06/26/2009 15:03

FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE 1901 RESEARCH BOULEVARD SUITE 350 ADDRESS (number and street) Check if different than previously **ROCKVILLE** MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00416305 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Jeremy Roth Type or Print Name of Treasurer Electronically Filed by Dr. Jeremy Roth 06 26 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/35

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 2009 Y Y Y		52873.38
(b	Cash on Hand at Begining of Reporting Period	52873.38	
(c	Total Receipts (from Line 19)	19950.00	19950.00
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72823.38	72823.38
To	otal Disbursements (from Line 31)	10619.85	10619.85
Re	eporting Period ubtract Line 7 from Line 6(d))	62203.53	62203.53
De	ebts and Obligations owed TO		
	e committee (Itemize all on chedule C and/or Schedule D)	0.00	
the	ebts and Obligations owed BY e committee (Itemize all on Shedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

3/35 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

м м 0 1 0 1 м°м 06 30 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18625.00 18625.00 (i) Itemized (use Schedule A) 1325.00 1325.00 (ii) Unitemized (iii) TOTAL (add 19950.00 19950.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 19950.00 19950.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 19950.00 19950.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 19950.00 19950.00

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 35

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	3100.00	3100.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	7519.85	7519.85
	Other Dispursements	7010.00	7010.00
30.	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	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10619.85	10619.85
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10010.05	10010.05
	from Line 31)	10619.85	10619.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 35

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)	19950.00	19950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19950.00	19950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
F .	FIRST COLONIES ANESTHESIA ASS Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy Mailing Address 4170 Bethesda Ave. #719	SOCIATES I	LC POLITICAL ACTION CC	Date of Receipt 0 6 2 5 2 0 0 9
	Dity Bethesda	State MD	Zip Code 20814	Transaction ID: SA11AI.4773 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	Occupation physician Aggregate		payroll deduction
1	Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Court			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	 Dity	0 6 2 5 2 0 0 9 Transaction ID: SA11AI.4745		
<u> </u>	Reisterstown	MD	Zip Code 21136	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
N F	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
[Full Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pike	Date of Receipt		
-	Mailing Address 15229 National Pike			06 25 7 2009
	City Hagerstown	State MD	Zip Code 21740	Transaction ID: SA11AI.4699
F	FEC ID number of contributing ederal political committee.	C	21740	Amount of Each Receipt this Period 250.00
N F	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SII	BTOTAL of Receipts This Page (optional)	•		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to a SSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Cou City Phoenix FEC ID number of contributing	State Zip Code MD 21131	Date of Receipt M M M
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Stayam Chary Mailing Address 9 Alterwood Lane City Owings Mill FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State Zip Code MD 21117 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Coun City Potomac FEC ID number of contributing federal political committee.	State Zip Code MD 20854	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer First Colonies Anesthesia Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Physician Aggregate Year-to-Date ▼ 250.00	750.00

