	State MD	Zip Code 21701	12 24 2012 Transaction ID : SA11AI.6880 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction				
	Name of Employer First Colonies Anesthesia	Occupation Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00					
с.	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry			Date of Receipt				
	Mailing Address 611 W. 2nd Street	State	Zip Code					
	Frederick	MD	21701	Transaction ID : SA11AI.6978 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction				
	Name of Employer	Occupation	I					
	First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 600.00					
\vdash	SUBTOTAL of Receipts This Page (optional)			150.00				

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17	
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL A		ON	СО	ΜΜΙΤΊ	ΓEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon				Date o	f Re	ceipt				
	Mailing Address 18212 Wickham Road				м м 12	/	24	D / Y	у у 2012	Y	
	City Olney	State MD	Zip Code 20832					: SA11AI . Receipt th		ł	
	FEC ID number of contributing federal political committee.	С					7		5	0.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician	1		ayroll o	dedu	ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00								
В.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon				Date o	f Re	ceipt				
	Mailing Address 18212 Wickham Road						12 31 2012				
	City Olney	State MD		Transaction ID : SA11AI.6969 Amount of Each Receipt this Period 50.00							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	- Pa	ayroll c	ledu	ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Monfold Wolf				Date o	f Re	ceipt				
	Mailing Address 4822 Tilly Dr.				м м 12	/	D 24		у у 2012	Y	
	City Sykesville	State MD	Zip Code 21784					: SA11AI		k	
	FEC ID number of contributing federal political committee.	С					,		5	0.00	
	Name of Employer	Occupation	1		Payroll	aeau	Iction				
	First Colonies Anesthesia Receipt For:	Physician		_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00								
┢	UBTOTAL of Receipts This Page (optional)					-	7	1 7	150).00	

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Dr. Monfold Wolf			Date of Receipt	
	Mailing Address 4822 Tilly Dr.			12 31 2012	
	City Sykesville	State MD	Zip Code 21784	Transaction ID : SA11AI.6975 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00		
в.	Full Name (Last, First, Middle Initial) You Wu			Date of Receipt	
	Mailing Address 910 Dunlavin Ct.	12 24 2012			
	City Timonium	State MD	Zip Code 21093	Transaction ID : SA11AI.6866 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) You Wu			Date of Receipt	
	Mailing Address 910 Dunlavin Ct.			12 31 2012	
	City Timonium	State MD	Zip Code 21093	Transaction ID : SA11AI.6964 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Name of Employer	Occupation	1	Payroll deduction	
	First Colonies Anesthesia Physicia				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00		
	CUBTOTAL of Receipts This Page (optional)			150.00	

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
Α.	-			Date of Receipt
	Mailing Address 6912 Granite Ridge Court	State	Zip Code	12 24 2012 Transaction ID : SA11Al.6878
	Baltimore	MD	21209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		 Payroll deduction
	First Colonies Anesthesia	Physician		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
В.	Full Name (Last, First, Middle Initial) David Wyler			Date of Receipt
	Mailing Address 6912 Granite Ridge Court			12 31 2012
	City Baltimore	State MD	Zip Code 21209	Transaction ID : SA11AI.6976 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu			Date of Receipt
	Mailing Address 13508 Gumspring Road			M M / D D / Y Y Y Y 12 24 2012
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.6827
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
\vdash	UBTOTAL of Receipts This Page (optional)			150.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 67 OF

72

		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHI	ESIA ASSOCIATES	LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Aiqin Yu Mailing Address 13508 Gumspring Road City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Cod MD 20850 C Occupation Physician Aggregate Year-to-Date		Date of Receipt 12 31 2012 Transaction ID : SA11AI.6924 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. Jungim Yun Mailing Address 2057 Thurston Road City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Cod MD 21704 C Occupation Physician Aggregate Year-to-Date		Date of Receipt 12 24 2012 Transaction ID : SA11AI.6896 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Jungim Yun Mailing Address 2057 Thurston Road City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Cod MD 21704 C Occupation Physician Aggregate Year-to-Date		Date of Receipt 12 31 2012 Transaction ID : SA11AI.6992 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)			9310.00

