FEC FORM 3X	AND	ORT OF RE DISBURSE her Than An Autho	MENTS	ee	Office Use Only	
1. NAME OF COMMITTEE (in f		C MAILING LABEL E OR PRINT 🕎	Example:If typing over the lines	, type		
FIRST COLONIES				IMITTEE		
Check if differ than previous reported. (AC		VILLE			20850	
2. FEC IDENTIFICAT			A	STATE	A ZIPCODE A	
C00416305		3. IS T REF		NEW N) OR	AMENDED (A)	
July 15 Quarterly October Quarterly January Quarterly July 31 M Report(N Year Onl	Report(Q1) (c Report(Q2) 15 Report(Q3) 31 Report(YE) 16-Year on-election (c	PRE-Election Report for the: Election of 30-Day	(M3) (M4) Primary (12P Convention ( on X General (300	12C) S	Aug 20 (M8)       Nov 20 (Non-Elec Year Only         Sep 20 (M9)       Dec 20 (Non-Elec Year Only         Oct 20 (M10)       Jan 31 (Year Only         eneral (12G)       Runoff (1         pecial (12S)       in the State of         unoff (30R)       Special (Control of Special (Control of State of Not State of	xtion () () () () () () () () () () () () ()
Type or Print Name of T Signature of Treasurer	ined this Report and reasurer <u>Dr. J</u> Ele <u>ctronically File</u>	· · ·		Date		
Office Use Only					FEC FORM 3X (Rev. 12/2004)	

Image# 10931869257

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 37

FEC Form 3X (Rev. 02/2003)

F	eport Covering the Period: From:	D D Y Y Y Y 14 2010	To:
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
ò.	(a) Cash on Hand January 1 2010 <sup>Y Y Y</sup>		65435.53
	(b) Cash on Hand at Begining of Reporting Period	66999.50	
	(c) Total Receipts (from Line 19)	4270.00	36955.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71269.50	102390.53
	Total Disbursements (from Line 31)	8825.91	39946.94
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62443.59	62443.59
	Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

FE6AN026

#### Image# 10931869258

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

F	Report Covering the Period: From:		b: M M D D Y Y Y Y Y Y Y 2010
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees	· · · · · · · · · · ·	
	(i) Itemized (use Schedule A)	4060.00	27265.00
	(ii) Unitemized	210.00	9690.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	4270.00	36955.00
	(b) Political Party Committees	0.00	0.00
	<ul> <li>(c) Other Political Committees (such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) 🕨	4270.00	36955.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
-	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4270.00	36955.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	4270.00	36955.00

#### Image# 10931869259

## **DETAILED SUMMARY PAGE**

	FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 37
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii) and (b))</li> </ul>	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	6500.00	28225.00
4.	Independent Expenditure		
5.	(use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
ò.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) >	0.00	0.00
)	Other Disbursements	2325.91	11721.94
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8825.91	39946.94
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8825.91	39946.94

FE6AN026

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# DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 37

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	4270.00	36955.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4270.00	36955.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 6 / 37           (check only one)         I1a         11b         11c         12           I3         14         15         16         1
	n for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	e name and add	Iress of any political committee to	solicit contributions from such committee.
×.	Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy Mailing Address 4170 Bethesda Ave.			Date of Receipt
	#719 City	State	Zip Code	Transaction ID: SA11AI.5369
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia Asso	Occupation physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ¥ 450.00	]
. –	Full Name (Last, First, Middle Initial) Dr. Marc Beck			Date of Receipt
	Mailing Address 16 Norris Run Court			10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5340
	Reisterstown	MD	21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	]
_	Full Name (Last, First, Middle Initial) Dr. John Bunker			Date of Receipt
	Mailing Address 15229 National Pike			10 <sup>/</sup> /25 <sup>/</sup> YYYY 10 <sup>0</sup> /25 <sup>/</sup> /2010
	City	State	Zip Code	Transaction ID: SA11AI.5289
	Hagerstown	MD	21740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	]
	SUBTOTAL of Receipts This Page (optional)		·····	150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7/37         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES LLC POLITICAL ACTION CO	MMITTEE
∠ A.	Full Name (Last, First, Middle Initial) Dr. Donald Charney	Date of Receipt	
	Mailing Address 3707 Meadowhill Cour	10 <sup>/</sup> /25 <sup>/</sup> /2010	
	City	State Zip Code	Transaction ID: SA11AI.5341
	Phoenix	MD 21131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify)     ▼	450.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Stayam Chary	I	Date of Receipt
	Mailing Address 9 Alterwood Lane		M M / D D / Y Y Y Y 10 25 2010
	City	State Zip Code	Transaction ID: SA11AI.5342
	Owings Mill	MD 21117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	450.00	
– C.	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 10 25 2010
	City	State Zip Code	Transaction ID: SA11AI.5310
	Potomac	MD 20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary     General       Other (specify)     ▼	450.00	
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	150.00
F	TOTAL This Period (last page this line number		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	of the     X     11a     11b     11c     12       Page     X     13     14     15     16     17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.	
Z	Full Name (Last, First, Middle Initial)		
Α.	Dr. Dwayn Chen Mailing Address 11415 Commonwealth #204	Date of Receipt	
	City	State Zip Code	Transaction ID: SA11AI.5313
	Rockville	MD 20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date  4	50.00
— В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 10209 Fleming Avenue	3	
	City	State Zip Code	Transaction ID: SA11AI.5311
	Bethesda	MD 20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  4	50.00
– C.	Full Name (Last, First, Middle Initial) Dr. Jen Chen		Date of Receipt
	Mailing Address 1104 Mill Ridge Road		10 <sup>//</sup> 25 <sup>/</sup> 2010
	City McLean	State Zip Code VA 22102	Transaction ID: SA11AI.5312 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  4	50.00
Γ	SUBTOTAL of Receipts This Page (optional)		150.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9/37         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	OCIATES LLC POLITICAL ACTION CO	MMITTEE					
∠ A.	Full Name (Last, First, Middle Initial) Dr. William Chester	Date of Receipt						
	Mailing Address 5801 Nicholon Lane #1915		10 <sup>M M</sup> /25 <sup>V</sup> YYYY 2010					
	City	State Zip Code	Transaction ID: SA11AI.5314					
	North Bethesda FEC ID number of contributing	MD 20852	Amount of Each Receipt this Period					
	federal political committee.		50.00					
	Name of Employer First Colonies Anesthesia	Occupation	payroll deduction					
	Receipt For:	Physician Aggregate Year-to-Date 🛡	-					
	Primary     General       Other (specify) ▼	450.00						
- B.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore		Date of Receipt					
	Mailing Address 4846 Lee Hollow Place		10 <sup>/</sup> <sup>D</sup> <sup>D</sup> <sup>/</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>					
	City	State Zip Code	Transaction ID: SA11AI.5343					
	Ellicott City FEC ID number of contributing	MD 21043	_ Amount of Each Receipt this Period					
	federal political committee.		75.00					
	Name of Employer First Colonies Anesthsia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>					
	Receipt For:	Aggregate Year-to-Date ▼	_					
	Primary     General       Other (specify)     ▼	675.00						
- C.	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 10 25 2010					
	City	State Zip Code	Transaction ID: SA11AI.5315					
	Derwood	MD 20855	_ Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		50.00					
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>					
	Receipt For: Primary General	Aggregate Year-to-Date ▼						
	Other (specify)	450.00						
ſ	SUBTOTAL of Receipts This Page (optional)	······	175.00					
ľ	TOTAL This Period (last page this line number	only)						