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/35 (check only one)
Any inform or for comr	ation copied from such Reports and S	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME	OF COMMITTEE (In Full) COLONIES ANESTHESIA AS:			
	me (Last, First, Middle Initial)			Date of Receipt
	Address 11415 Commonwealtl	h Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockv		State MD	Zip Code 20852	Transaction ID: SA11AI.4725
FEC ID	number of contributing political committee.	C	20032	Amount of Each Receipt this Period 250.00
Name o First Co	of Employer olonies Anesthesia	Occupatio Physicial		payroll deduction
	For: rimary General other (specify) ▼	, ' 	e Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial)			Date of Receipt
Mailing Address 10209 Fleming Avenue				0 6 2 5 2 0 0 9
City	State Zip Code thesda MD 20814			Transaction ID: SA11AI.4723 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	Occupation Physician		250.00
Name of First Co	of Employer Donies Anesthesia			payroll deduction
	riFor: rimary General wither (specify) ▼	- ' ' ' - '	e Year-to-Date ▼ 250.00	
	me (Last, First, Middle Initial)			Date of Receipt
-	Dr. Jen Chen Mailing Address 1104 Mill Ridge Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McLea	an	State	Zip Code 22102	Transaction ID: SA11AI.4724
FEC ID	number of contributing political committee.		22102	Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia Physicial			payroll deduction	
	For: rimary General wither (specify)		Year-to-Date ▼ 250.00	
SURTOTA	AL of Receipts This Page (optional) .	1		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one) X
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. William Chester Mailing Address 5801 Nicholon Lane #1915			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City North Bethesda FEC ID number of contributing federal political committee.	State MD	Zip Code 20852	Transaction ID: SA11AI.4726 Amount of Each Receipt this Period 250.00
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupatio Physician Aggregate		payroll deduction
- 3.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore Mailing Address 4846 Lee Hollow Place			Date of Receipt 0 6 2 5 2 0 0 9
	City Ellicott City FEC ID number of contributing	State MD	Zip Code 21043	Transaction ID: SA11AI.4749 Amount of Each Receipt this Period 375.00
	Name of Employer First Colonies Anesthsia	Occupatio Physicial		payroll deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 375.00	
-).	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey Mailing Address 18720 Shremor Drive			Date of Receipt
		06 25 2009		
	City <u>Derwood</u>	State MD	Zip Code 20855	Transaction ID: SA11AI.4727 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer First Colonies Anesthesia Receipt For:	Occupatio Physicial		payroll deduction
	Primary General Other (specify) ▼	Aggregate	250.00]
	SUBTOTAL of Receipts This Page (optional)			875.00
	TOTAL This Period (last page this line number of	only)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicition or for commercial purposes, other than using the name and address of any political committee to solicit contributions from solicity. NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge Drive City State Zip Code Bowie MD 20721 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court Date of Receipt Date of Receipt	ng contributions
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge Drive City Bowie FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) City State Zip Code MD 20721 Amount of Each Receipt Payroll deduction Physician Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court Date of Receipt Transaction ID: SA' Amount of Each Receipt Payroll deduction Date of Receipt Payroll deduction	ach committee.
A. Dr. Lauren Deloach Mailing Address 15114 Pepperridge Drive City State Zip Code Bowie MD 20721 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court Date of Receipt Transaction ID: SA' Amount of Each Rec payroll deduction Date of Receipt Transaction ID: SA' Amount of Each Rec payroll deduction Date of Receipt Transaction ID: SA' Amount of Each Rec Date of Receipt Date of Receipt Date of Receipt	
City State Zip Code MD 20721 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court Nation Code MD 20721 Amount of Each Rec Payroll deduction Payroll deduction Date of Receipt M M M / D D D D D D D D D D D D D D D D	
Bowie FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court Amount of Each Rec payroll deduction Payroll deduction Date of Receipt Date of Receipt	2009
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court PEC ID number of contributing federal Occupation Payroll deduction Payroll deduction Payroll deduction Date of Receipt Date of Receipt	
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court	250.00
Receipt For: Primary General 250.00	
B. Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court Date of Receipt M M M / D D D 0 6 2 5	
06 25	
0''	2009
City State Zip Code Transaction ID: SA	
Mt. Airy MD 21771 Amount of Each Rec	eipt this Period
FEC ID number of contributing federal political committee. C payroll deduction	250.00
Name of Employer Occupation First Colonies Anesthsia Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Todd Epstein Date of Receipt	
Mailing Address 11305 Struttman Terrace	2009
City State Zip Code Transaction ID: SA	11AI.4760
North Bethesda MD 20852 Amount of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation Physician payroll deduction	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	750.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 35 (check only one) X