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

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 68 OF 72
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full)			
	FIRST COLONIES ANESTHESIA	ASSOCIATES LLC I	POLITICAL	_ ACTION COMMITTEE
<u>ہ</u>	Full Name (Last, First, Middle Initial)			Date of Disbursement
Π.	Chopra for Virginia			M M / D D / Y Y Y Y
	Mailing Address PO Box 100459			11 27 2012
	City S Arlington	State Zip Code VA 22210		Transaction ID : SB29.7008
	Purpose of Disbursement Contribution			
	Candidate Name		011	Amount of Each Disbursement this Period
			Category/ Type	500.00
	Office Sought: House Disburser Senate President	Primary General		
	State: District:	Other (specify)		
_	Full Name (Last, First, Middle Initial)			
В.	Citizens for Karen Montgomery			Date of Disbursement
	Mailing Address 211 Market St.			11 27 2012
	City S Brookeville	State Zip Code MD 20833		Transaction ID : SB29.7013
	Purpose of Disbursement Contributions		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	250.00
	Office Sought: House Disburser Senate Discourt	Primary General		
	State: MD District: 14	Other (specify)		
~	Full Name (Last, First, Middle Initial)			Date of Disbursement
0.	Committee to Elect Allan Kittleman			
	Mailing Address 3102 Fox Valley Dr.			12 10 2012
	5	State Zip Code MD 21794		Transaction ID : SB29.7016
	Purpose of Disbursement Contribution			
	Candidate Name		011 Category/ Type	Amount of Each Disbursement this Period 250.00
	Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼		
Γ	District.			
s	UBTOTAL of Disbursements This Page (optional)		••••••	1000.00
1	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3X)					NUMBER: PAGE 69 OF 72
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		neck on 21b 27	ly one)
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL	ITICA	L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Friends of Anthony G. Brown					Date of Disbursement
	Mailing Address 1010 Hull Street Suite 202					12 10 2012
	Baltimore	State MD	Zip Code 21230			Transaction ID : SB29.7015
	Purpose of Disbursement Contribution			0	11	Amount of Each Disbursement this Period
	Candidate Name				gory/ pe	1000.00
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General cify) ▼			
в.	State: MD District: Full Name (Last, First, Middle Initial) Friends of Jim Mathias					Date of Disbursement
	Mailing Address 3546 Figgs Landing Road					12 10 2012
	Snow Hill	State MD	Zip Code 21863			Transaction ID : SB29.7028
	Purpose of Disbursement Contribution Candidate Name			Cate	11 gory/ pe	Amount of Each Disbursement this Period 250.00
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼		-	
c.	Full Name (Last, First, Middle Initial) Friends of John Astle					Date of Disbursement
	Mailing Address 51 Fleet St.					11 27 2012
	City S Annapolis Purpose of Disbursement	State MD	Zip Code 21401			Transaction ID : SB29.7003
	Contribution Candidate Name			Cate	11 gory/ pe	Amount of Each Disbursement this Period 250.00
	Office Sought: House Disburser Senate President State: MD District: 30	nent For: Primary Other (spe	General cify) ▼			
⊢	UBTOTAL of Disbursements This Page (optional)					1500.00