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 10 / 37         (check only one)       11a         X       11a       11b       11c       12         I3       14       15       16       17				
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Any information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s NAME OF COMMITTEE (In Full)					
	FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITICAL ACTION CO	MMITTEE				
A. –	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach	Date of Receipt					
	Mailing Address 15114 Pepperridge Di	10 <sup>/</sup> 25 <sup>/</sup> 2010					
	City	State Zip Code	Transaction ID: SA11AI.5277				
	Bowie	MD 20721	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	50.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>				
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary     General       Other (specify)	450.00					
– В.	Full Name (Last, First, Middle Initial) Dr. Karen Dugan		Date of Receipt				
	Mailing Address 4107 Vickie Lynn Cou	10 <sup>//</sup> <sup>D D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>					
	City	State Zip Code	Transaction ID: SA11AI.5290				
	Mt. Airy	MD 21771	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	50.00				
	Name of Employer First Colonies Anesthsia	Occupation Physician					
	Receipt For: Primary General	Aggregate Year-to-Date 🔻					
	Other (specify)	450.00					
– C.	Full Name (Last, First, Middle Initial) Dr. Todd Epstein	1	Date of Receipt				
	Mailing Address 11305 Struttman Terr	ace	10 <sup>//</sup> 25 <sup>/</sup> 2010				
	City	State Zip Code	Transaction ID: SA11AI.5356				
	North Bethesda	MD 20852	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	50.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00					
	SUBTOTAL of Receipts This Page (optional) .	·	150.00				
Ē	TOTAL This Period (last page this line number	r only)					

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/37 (check only one)
	TEMIZED RECEIPTS		for each category of the	
-			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)		······	
	FIRST COLONIES ANESTHESIA AS	SOCIATES I	LLC POLITICAL ACTION CO	DMMITTEE
∡ ۹.	Full Name (Last, First, Middle Initial) Dr. Richard Evans			Date of Receipt
	Mailing Address 6436 West Langley L	ane		M M         /         D D         /         Y Y         Y Y         Y
	City	State	Zip Code	Transaction ID: SA11AI.5370
	<u>McLean</u>	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupatio	ก	payroll deduction
	First Colonies Anesthesia Asso	physicia		
	Receipt For:		e Year-to-Date 🔻	
	Primary General	33 - 3		1
	Other (specify)	0 0	450.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler			Date of Receipt
	Mailing Address 4107 Vickie Lynn Cou	M M / D D / Y Y Y Y Y 10 / 25 / 2010		
	City	State	Zip Code	Transaction ID: SA11AI.5292
	<u>Mt. Airy</u>	MD	21771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼		270.00	]
-	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli			Date of Receipt
-	Mailing Address 504 Reserve Champion	on Drive		M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5293
	Rockvillem	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		450.00	]
Γ		1		130.00
L	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line numbe	ar only)	1	
	I VIAL THIS I GHOU (Idol page this inte humbe	/ Only/		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 12/37           (check only one)         11c         12           X         11a         11b         11c         12           13         14         15         16         17		
	or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL ACTION CC	DMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. James Glass	Date of Receipt				
	Mailing Address 1441 Rhode Island Ave #410	10 <sup>/</sup> /25 <sup>/</sup> YYYY 2010				
	City	State	Zip Code	Transaction ID: SA11AI.5371		
	Washington	DC	20005	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer First Colonies Anesthesia	Occupatio		payroll deduction		
	Asso Receipt For:	physiciar	n e Year-to-Date ▼	_		
	Primary General	Ayyreyale		1		
	Other (specify) <b>▼</b>		450.00			
В.	Full Name (Last, First, Middle Initial) Dr. Steven Grube			Date of Receipt		
	Mailing Address 13895 Foxtower Road			M M / D D / Y Y Y Y 10 25 2010		
	City	State	Zip Code	Transaction ID: SA11AI.5294		
	Thurmont	MD	21788	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		<ul> <li>payroll deduction</li> </ul>		
	Receipt For:		e Year-to-Date 🔻			
	Primary General Other (specify) ▼		450.00	]		
C.	Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt		
Ο.	Mailing Address 12312 Highstakes Drive	e		10 25 2010		
	City	State	Zip Code	Transaction ID: SA11AI.5344		
	Reisterstown	MD	21136	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		<ul> <li>payroll deduction</li> </ul>		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)	0 0	450.00	]		
	SUBTOTAL of Receipts This Page (optional)			150.00		
	TOTAL This Period (last page this line number of	only)				

	CHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13/37         (check only one)       X         X       11a         11a       11b         113       14         15       16         1
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	/ not be sold or used by any personners of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
×.	Full Name (Last, First, Middle Initial) Dr. Glen Hessinger			Date of Receipt
	Mailing Address 8101 Ruston Crossin	ng Road		10 <sup>/</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5345
	Towson FEC ID number of contributing	MD	21204	Amount of Each Receipt this Period
	federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For:		Year-to-Date	_
	Other (specify)		350.00	
_	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
	Mailing Address 1614 Randallwood C	Court		10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5346
	Jarretsville	MD	21084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 450.00	
_	Full Name (Last, First, Middle Initial) Dr. Sung Hong			Date of Receipt
	Mailing Address 8525 Huntspring Dri	ve		10 <sup>1</sup> 25 <sup>1</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5347
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 14/37         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES LLC POLITICAL ACTION CO	MMITTEE
∠ A.	Full Name (Last, First, Middle Initial) Dr. Steven Hopper		Date of Receipt
	Mailing Address 4550 N. Park Avenue #101		10 <sup>M M</sup> /25 <sup>/</sup> YYYY 2010
	City	State Zip Code	Transaction ID: SA11AI.5357
	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	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	1
	Primary     General       Other (specify)     ▼	450.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough		Date of Receipt
	Mailing Address 9110 Travener Circle		M M / D D / Y Y Y Y 10 25 2010
	City	State Zip Code	Transaction ID: SA11AI.5316
	Frederick	MD 21704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	75.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date V	_
	Primary     General       Other (specify)	675.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Sean Isaac	1	Date of Receipt
	Mailing Address 920 Newington Ave.		M M / D D / Y Y Y Y 10 25 2010
	City	State Zip Code	Transaction ID: SA11AI.5348
	Baltimore	MD 21217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer First Colonies Anesthesia Asso	Occupation physician	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary     General       Other (specify)	450.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	175.00
F	TOTAL This Period (last page this line number		

				FOR LINE NUMBER: PAGE 15/37
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	FIRST COLONIES ANESTHESIA ASSO	OCIATES I	LC POLITICAL ACTION CC	DMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Supriya Jagannath			Date of Receipt
	Mailing Address 6260 Glen Vally Terrace	e		10 <sup>//</sup> 25 <sup>//</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5295
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupatio	n	payroll deduction
	First Colonies Anesthesia Asso	physicial		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		225.00	11
_	Other (specify) 🔻	0 0		1
в.	Full Name (Last, First, Middle Initial) Dr. David Johnson			Date of Receipt
	Mailing Address 5506 Bootjack Drive			M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5296
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupatio	n	payroll deduction
	First Colonies Anesthesia	Physicia	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	450.00	]
- C.	Full Name (Last, First, Middle Initial) Dr. Christina Johnston			Date of Receipt
0.	Mailing Address 3458 Holland Cliffs Roa	ad		M M / D D / Y Y Y Y
				10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5279
	Huntingtown	MD	20639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) <b>▼</b>		450.00	]
[	SUBTOTAL of Receipts This Page (optional)		<b>b</b>	125.00
ŀ				
	TOTAL This Period (last page this line number of	oniy)		

					FOR LINE NUMBER: PAGE 16/37
	SCHEDULE A (FEC Form 3X)			(check only one)	
	TEMIZED RECEIPTS			egory of the mmary Page	X 11a 11b 11c 12
Г					13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or dress of any pol	used by any person itical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Ň	NAME OF COMMITTEE (In Full)				
	FIRST COLONIES ANESTHESIA ASS	OCIATES I		AL ACTION CO	MMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. James Kaufman				Date of Receipt
	Mailing Address 7514 Arrowwood Road				10 <sup>//</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code		Transaction ID: SA11AI.5358
	Bethesda	MD	20817		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer	Occupatio	n		<ul> <li>payroll deduction</li> </ul>
	Name of Employer First Colonies Anesthesia	Physicia			
	Receipt For:	Aggregate	e Year-to-Date	▼	_
	Primary General		1 1 1 1	450.00	
	Other (specify) 🔻	0 0	0 0 0 0		
- 3.	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol				Date of Receipt
	Mailing Address 6579 Prestwick Drive			M M / D D / Y Y Y Y Y 10 25 2010	
	City	State	Zip Code		Transaction ID: SA11AI.5297
	Highland	MD	20777		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia			<ul> <li>payroll deduction</li> </ul>
	Receipt For:		e Year-to-Date	▼	1
	Primary General Other (specify) ▼			450.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick				Date of Receipt
٥.	Mailing Address 3004 Hollow Crest Plac	e			$\begin{array}{c c} & \text{Date of Receipt} \\ \hline \\ & \text{M} & \text{M} & \text{/} & \text{D} & \text{D} & \text{/} & \text{Y} & \text{Y} & \text{Y} & \text{Y} \\ \hline \\ & 1 & 0 & 2 & 5 & 2 & 0 & 1 & 0 \end{array}$
	City	State	Zip Code		Transaction ID: SA11AI.5317
	Brookeville	MD	20833		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0 0	50.00
	Name of Employer First Colonies Anesthesia	Occupatio			<ul> <li>payroll deduction</li> </ul>
	Asso Receipt For:	1	e Year-to-Date	▼	-1
	Primary General	Ayyreyale		i i i i i	
	Other (specify)	0 0	0 0 0 0	450.00	
Γ	I SUBTOTAL of Receipts This Page (optional)				150.00
╞					
	TOTAL This Period (last page this line number of	only)		🕨	