Any information or for commercia	copied from such Reports and sal purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	OMMITTEE (In Full) LONIES ANESTHESIA AS	SOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (La Dr. Richard E	ast, First, Middle Initial) vans			Date of Receipt
Mailing Addre	ess 6436 West Langley La	ane		06 25 7 2009
City McLea n		State VA	Zip Code 22101	Transaction ID: SA11AI.4774 Amount of Each Receipt this Period
FEC ID numb	per of contributing all committee.	C		250.00
Asso Receipt For: Primary	oloyer s Anesthesia General specify)	Occupation physician Aggregate		payroll deduction
Full Name (L. Dr. Tamara G. Mailing Addre		on Drive		Date of Receipt
		06 25 2009		
City Rockvillem		Zip Code 20850	Transaction ID: SA11AI.4703 Amount of Each Receipt this Period	
FEC ID numb	per of contributing all committee.	C	20000	250.00
Name of Emp First Colonie	oloyer s Anesthesia	Occupatio Physicia		payroll deduction
Receipt For: Primary Other (y General specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (L	ast, First, Middle Initial)			Date of Receipt
Mailing Addre		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City		State	Zip Code	Transaction ID: SA11AI.4704
	per of contributing al committee.	MD C	21788	Amount of Each Receipt this Period 250.00
Name of Emp First Colonie	oloyer s Anesthesia	Occupatio Physicial		payroll deduction
Receipt For: Primary Other (y General specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional) .			750.00
	eriod (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/35 (check only one)
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES L	LC POLITICAL ACTION CC	DMMITTEE
<u>/</u>	Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt
	Mailing Address 12312 Highstakes Driv	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11Al.4750
	Reisterstown	MD	21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
	Mailing Address 1614 Randallwood Co	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.4752
	<u>Jarretsville</u>	MD	21084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:	, ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	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 Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4753
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
Name of Employer First Colonies Anesthesia Occupation Physician		n	payroll deduction	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00]
_		1		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers	con for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Hopper Mailing Address 4550 N. Park Avenual #101 City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	ue State Zip Code MD 20815 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt
Other (specify) Full Name (Last, First, Middle Initial) Dr. Stuart Hough Mailing Address 9110 Travener Circ City Frederick		Date of Receipt O 6
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 375.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Sean Isaac Mailing Address 920 Newington Ave City Baltimore FEC ID number of contributing federal political committee.	State Zip Code MD 21217	Date of Receipt M M M Z D D Z D Z D Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 250.00	payroll deduction
SUBTOTAL of Receipts This Page (optional	' 	875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one) X
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	statements may not be sold or used by any per name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Johnson Mailing Address 5506 Bootjack Drive		Date of Receipt 0 6 2 5 2 0 0 9
City Frederick FEC ID number of contributing federal political committee.	State Zip Code MD 21702	Transaction ID: SA11AI.4707 Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Christina Johnston Mailing Address 3458 Holland Cliffs Ro	pad	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Huntingtown FEC ID number of contributing	State Zip Code MD 20639	Transaction ID: SA11AI.4693 Amount of Each Receipt this Period
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 250.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood Road	1	Date of Receipt
City Bethesda FEC ID number of contributing federal political committee.	State Zip Code MD 20817	Transaction ID: SA11AI.4762 Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	payroll deduction
Primary ☐ General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol Mailing Address 6579 Prestwick Driv	ve	Date of Receipt
City Highland	State Zip Code MD 20777	Transaction ID: SA11AI.4708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	Occupation	payroll deduction
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick Mailing Address 3004 Hollow Crest F	Place	Date of Receipt
City	0 6 2 5 2 0 0 9 Transaction ID: SA11AI.4729	
Brookeville	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	payroll deduction
Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
Dr. Richard Ko Mailing Address 4101 Hunt Road		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4763
Fairfax FEC ID number of contributing federal political committee.	VA 22032	Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 35 (check only one) X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree Circl			Date of Receipt
	City	State MD	Zip Code	0 6 2 5 2 0 0 9 Transaction ID: SA11AI.4731
	Potomac FEC ID number of contributing federal political committee.	C	20854	Amount of Each Receipt this Period 250.00
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		payroll deduction
3.	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt Mailing Address 3467 North Venice Str	reet		Date of Receipt 0 6 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4764