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 70 OF 72
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	v one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar				
$\left[\right]$	NAME OF COMMITTEE (In Full)				
$ \rangle$	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICA	L ACTION COMMITTEE
لا ۸.	Full Name (Last, First, Middle Initial) Friends of Justin Ready				Date of Disbursement
	Mailing Address PO Box 402				12 / D D / Y Y Y Y Y 2012
	Westminster	State MD	Zip Code 21158		Transaction ID : SB29.7024
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	250.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼		
	State: MD District:				
в.	Full Name (Last, First, Middle Initial) Friends of Kirill Reznik				Date of Disbursement
	Mailing Address 18469 Stone Hollow Dr.				11 27 2012
	Germantonw	State MD	Zip Code 20874		Transaction ID : SB29.7011
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	250.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼		
	State: MD District: 39				
C.	Full Name (Last, First, Middle Initial) Friends of Shawn Tarrant				Date of Disbursement
	Mailing Address PO Box 67047				11 27 Y Y Y Y 2012
	Baltimore	State MD	Zip Code 21215		Transaction ID : SB29.7010
	Purpose of Disbursement Contribution Candidate Name			011	Amount of Each Disbursement this Period
				Category/ Type	250.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		
_	State: MD District: 40				
s	UBTOTAL of Disbursements This Page (optional)			····· ►	750.00
т	OTAL This Period (last page this line number only)		••••••	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 71 OF 72		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)		
	Detailed Summary Page	21b	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Any information copied from such Reports and States or for commercial purposes, other than using the nar			on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
FIRST COLONIES ANESTHESIA	ASSOCIATES LLC I	POLITICAL	_ ACTION COMMITTEE		
Full Name (Last, First, Middle Initial)					
A. Friends of Susan Krebs			Date of Disbursement		
Mailing Address 5835 Monroe Avenue			12 10 2012		
,	State Zip Code MD 21784		Transaction ID : SB29.7023		
Eldersburg Purpose of Disbursement	MD 21784				
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	250.00		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				
State: District:	··· ·· ·				
Full Name (Last, First, Middle Initial) B. Supports of Thomas Middleton			Date of Disbursement		
B. Supports of Thomas Middleton					
Mailing Address 11 Bladen Street			11 27 2012		
Annapolis	StateZip CodeMD21401		Transaction ID : SB29.7012		
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	500.00		
	ment For:				
State: MD District:	Primary General Other (specify)				
Full Name (Last, First, Middle Initial)					
С.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Senate President	ment For: Primary General Other (specify) V				
State: District:					
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

PAGE	72	OF	72	
FOR LI	NE 2	1a OF	FORM	зх

NAME OF COMMITTEE (In Full)

F	IRST COLONIES ANESTHESIA AS	<u>38001</u>	ATES LLC		
Α.	Full Name (Last, First, Middle Initial) Transaction ID : H4.7022				Allocated Activity or Event:
	Barbara Marx Brocato & Associate	es			Administrative Fundraising Exempt
	Mailing Address 18 Pinkney Street				Voter Drive Direct Candidate Support
	-	State	Zip Code		Public Comm (ref to party only) by PAC
	Annapolis Purpose of Disbursement:	MD	21401		Allocated Activity or Event Year-To-Date
	Lobbying and expense reimbursement				14989.49
	Activity or Event Identifier:			Category/	M = M / D = D / Y = Y = Y
	Administrative			Туре	Date 12 10 2012
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7	1496.86	1496.86
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/ Type	Date
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT
] [
C.	7 7 7 7	_	1 1		
	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
				· · · ·	
	Activity or Event Identifier:				
				Category/	M M / D D / Y Y Y Y
				Category/ Type	Date
	FEDERAL SHARE +		NONFEDERAL	Туре	
			NONFEDERAL	Туре	Date
			NONFEDERAL	Туре	Date
รเ		tivity This	7	Type SHARE	Date
รเ	FEDERAL SHARE +	tivity This	Page	Type SHARE	Date TOTAL AMOUNT
	FEDERAL SHARE + JBTOTAL of Allocated Federal and NonFederal Act FEDERAL SHARE + 0.00		Page NONFEDERAL S	Type SHARE SHARE 1496.86	Date
	FEDERAL SHARE + JBTOTAL of Allocated Federal and NonFederal Act FEDERAL SHARE +		Page NONFEDERAL S	Type SHARE SHARE 1496.86 NonFederal sh	Date
	FEDERAL SHARE + JBTOTAL of Allocated Federal and NonFederal Act FEDERAL SHARE + 0.00 OTAL This Period (last page for each line only)(Federal		Page NONFEDERAL S to 21(a)(i) and	Type SHARE SHARE 1496.86 NonFederal sh	Date = TOTAL AMOUNT = TOTAL AMOUNT 1496.86 nare to 21(a)(ii))