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Net	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 17 / 37           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	e name and add	dress of any political committee to	solicit contributions from such committee.
لا A.	Full Name (Last, First, Middle Initial) Dr. Richard Ko			Date of Receipt
	Mailing Address 4101 Hunt Road			10 <sup>//</sup> 25 <sup>//</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5324
	Fairfax FEC ID number of contributing	VA	22032	Amount of Each Receipt this Period
	federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio		payroll deduction
	Receipt For:	Physician Aggregate	n e Year-to-Date 🔻	
	Primary General	Aggregate	450.00	1
	Other (specify) <b>v</b>	0 0	450.00	
	Full Name (Last, First, Middle Initial)			Date of Descipt
В.	Dr. Harkisan Laheri Mailing Address 11722 Split Tree Circle	e		Date of Receipt
	City	State	Zip Code	
	Potomac	MD	20854	Transaction ID: SA11AI.5325 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	1	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	450.00	]
- C.	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt			Date of Receipt
0.	Mailing Address 3467 North Venice Str	eet		
	City	State	Zip Code	Transaction ID: SA11AI.5359
	Arlington	VA	22207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	450.00	]
ſ	SUBTOTAL of Receipts This Page (optional)		·····	150.00
f	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/37 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may	not be sold or used by any perso tress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES L	LC POLITICAL ACTION CC	MMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Thomas Malone			Date of Receipt
	Mailing Address 11667 Fairmont Place			M M         /         D D         /         Y
	City	State	Zip Code	Transaction ID: SA11AI.5298
	ljamsville	MD	21754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	1	Year-to-Date V	
	Primary General Other (specify) ▼		675.00	]
в.	Full Name (Last, First, Middle Initial) Dr. Mollyann March			Date of Receipt
	Mailing Address 6504 Greentree Road			M M / D D / Y Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5280
	<u>Bethesda</u>	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	675.00	]
с.	Full Name (Last, First, Middle Initial) Dr. Stephen Martin			Date of Receipt
	Mailing Address 3336 O Street, NW			M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5326
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary     General       Other (specify) ▼	0 0	450.00	
	SUBTOTAL of Receipts This Page (optional)		••••••	200.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/37 (check only one)
	ITEMIZED 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 $
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
ľ	NAME OF COMMITTEE (In Full)			
	FIRST COLONIES ANESTHESIA ASSO	OCIATES L	LC POLITICAL ACTION CO	MMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls			Date of Receipt
	Mailing Address 603 Queen Street #4			10 <sup>4</sup> 25 <sup>4</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5327
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer First Colonies Anesthesia	Occupation	1	payroll deduction
	First Colonie's Anesthesia	Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		900.00	1
_	Other (specify) <b>▼</b>	0 0	300.00	
в.	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon			Date of Receipt
в.	Mailing Address 12123 Merricks Court			$\begin{array}{c c} & \text{Date of Receipt} \\ \hline \\ & 1 0 \\ \end{array} \begin{array}{c} P \\ 2 5 \\ \end{array} \begin{array}{c} P \\ 2 \\ 2 \\ 0 \\ \end{array} \begin{array}{c} P \\ P \\ 2 \\ 0 \\ \end{array} \begin{array}{c} P \\ P \\ 2 \\ 0 \\ \end{array} \begin{array}{c} P \\ P $
	City	State	Zip Code	Transaction ID: SA11AI.5301
	Monrovia	MD	21770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	450.00	]
С.	Full Name (Last, First, Middle Initial) Dr. Philip Owens			Date of Receipt
	Mailing Address 141 Adams Street, NW	·		10 <sup>/</sup> / <sub>25</sub> <sup>/</sup> / <sub>2010</sub>
	City	State	Zip Code	Transaction ID: SA11AI.5328
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼		450.00	]
	SUBTOTAL of Receipts This Page (optional)			200.00
	TOTAL This Period (last page this line number o	only)	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 20 / 37           (check only one)         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)	tatements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL ACTION CC	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum			Date of Receipt
	Mailing Address 10720 Dern Road			10 <sup> / Y</sup> Y Y Y 10 <sup> / 25</sup> / 2010
	City	State	Zip Code	Transaction ID: SA11AI.5302
	Emmisburg	MD	21727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio		payroll deduction
	Asso Receipt For:	physiciar		_
	Primary General	Aggregate	e Year-to-Date	1
	Other (specify)	0 0	450.00	
в.	Full Name (Last, First, Middle Initial) Dr. Paul Park	1		Date of Receipt
	Mailing Address 821 Oak Knoll Terrace			M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5330
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	450.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis			Date of Receipt
	Mailing Address 1813 Solitaire Lane			M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5331
	McLean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	450.00	
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	150.00
ľ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 37 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a $11b$ 11c $12$
			Detailed Summary Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	y not be sold or used by any pe dress of any political committee	erson for the purpose of soliciting contributions
Į.	NAME OF COMMITTEE (In Full)			
	FIRST COLONIES ANESTHESIA ASS	OCIATES L	LLC POLITICAL ACTION	COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Peck			Date of Receipt
	Mailing Address 4 Farm Haven Court			10 <sup>//</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5360
	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	Occupatio	on	payroll deduction
	First Colonie's Anesthesia	Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		675.00	· _ ]
_	Other (specify) ▼	0 0	073.00	
-	Full Name (Last, First, Middle Initial)			Data of Descript
В.	Dr. Ramani Peruvemba			Date of Receipt
	Mailing Address 8400 Tysons Trace Co	url		10 <sup>/</sup> /25 <sup>/</sup> /2010
	City	State	Zip Code	Transaction ID: SA11AI.5332
	Vienna	VA	22182	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:	1 7	e Year-to-Date 🔻	
	Primary General	Ayyreyall		
	Other (specify)	0 0	450.00	
-	Full Name (Last, First, Middle Initial)			
C.	Dr. Eugen Pirovic			Date of Receipt
	Mailing Address 3912 Calverton Drive			10 <sup>25</sup> 2910
	City	State	Zip Code	Transaction ID: SA11AI.5361
	Hyattsville	MD	20782	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		
	Name of Employer First Colonies Anesthesia	Occupatio	n	payroll deduction
	First Colonies Anesthesia	Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	450.00	