	Arlington FEC ID number of contributing federal political committee.	C	22207	Amount of Each Receipt this Period 250.00
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physicial Aggregate		payroll deduction
	Primary General Other (specify) ▼	Aggregate	250.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place	}		Date of Receipt 0 6 2 5 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.4709
	Ijamsville FEC ID number of contributing federal political committee.	C	21754	Amount of Each Receipt this Period 375.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia	n	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional)	1		875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	e name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Road City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State Zip Code MD 20817 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Stephen Martin	riggiogalo i da lo Dalo	375.00 Date of Receipt
Mailing Address 3336 O 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 20007 C Occupation Physician Aggregate Year-to-Date	Transaction ID: SA11AI.4732 Amount of Each Receipt this Period 250.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Anna Noriega Mailing Address 603 Queen Street #4 City Alexandria FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22314 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 2 5 2 0 0 9 Transaction ID: SA11AI.4733 Amount of Each Receipt this Period 500.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)		1125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 35 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	* *	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
FIRST COLONIES ANESTHESIA AS 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.	SOCIATES LLC POLITICAL ACTION (State Zip Code MD 21770	Date of Receipt Date of Receipt
Name of Employer First Colonies Anesthesia Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 250.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Philip Owens Mailing Address 141 Adams Street, N		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20001	Transaction ID: SA11AI.4734 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kent Ozkum		Date of Receipt
Mailing Address 10720 Dern Road		06 25 2009
City	State Zip Code	Transaction ID: SA11AI.4712
Emmisburg FEC ID number of contributing federal political committee.	MD 21727	Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia Asso Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 250.00	payroll deduction
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul Park Mailing Address 821 Oak Knoll Terra 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 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis Mailing Address 1813 Solitaire Lane 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 22101 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M C D D C 2 5 2 0 0 9 Transaction ID: SA11AI.4736 Amount of Each Receipt this Period 250.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Michael Peck Mailing Address 4 Farm Haven Cour 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 20852 C Occupation Physician Aggregate Year-to-Date 375.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	875.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 20/35 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not b	pe sold or used by any person of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES LLC P	OLITICAL ACTION CC	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba			Date of Receipt
Mailing Address 8400 Tysons Trac	e Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Vienna		Zip Code 22182	Transaction ID: SA11AI.4737 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic	I		Date of Receipt
Mailing Address 3912 Calverton Drive		06 25 7 2009	
City Hyattsville		Zip Code 20782	Transaction ID: SA11AI.4766 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Clyde Pray			Date of Receipt
Mailing Address 908 Oak Knoll Ter	race		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockville		Zip Code 20850	Transaction ID: SA11AI.4777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 35 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to SSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Roa City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21212 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M C 25 2009 Transaction ID: SA11AI.4756 Amount of Each Receipt this Period 250.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood Roa City Timonium FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21093 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Alexander Rubin Mailing Address 6611 Hunter Trail W 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 21702 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 25 2009 Transaction ID: SA11AI.4714 Amount of Each Receipt this Period 250.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	Statements may not be sold or used by any persename and address of any political committee to SOCIATES LLC POLITICAL ACTION Co	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood Mailing Address 14700 Crossway Road City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20853 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M D D 25 2009
Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman Mailing Address 8010 Summer Mill Co 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 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 6 25 2009 Transaction ID: SA11AI.4738 Amount of Each Receipt this Period 250.00 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. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20876 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each cat	te schedule(s) egory of the mmary Page	FOR LINE NUMBER: PAGE 23 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	name and address of any pol	itical committee to s	olicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court	Chate 7in Code		Date of Receipt 0 6 25 2009
	City Potomac	State Zip Code MD 20854		Transaction ID: SA11AI.4767 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1	250.00
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	250.00	payroll deduction
_ 3.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan Mailing Address 2454 Five Schillings F	oad		Date of Receipt 0 6 25 2009
	City	State Zip Code		Transaction ID: SA11AI.4717
	Frederick	MD 21701		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 payroll deduction
	Name of Employer First Colonies Anesthsia	Occupation Physician		payron deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
_).	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan Mailing Address 2454 Five Schillings F	oad		Date of Receipt 0 6 2 5 2 0 0 9
	City	State Zip Code		Transaction ID: SA11AI.4718
	Frederick	MD 21701		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
	SUBTOTAL of Receipts This Page (optional)		>	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 35 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	
1 1	SSOCIATES LLC POLITICAL ACTION	COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Louis Swann		Date of Receipt
Mailing Address PO Box 6081 City	State Zip Code	0 6 2 5 2 0 0 9 Transaction ID: SA11AI.4768
McLean	VA 22106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John Tam		Date of Receipt
Mailing Address 10905 Cripplegate F		06 25 2009
City	State Zip Code	Transaction ID: SA11AI.4740
Potomac FEC ID number of contributing federal political committee.	MD 20854	Amount of Each Receipt this Period 250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Rojack Tan		Date of Receipt
Mailing Address 507 Goodland Place		06 25 7 2009
City Rockville	State Zip Code MD 20850	Transaction ID: SA11AI.4769 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
/	SSOCIATES LLC POLITICAL ACTION (COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London	Drivo	Date of Receipt
City	State Zip Code	0 6 2 5 2 0 0 9 Transaction ID: SA11Al.4741
Potomac	MD 20854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Reed Underwood		Date of Receipt
Mailing Address 1518 T Street, NW		06 25 7 2009
City	State Zip Code	Transaction ID: SA11AI.4778
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon	1	Date of Receipt
Mailing Address 22 Woodfield Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Reisterstown	State Zip Code MD 21136	Transaction ID: SA11AI.4695 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 26 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS			
Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Road City Silver Spring FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Paul Van Nice Mailing Address 71401 Meadow Lane City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip 0 MD 208 C Occupation Physician Aggregate Year-to-I		Date of Receipt M M C 25 2009 Transaction ID: SA11AI.4742 Amount of Each Receipt this Period 250.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Mark Vogt Mailing Address 1149 Colonial Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip 0 VA 2211 C Occupation Physician Aggregate Year-to-I		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		·····	750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 35 (check only one) X 11a
or fo	r information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and add	lress of any political committee to	o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows City Great Falls FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State VA C Occupation Physician		Date of Receipt 0 6 25 2009 Transaction ID: SA11Al.4743 Amount of Each Receipt this Period 250.00 payroll deduction
	Receipt For: Primary General Other (specify) ▼	, ' 	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Timothy Wex Mailing Address 11429 Cedar Ridge Dri			Date of Receipt 0 6 2 5 2 0 0 9
- ! !	Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State VA C Occupatior Physician Aggregate		Transaction ID: SA11AI.4772 Amount of Each Receipt this Period 250.00 payroll deduction
).	Other (specify) Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 7108 Collingwood Cou	ırt	250.00	Date of Receipt
- !	City Elkridge FEC ID number of contributing rederal political committee.	State MD	Zip Code 21075	Transaction ID: SA11AI.4758 Amount of Each Receipt this Period 250.00
_	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		payroll deduction
su	IBTOTAL of Receipts This Page (optional)	I		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	solicit contributions from such committee.
FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas Wherry		Date of Receipt
Mailing Address 611 W. 2nd Str	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Z D 0 9
City	State Zip Code	Transaction ID: SA11AI.4697
Frederick	MD 21701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon	L	Date of Receipt
Mailing Address 18212 Wickhar	n Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4698
Olney	MD 20832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Aigin Yu		Date of Receipt
Mailing Address 13508 Gumspr	ing Road	06 25 2009
City	State Zip Code	Transaction ID: SA11AI.4744
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	otional)	750.00