ſ				175.00
ŀ	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Si		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 22 / 37           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr. Clyde Pray			Date of Receipt
	Mailing Address 908 Oak Knoll Terrace			M M / D D / Y Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5372
		MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicial		<ul> <li>payroll deduction</li> </ul>
	Receipt For:		e Year-to-Date 🔻	-
	Primary General Other (specify) ▼		350.00	]
В.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto			Date of Receipt
	Mailing Address 6409 Pinehurst Road			M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5350
	Baltimore	MD	21212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonis Anesthesia	Occupatio Physicial		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	450.00	]
C.	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson	<u> </u>		Date of Receipt
-	Mailing Address 2212 Dalewood Road			M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5351
	Timonium	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicial		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     Image: Content of the specify of the specify of the specify of the specify of the specific of the speci	0.0	450.00	
	SUBTOTAL of Receipts This Page (optional)			125.00
	TOTAL This Period (last page this line number	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 23 / 37         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to SOCIATES LLC POLITICAL ACTION CO	solicit contributions from such committee.
لا A.	Full Name (Last, First, Middle Initial) Dr. Jeremy Roth		Date of Receipt
	Mailing Address 913 Hillstead Drive		10 <sup>M</sup> 25 <sup>J</sup> 2010
	City	State Zip Code	Transaction ID: SA11AI.5281
	Lutherville	MD 21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify)	270.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin	I	Date of Receipt
	Mailing Address 6611 Hunter Trail Way	,	10 <sup>20</sup> /25 <sup>20</sup> /2010
	City	State Zip Code	Transaction ID: SA11AI.5303
	Frederick	MD 21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify)	450.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood	1	Date of Receipt
	Mailing Address 14700 Crossway Roac	I	10 25 2010
	City	State Zip Code	Transaction ID: SA11AI.5304
	Rockville FEC ID number of contributing federal political committee.	MD 20853	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Γ	SUBTOTAL of Receipts This Page (optional)		180.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 24/37         (check only one)       X         X       11a         11b       11c         12
	Any information copied from such Reports and or for commercial purposes, other than using the second second second second second second second second second	Statements may	not be sold or used by any pers	13     14     15     16     1       con for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS			
۷ ۱.	Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman			Date of Receipt
	Mailing Address 8010 Summer Mill Co	ourt		M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5333
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	450.00	
	Full Name (Last, First, Middle Initial) Dr. Mark Seymour			Date of Receipt
	Mailing Address 2932 Thurston Rd.			M         M         /         D         D         /         Y
	City	State MD	Zip Code	Transaction ID: SA11AI.5305
	Frederick FEC ID number of contributing federal political committee.	C	21704	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesai Asso	Occupation physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date <b>V</b> 450.00	
_	Full Name (Last, First, Middle Initial) Dr. Nader Soliman			Date of Receipt
	Mailing Address 22905 David Mill Roa	ad		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.5334
	Germantown	MD	20876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 450.00	
Γ	SUBTOTAL of Receipts This Page (optional)			150.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER:         PAGE 25 / 37           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           on for the purpose of soliciting contributions removed from our background from our backgroun
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS			
Α.	Full Name (Last, First, Middle Initial) Dr. James Sowry Mailing Address 9589 Norfolk Ave			
	City	State	Zip Code	10252010 Transaction ID: SA11AI.5282
	Laurel	MD	20723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer First Colonies Anesthesia Asso	Occupation physicial		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	]
в.	Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court			Date of Receipt
	Mailing Address 6 Beall Spring Court			10 <sup>25</sup> <sup>2010</sup>
	City	State	Zip Code	Transaction ID: SA11AI.5362
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 450.00	]
C.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan			Date of Receipt
	Mailing Address 2454 Five Schillings R	oad		10 <sup>/</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5306
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthsia	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 450.00	]
	SUBTOTAL of Receipts This Page (optional)	· 	······	125.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate sche	dule(s)	FOR LINE NUMBER: PAGE 26 / 37 (check only one)
_	ITEMIZED RECEIPTS		for each category o Detailed Summary		X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and ad	y not be sold or used b dress of any political co	y any person f ommittee to so	for the purpose of soliciting contributions licit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL AC	TION COM	MITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan				Date of Receipt
	Mailing Address 2454 Five Schillings Ro	bad			10 <sup>/</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code		Transaction ID: SA11AI.5307
	Frederick	MD	21701		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia			payroll deduction
	Receipt For:		e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0	45	50.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Louis Swann				Date of Receipt
	Mailing Address PO Box 6081				10 <sup>//</sup> 25 <sup>//</sup> 2010
	City	State	Zip Code		Transaction ID: SA11AI.5363
	McLean	VA	22106		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia			payroll deduction
	Receipt For:		e Year-to-Date 🔻		
	Primary     General       Other (specify) ▼	0 0	45	50.00	
- C.	Full Name (Last, First, Middle Initial) Dr. John Tam	l			Date of Receipt
	Mailing Address 10905 Cripplegate Roa	ıd			M M / D D / Y Y Y Y 10 25 2010
	City Potomac	State MD	Zip Code 20854		Transaction ID: SA11AI.5335
	FEC ID number of contributing federal political committee.	C	20034		Amount of Each Receipt this Period 50.00
	Name of Employer First Colonies Anesthesia	Occupatio			payroll deduction
	Receipt For:	Physicia Aggregate	n e Year-to-Date 🔻		
	Primary General Other (specify) ▼			50.00	
[	SUBTOTAL of Receipts This Page (optional)	L			150.00
	TOTAL This Period (last page this line number of				