TOTAL This Period (last page this line number only)

A.

FOR LINE NUMBER: PAGE 29/35 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 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 ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Dr. Jungim Yun Mailing Address 2057 Thurston Road 06 25 2009 City State Zip Code Transaction ID: SA11AI.4721 **Frederick** MD 21704 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	18625.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 30 / 35 y one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	IATES LLC POLITICAL	ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Citizens for Brian Frosh			Transaction ID: SB23.4805 Date of Disbursement
Mailing Address 4810 Grantham Ave.			06 16 7 2009
City Chevy Chase	State Zip Code MD 20815		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution			500.00
Candidate Name Citizens for Brian Frosh		Category/ Type	
Senate President	ement For: 2009 Primary X General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) Citizens to elect Bob Costa			Transaction ID: SB23.4799 Date of Disbursement
Mailing Address PO Box 113			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Churchton	State Zip Code MD 20733		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution			300.00
Candidate Name Citizens to elect Bob Costa		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: 2009 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Friends of John Astle			Transaction ID: SB23.4791 Date of Disbursement
Mailing Address 51 Fleet St.			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & 0 & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution			250.00
Candidate Name Friends of John Astle		Category/ Type	
Senate President	ement For: 2009 Primary X General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····•	1050.00
TOTAL This Period (last page this line number only)	

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s		NE NUMBER: PAGE 31 / 35 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	Information copied from such Reports and State or commercial purposes, other than using the national purposes.			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO			
<u>/</u>	Full Name (Last, First, Middle Initial) Friends of Mike Busch			Transaction ID: SB23.4802 Date of Disbursement
	Mailing Address PO Box 2241			$\begin{array}{c c} & & \\ & 0 & 6 \\ \end{array} \begin{array}{c c} & & \\ & & 1 & 6 \\ \end{array} \begin{array}{c c} & & \\ & & 2 & 0 & 9 \\ \end{array} \begin{array}{c c} & & \\ & & \end{array}$
	City Annapolis	State Zip Code MD 21404		Amount of Each Disbursement this Period
	Purpose of Disbursement contribution			1000.00
	Candidate Name Friends of Mike Busch		Category/ Type	
	Senate President	sement For: 2009 Primary X General Other (specify)		
	State: District: Full Name (Last, First, Middle Initial) Friends of Robert Gargiola			Transaction ID: SB23.4795 Date of Disbursement
	Mailing Address 11 Balden Street Room 104			06 08 7 2009
	City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Perio
	Purpose of Disbursement contribution			500.00
	Candidate Name Friends of Robert Gargiola		Category/ Type	
	Office Sought: House Senate President State: MD District:	sement For: 2009 Primary X General Other (specify) ▼	•	
	Full Name (Last, First, Middle Initial) Friends of Shawn Tarrant			Transaction ID: SB23.4796 Date of Disbursement
	Mailing Address PO Box 67047			06 08 7 2009
	City Baltimore	State Zip Code MD 21215		Amount of Each Disbursement this Perio
	Purpose of Disbursement contribution			300.00
	Candidate Name Friends of Shawn Tarrant		Category/ Type	
	Senate President	sement For: 2009 Primary X General Other (specify) ▼	,	
	State: District:			

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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: v one)	PAGE	32 / 35	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Si for commercial purposes, other than using the						
\rangle	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	OCIATES LLC POLITICAL AC	CTION COM	IMITTEE			
	Full Name (Last, First, Middle Initial) Shane Pendergrass Mailing Address PO Box 6711			Transaction ID: Date of Disburser M 6 M / D 0	ment	94 2009	
	City Columbia Purpose of Disbursement contribution Candidate Name	State Zip Code MD 21045	Category/	Amount of Each I		nt this Per	riod
	Shane Pendergrass	oursement For: 2009 Primary X General	Type				
	President State: MD District:	Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	250.00
TOTAL This Period (last page this line number only)	•	3100.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 25 28a 28b 28c X 29 3
Any Information copied from such Reports and Staten			
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politica	ai committee to soi	icit contributions from such committee
FIRST COLONIES ANESTHESIA ASSOC	IATES LLC POLITICAL	ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates			Transaction ID: SB29.4779 Date of Disbursement
Mailing Address 18 Pinkney Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix}^{Y} $
City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement lobbying fees Candidate Name			1000.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates			Transaction ID: SB29.4780 Date of Disbursement
Mailing Address 18 Pinkney Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement lobbying fees			1000.00
Candidate Name		Category/ Type	
Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates			Transaction ID: SB29.4782 Date of Disbursement
Mailing Address 18 Pinkney Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement lobbying fees			1000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	Primary General Other (specify)		
Senate	Primary General		
Senate President	Primary General Other (specify)		3000.00