l	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 27/37           (check only one)         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA ASS	SOCIATES L	LC POLITICAL ACTION CC	DMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Rojack Tan			Date of Receipt
	Mailing Address 507 Goodland Place			10 <sup>//</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5364
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	450.00	]
- B.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai			Date of Receipt
	Mailing Address 10013 New London Dri	ive		10 <sup>//</sup> <sup>25</sup> / <sup>2010</sup>
	City	State	Zip Code	Transaction ID: SA11AI.5336
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	450.00	]
- C.	Full Name (Last, First, Middle Initial) Dr. Reed Underwood	I		Date of Receipt
	Mailing Address 1518 T Street, NW			M M / D D / Y Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5373
	Washington	DC	20009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia Asso	Occupation physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	450.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			150.00
	TOTAL This Period (last page this line number	only)	······	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 28 / 37         (check only one)       11a         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)	name and add	ress of any political committee to	solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA ASS		LC POLITICAL ACTION CC	MMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon			Date of Receipt
	Mailing Address 22 Woodfield Court			10 <sup>//</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5283
	Reisterstown	MD	21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	1 · · · · · · · · · · · · · · · · · · ·	Year-to-Date V	_
	Other (specify)	0 0	450.00	]
– В.	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief			Date of Receipt
	Mailing Address 405 Apple Grove Road	l		10 <sup>//</sup> 25 <sup>/</sup> 2010
	City	State	Zip Code	Transaction ID: SA11AI.5284
	Silver Spring	MD	20904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	1	Year-to-Date 🔻	
	Primary     General       Other (specify)	0 0	450.00	]
– c.	Full Name (Last, First, Middle Initial) Dr. Sanjay Vanguri	I		Date of Receipt
	Mailing Address 6260 Glen Valley Terra Unit G	ace		M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5308
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer First Colonies Anesthesia Asso	Occupation physician		<ul> <li>payroll deduction</li> </ul>
	Receipt For:	1 <sup>1 · · ·</sup>	Year-to-Date 🔻	7
	Primary     General       Other (specify) ▼	0 0	225.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			125.00
	TOTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 29 / 37         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and ad	dress of any political committee to	solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice Mailing Address 71401 Meadow Lane			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.5337
	Chevy Chase	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		<ul> <li>payroll deduction</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 450.00	]
В.	Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich, Jr. Mailing Address 10816 Willow Run Circ	le		Date of Receipt
				10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5365
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary     General       Other (specify) ▼	0 0	225.00	
C.	Full Name (Last, First, Middle Initial) Dr. Mark Vogt			Date of Receipt
	Mailing Address 1149 Colonial Road			10 <sup> / Y</sup> Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.5366
	McLean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia	n	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 450.00	]
	SUBTOTAL of Receipts This Page (optional)			125.00
	TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 30 / 37           (check only one)         X           X         11a           11b         11c           12         13           14         15           16         1
	Any information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMUTEES (In Full)	d Statements may the name and ado	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren			Date of Receipt
	Mailing Address 1200 Colvin Meadow	ws Lane		10 <sup>DD</sup> /YYYY 1252010
	City	State	Zip Code	Transaction ID: SA11AI.5338
	Great Falls	VA	22066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For:		Year-to-Date ▼	_
	Primary     General       Other (specify) ▼		450.00	
_	Full Name (Last, First, Middle Initial) Dr. Timothy Wex	<b>I</b>		Date of Receipt
	Mailing Address 11429 Cedar Ridge	10 <sup>1</sup> 25 <sup>1</sup> 2010		
	City	State	Zip Code	Transaction ID: SA11AI.5368
	Potomac	VA	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 450.00	
_	Full Name (Last, First, Middle Initial) Dr. David Wheeler			Date of Receipt
	Mailing Address 7108 Collingwood C	ourt		M M / D D / Y Y Y Y 10 25 2010
	City	State	Zip Code	Transaction ID: SA11AI.5352
	Elkridge	MD	21075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physiciar		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Γ	SUBTOTAL of Receipts This Page (optional	<b>I</b>		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 31 / 37         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
		SOCIATES LLC POLITICAL ACTION CO	MMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry		Date of Receipt
	Mailing Address 611 W. 2nd Street		10 <sup>M</sup> 25 <sup>J</sup> 2010
	City	State Zip Code	Transaction ID: SA11AI.5285
	Frederick	MD 21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	<ul> <li>payroll deduction</li> </ul>
	Receipt For:	Aggregate Year-to-Date	
	Primary     General       Other (specify) ▼	450.00	
в.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon		Date of Receipt
	Mailing Address 18212 Wickham Road		10 <sup>/</sup> /25 <sup>/</sup> YYYYY 10 <sup>0</sup> /25 <sup>/</sup> /2010
	City	State Zip Code	Transaction ID: SA11AI.5286
	Olney	MD 20832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
– c.	Full Name (Last, First, Middle Initial) You Wu	I	Date of Receipt
	Mailing Address 910 Dunlavin Ct.		M M / D D / Y Y Y Y 10 25 2010
	City	State Zip Code	Transaction ID: SA11AI.5354
	Timonium	MD 21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer First Colonies Anesthesia Asso	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	· ······	150.00
	TOTAL This Period (last page this line number	only)	

	<b>3</b>				
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	Use separate for each categ Detailed Sum y not be sold or us dress of any politi	pory of the mary Page	FOR LINE NUMBER:       PAGE 32/37         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       10       10       17
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES I	LC POLITICA	_ ACTION CO	MMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu Mailing Address 13508 Gumspring Roa	ad			Date of Receipt
	City Rockville	State MD	Zip Code 20850		Transaction ID: SA11AI.5339 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia			payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date	450.00	
- B.	Full Name (Last, First, Middle Initial) Dr. Jungim Yun Mailing Address 2057 Thurston Road	<b>.</b>			Date of Receipt
	City	State	Zip Code		Transaction ID: SA11AI.5309
	Frederick FEC ID number of contributing federal political committee.	MD	21704		Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia	Occupatio Physicia			<ul> <li>payroll deduction</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	450.00	

SUBTOTAL of Receipts This Page (optional)	►	100.00
TOTAL This Period (last page this line number only)	▶	4060.00

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 3						
	Use separate schedule(s for each category of the	) (check only							
	Detailed Summary Page	21b	$\begin{array}{c c} 22 \\ 282 \\ 282 \\ 282 \\ 284 $						
Any Information copied from such Reports and State	ments may not be sold or use	d by any person f	28a 28b						
r for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
FIRST COLONIES ANESTHESIA ASSO	CIATES LLC POLITICAL	ACTION COM	MITTEE						
Full Name (Last, First, Middle Initial) Citizens for Karen Montgomery		Transaction ID: SB23.5388 Date of Disbursement							
Mailing Address 211 Market St.			10 <sup>M</sup> /1	<sup>D</sup> 4 <sup>'</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>					
City Brookeville	StateZip CodeMD20833		Amount of Each	Disbursement this Period					
Purpose of Disbursement contribution				250.00					
Candidate Name Citizens for Karen Montgomery		Category/ Type							
Office Sought: X House Disburs Senate President State: MD District:	ement For: 2010 Primary X General Other (specify) ▼								
Full Name (Last, First, Middle Initial)			Tropostion	SD00 5000					
Democratic Majority Party		Transaction ID: Date of Disburse	ement						
Mailing Address PO Box 442			10 1	<sup>b</sup> / <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup> <sup>y</sup>					
City Germantown	StateZip CodeMD20875		Amount of Each	Disbursement this Period					
Purpose of Disbursement contribtuion			500.00						
Candidate Name Democratic Majority Party		Category/ Type							
Office Sought: House Disburs Senate President State: District:	eement For: 2010 Primary X General Other (specify) ▼								
Full Name (Last, First, Middle Initial) John Donoghu			Transaction ID: Date of Disburse						
Mailing Address 6 Bladen St. Room 307			1 <sup>°</sup> 0 <sup>°</sup> / <sup>°</sup> 2	<sup>D</sup> 8 <sup>'</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>					
City Annapolis	StateZip CodeMD21401		Amount of Each	Disbursement this Period					
Purpose of Disbursement contribution			L	500.00					
Candidate Name John Donoghu	Category/ Type								
Office Sought: House Disburs Senate President State: District:	eement For: 2010 Primary X General Other (specify) ▼								
SUBTOTAL of Disbursements This Page (optional	)	····· <b>Þ</b>		1250.00					
TOTAL This Period (last page this line number only	<u> </u>								
6AN026	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FEC. Schedul	le B(Form 3X)(Revised					

FEC Schedule B ( Form 3X) (Revised 02/2003)

	CHEDULE B (FEC Form 3X)		arate schedule(s) category of the			neck onl	y one)	R:				AGE	•	_
			Summary Page		H	21b 27	22 28a	X	23 28b		24 28c		25 29	
	ny Information copied from such Reports and State r for commercial purposes, other than using the nar													S
F	NAME OF COMMITTEE (In Full)		ee of any pointed	001								5011		
V	FIRST COLONIES ANESTHESIA ASSO	CIATES LLO		AC1	101		IMITTE	E						
	Full Name (Last, First, Middle Initial) Friends of Geraldine Valentino-Smith						Date	of D	isbur	sei	ment	.538	30	
	Mailing Address 12127 Long Ridge Ln.						1 <sup>M</sup> 0	М	/ D	1	<sup>D</sup> 4	Y 2	2010	) <sup>Y</sup>
	City Bowie	State MD	Zip Code 20715				Amou	unt o	f Eac	h [	Disburs	-		
	Purpose of Disbursement contribution						L.					2	250.00	)
	Candidate Name Friends of Geraldine Valentino-Smith	sement For:	2010		ateg Typ	lory/ e	22       X       23       24       25         28a       28b       28c       29         for the purpose of soliciting contributions olicit contributions from such committee         MMITTEE         Transaction ID: SB23.5380         Date of Disbursement							
	Senate President	Primary Other (spe	X General											
	State: MD District:													
	Full Name (Last, First, Middle Initial) Friends of JB Jennings						Date	of D	isburs	sei	ment			Y
	Mailing Address 6 Bladen St. Room 326			IVI		2	ž	<u>'</u> 2	2010	כ'				
	City Annapolis	State MD	Zip Code 21401				Amou	unt o	f Eac	h [	Disburs			
	Purpose of Disbursement contribution						L.					5	00.00	J
	Candidate Name Friends of JB Jennings			С	ateg Typ	jory/ je								
	Senate President	sement For: Primary Other (spe	2010 X General ecify) ▼											
	State: District: Full Name (Last, First, Middle Initial)						Trop	a a a t	ion IF	<u>۰</u>	CDOO	500	1	
	Friends of Joanne Benson						Date	of D	isbur	sei	ment			Y
	Mailing Address PO Box 4700								Ĺ	1	4	2	2010	)
	City Capitol Heights	State MD	Zip Code 20791				Amou	unt o	f Eac	h [	Disburs			
	Purpose of Disbursement contribtuion						L.					.5	00.00	)
	Candidate Name Friends of Joanne Benson			С	ateg Typ	jory/ je								
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Г	State: MD District:													
Ŀ	SUBTOTAL of Disbursements This Page (optional	)				►						12	50.00	)
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FE6AN026

FEC Schedule B ( Form 3X) (Revised 02/2003)

SC	HEDULE E	B (FEC Form	3X)	Use sepa	FOR LINE NUMBER: PAGE :							5 / 37				
ITE	EMIZED DIS	SBURSEMEN	NTS	for each category of the Detailed Summary Page			(check or 21b 27	Ĺ	ne) 22 28a	X 23 28b		24 28c	25 29	F	26 301	
		ed from such Reports poses, other than us													4	
<u>۱</u>	NAME OF COMM FIRST COLON	/ITTEE (In Full) IIES ANESTHESI	A ASSOCI	ATES LLO		ACTIO	ON CO	MMI	TTEE	E						
	Full Name (Last, First, Middle Initial) Friends of Kathy Szeliga								Transaction ID: SB23.5385 Date of Disbursement							
-	Mailing Address	PO Box 40						<sup>™</sup> 0	M / D	22	/ Y	2 0 1	0 <sup>Y</sup>			
	City Kingsville	Zip Code 21087				Amou	nt of Each	n Dis	burse		-	od				
(	Purpose of Disbu contribution	rsement							<u> </u>				250.0	)0		
	Candidate Name Friends of Kath Office Sought:	ny Szeliga X House	Diaburaa	ment For:	2010		egory/ ype									
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	Full Name (Last, Friends of Mike	First, Middle Initial) e Busch	-						Date c	action ID	eme					
l	Mailing Address	PO Box 2241							10	M / D	I <sup>⊅</sup>	/ Y	201	0		
	City Annapolis			State MD	Zip Code 21404				Amou	nt of Each	n Dis	burse		-	od	
	Purpose of Disbu contribution	rsement							L.				2000.0	)0		
	Candidate Name Mike Busch		1				egory/ ype									
	Office Sought: State: MD	X House Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼											
	Full Name (Last, Friends of Pete	First, Middle Initial) e Hammen	_						Date c	action ID	eme	ent				
l	Mailing Address	188 Main Stre Suite 1	et						10	M / D	□ <sup>□</sup> 4	/ Y	2 0 1	0 <sup>Y</sup>		
4	City Annapolis			State MD	Zip Code 21401				Amou	nt of Each	ı Dis	sburse			od	
(	Purpose of Disbu contribution Candidate Name	rsement							L	<u> </u>			500.0	10		
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	Office Sought: State: MD	X House Senate President District:		ment For: Primary Other (spe	X General											
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	3	FOR LINE NUMBER:				PAGE 36/37			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check or 21b 27	22 28a	X 23 28b	$\square$	24 28c	25 29		26 30
ny Information copied from such Reports and Statem r for commercial purposes, other than using the name										<u> </u>
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	ATES LLC POLITICAL	ACTI	ON CON	<i>I</i> MITTEE	E					
Full Name (Last, First, Middle Initial) Friends of Roger Manno					action ID: of Disburs	-	-	5377		
Mailing Address 2138 Merrifields Dr.				10	M / D	<sup>р</sup> 4	/ Y	ž o ľ	0 <sup>Y</sup>	
City Silver Spring	State Zip Code MD 20906			Amour	nt of Each	Dis	burse		-	od
Purpose of Disbursement contribution								500.0	0	
Candidate Name Friends of Roger Manno			tegory/ Гуре	_						
Office Sought: X House Disburse Senate President State: MD District:	ment For: 2010 Primary X General Other (specify) ▼									
Full Name (Last, First, Middle Initial) Friends of Victor Ramirez				Date o	action ID: of Disburs	eme	-	5374		
Mailing Address PO Box 166				$\begin{array}{c c} \begin{array}{c} M & M \\ 1 & 0 \end{array} & \begin{array}{c} / \\ \end{array} & \begin{array}{c} D & D \\ 1 & 4 \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \\ 2 & 0 & 1 & 0 \end{array} \end{array}$						
City Mt. Rainier	StateZip CodeMD20712			Amour	nt of Each	Dis	burse		-	od
Purpose of Disbursement contribution								250.0	0	
Candidate Name Friends of Victor Ramirez			tegory/ Гуре	_						
Office Sought: X House Disburse Senate President State: MD District:	ment For: 2010 Primary X General Other (specify) ▼									
Full Name (Last, First, Middle Initial) Wade Kach				Date o	action ID: of Disburs	eme	ent			
Mailing Address 214 Ashland Rd.			10	M / D	<sup>р</sup> 4	/ Y	²0ỉ	0 <sup>Y</sup>		
City Cockeysville	State Zip Code MD 21030			Amour	nt of Each	Dis	burse			od
Purpose of Disbursement contribution				<u> </u>			500.0	0		
Candidate Name Wade Kach			tegory/ Гуре							
Office Sought: X House Disburse Senate President State: MD District:	ment For: 2010 Primary X General Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional)			🕨					1250.0	Q	
TOTAL This Period (last page this line number only)			🕨					6500.0	Q	

S	SCHEDULE B (FEC Form 3	3X)		NUMBER: PAGE 37/37
	TEMIZED DISBURSEMEN	Use separate schedule(s)	(check only	
1	I EMIZED DISBURSEMEN	Detailed Summary Page	21b	22 23 24 25 26
			27	28a 28b 28c 🗙 29 30b
	Any Information copied from such Reports a			
C	or for commercial purposes, other than usin	g the name and address of any politica	I committee to so	licit contributions from such committee
	NAME OF COMMITTEE (In Full)			
	FIRST COLONIES ANESTHESIA	ASSOCIATES LLC POLITICAL	ACTION COM	MITTEE
Ľ	Full Name (Lest First Middle Initial)			
Α.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associat			Transaction ID: SB29.5272
/	Barbara Marx Brocalo & Associat	es		Date of Disbursement
	Mailing Address 18 Pinkney Stre	et		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array}$
	City	State Zip Code		Amount of Each Disbursement this Period
	Annapolis	MD 21401		
	Purpose of Disbursement			1000.00
	lobbying fees			
	Candidate Name		Category/	
			Туре	
	Office Sought: House	Disbursement For:		
	Senate President	Primary General Other (specify) ▼		
	State: District:			
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Timothy Robinson			Transaction ID: SB29.5274 Date of Disbursement
	Mailing Address 2212 Dalewood	Road		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \\ 1 \end{array} \right) \left( \begin{array}{c} D \\ 0 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \\ 0$
	City	State Zip Code		Amount of Each Disbursement this Period
	Timonium	MD 21093		
	Purpose of Disbursement			1325.91
	reimbursment for event			
	Candidate Name		Category/	
	0///	Disk and Free costs	Туре	
	Office Sought: House Senate	Disbursement For: 2010 Primary X General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	►	2325.91
TOTAL This Period (last page this line number only)	►	2325.91

FE6AN026

FEC Schedule B ( Form 3X) (Revised 02/2003)