TEMIZED DISBURSEMENTS To each category of the Core cach cach cach cach cach cach cach cac	•	Use separate sched	dule(s) (chock onl	NUMBER: PAGE 34/35
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate President State: Disbursement (lobbying fees Candidate Name Office Sought: House Disbursement (lobbying fees Candidate Name Office Sought: House Disbursement (lobbying fees Candidate Name Office Sought: President District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement for: Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: President District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate President District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate President Distursement For: Category' Type Office Sought: House Disbursement For: Primary General District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis Distursement Tor: Category' Type Office Sought: House Disbursement For: Category' Type Office Sought: House President Preside	TEMIZED DISBURSEMENTS	Detailed Summary	Page 21b 27	22 23 24 25 28a 28b 28c X 29
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate President State: Disbursement For: Senate Annapolis MD 21401 Purpose of Disbursement Intobyning fees Candidate Name Office Sought: House Senate MD 21401 City State Zip Code MD 21401 President District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: SB29.4788 Date of Disbursement this Perio MD 21401 Amount of Each Disbursement this Perio Category' Type Office Sought: House Senate Primary General Other (specify) ▼ City Annapolis MD 21401 Purpose of Disbursement Intobyning fees Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis MD 21401 Purpose of Disbursement this Perio Category' Type Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis MD 21401 Purpose of Disbursement this Perio Category' Type Office Sought: House Senate President Disbursement this Perio Category' Type Office Sought: House President Primary General Primary G				
Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD Z1401 Purpose of Disbursement tobbying fees Candidate Name Office Sought: House Primary General Disbursement For: State: District: Primary General Disbursement for: State Zip Code Annapolis President Disbursement For: Senate Primary General Disbursement Totation ID: SB29.4788 Date of Disbursement this Perior Type Transaction ID: SB29.4788 Date of Disbursement this Perior Disbursement ID: SB29.4788 Date of Disbursement ID: SB29.4789 Date of Disbursement ID	` '	OCIATES LLC POLITI	CAL ACTION COM	1MITTEE
City Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name City Annapolis MD 21401 Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Candidate Name City Annapolis MD 21401 City Annapolis MD 21401 City Annapolis MD 21401 Purpose of Disbursement this Perio Annapolis MD 21401 Purpose of Disbursement this Perio Annapolis Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House President Senate Primary General Other (specify) ▼ City State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate President Other (specify) ▼ Amount of Each Disbursement this Perio Transaction ID: SB29.4788 Date of Disbursement Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Perio Transaction ID: SB29.4789 Date of Disbursement Disbursement For: Category/ Type Office Sought: House Senate Primary General Disbursement this Perio Category/ Type Office Sought: House Disbursement For: Category/ Type				Date of Disbursement
Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate President Disbursement For: Senate Primary General Disbursement Unious MD 21401 Purpose of Disbursement Unious General Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street Office Sought: House Primary General Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Transaction ID: SB29.4789 Date of Disbursement this Perio Disbursement For: Date of Disbursement For: Date of Disbursement To Disbursement To Disbursement To Disbursement To Disbursement To Disbursement To: Category, Type Office Sought: House Disbursement For: Senate Primary General Disbursement This Perio Category, Type Office Sought: House Disbursement For: Senate Primary General Disbursement To: Senate Primary General Disbursement To: Senate Primary General Disbursement To: Other (specify) ▼	Mailing Address 18 Pinkney Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis MD 21401 Purpose of Disbursement tobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: SB29.4788 Date of Disbursement to M4 1 2 2 1 2 2 1 2 0 0 9 9 1 2 0 0 9 1 2 1 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			9	
Office Sought: House President Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis MD 21401 Primary General Other (specify) ▼ Amount of Each Disbursement this Perio Other (specify) ▼ Transaction ID: SB29.4788 Date of Disbursement Office Sought: State Zip Code Annapolis MD 21401 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ City Annapolis MD 21401 Purpose of Disbursement For: Senate Primary General Other (specify) ▼ City Annapolis MD 21401 Purpose of Disbursement Ten: Category/ Type Office Sought: House State Zip Code Annapolis MD 21401 Purpose of Disbursement Ten: Category/ Type City Annapolis MD 21401 Purpose of Disbursement Ten: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼	lobbying fees			1000.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate President Disbursement Tor: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street Transaction ID: SB29.4788 Date of Disbursement this Perio Category/ Type Category/ Type Transaction ID: SB29.4789 Date of Disbursement Tor: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement this Perio MD 21401 Purpose of Disbursement this Perio Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General Disbursement Tor: Senate Primary General Disbursement Tor: Senate Primary General Disbursement Tor: Office Sought: House Disbursement For: Off			1 .	
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street Transaction ID: SB29.4788 Date of Disbursement this Perio Annapolis Purpose of Disbursement this Perio Category/ Type Office Sought: House Primary General Primary General District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Category/ Type Office Sought: House Senate Primary General Disbursement this Perio Category/ Type Office Sought: House Senate Primary General Other (specify) ▼	Senate President	Primary Ge	eneral	
Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City Annapolis MD 21401 Transaction ID: SB29.4789 Date of Disbursement this Perio Amount of Each Disbursement lipopolis Amount of Each Disbursement this Perio Transaction ID: SB29.4789 Date of Disbursement Mailing Address 18 Pinkney Street City Annapolis State Zip Code Annapolis MD 21401 City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Disbursement For: Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼				Transaction ID. CD00 4700
City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Disbursement For: Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: House Primary General Other (specify) ▼ Category/ Type Category/ Type Amount of Each Disbursement this Perio Category/ Type Category/ Type Office Sought: House Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼	•			Date of Disbursement
Annapolis Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate MD 21401 Purpose of Disbursement lobbying fees Candidate Name Disbursement For: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼ Other (specify) ▼	Mailing Address 18 Pinkney Street			0"4"
Category Type			е	
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼	lobbying fees			1000.00
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office (specify) Type	Senate President	Primary Ge	eneral	
Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Date of Disbursement 0 5 M / 2 8 / 2 0 0 9 Y Amount of Each Disbursement this Perior 1000.00 Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) Other (specify)				Transaction ID: SR29 4789
City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) Office Specify) City Amount of Each Disbursement this Perior Amount of Each Disbursement this Perior General Other (specify)	Barbara Marx Brocato & Associates			Date of Disbursement
Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) President Other (specify) Disbursement For:				
lobbying fees Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼	Annapolis		9	
Office Sought: Disbursement For: Senate Primary Other (specify) Type Type Other Sought: Other (specify)	lobbying fees			1000.00
Senate Primary General President Other (specify) ▼				
	Senate	Primary Ge	eneral	

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В.

District:

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	NUMBER: PAGE 35 / 35 / one) 22
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	IATES LLC POLITICAL AG	CTION COM	MITTEE
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates			Transaction ID: SB29.4790 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18 Pinkney Street			06 23 2009
City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement lobbying fees		•	1000.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Mid-Atlantic Practice Management Service	es, LLC		Transaction ID: SB29.4787 Date of Disbursement
Mailing Address 1901 Research Blvd. Suite 350			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 0 & 0 & 7 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$
City Rockville	State Zip Code MD 20850		Amount of Each Disbursement this Period
Purpose of Disbursement transportation to MSA			467.20
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1467.20
TOTAL This Period (last page this line number only)	•	7467.20

State: