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FEC FORM 3X

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 **AMENDED** NEW 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) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ 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 (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 04 0 1 2011 06 30 2011 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 08 8 0 2011 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

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y Y		73226.83
	(b) Cash on Hand at Begining of Reporting Period	76738.21	
	(c) Total Receipts (from Line 19)	13240.00	22000.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89978.21	95226.83
7.	Total Disbursements (from Line 31)	13381.23	18629.85
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76596.98	76596.98
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This Committee has qualified as a multicandidate	committee. (see FEC FORM 1M)	

999 E street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

м м 0 4 0 1 м°м 06 30 2 0 1 1 2011 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 12300.00 12300.00 (i) Itemized (use Schedule A) 940.00 9700.00 (ii) Unitemized (iii) TOTAL (add 13240.00 22000.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 13240.00 22000.00 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), 13240.00 22000.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 13240.00 22000.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

	Page 4
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
4550.00	7800.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
8831.23	10829.85
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
13381.23	18629.85
13381.23	18629.85
	Total This Period 0.00 0.00 0.00 0.00 0.00 4550.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.3381.23

DETAILED SUMMARY PAGE

of Disbursements

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

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	13240.00	22000.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13240.00	22000.00
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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:	e name and addr	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy Mailing Address 4170 Bethesda Ave. #719 City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State MD C Occupation physician Aggregate	Zip Code 20814 Year-to-Date ▼ 250.00	Date of Receipt M M D D Z 4 Z D 1
Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Court City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 21136 Year-to-Date ▼ 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pike City Hagerstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate V	Zip Code 21740 Year-to-Date ▼ 250.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/38 (check only one) X 11a 11b 11c 12 13 14 15 16 11
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 personance name and address of any political committee SOCIATES LLC POLITICAL ACTION C	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Councity Phoenix FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	t State Zip Code MD 21131 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: SA11AI.5683 Amount of Each Receipt this Period 150.00 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 Other (specify)	State Zip Code MD 21117 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Court City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions o solicit contributions from such committee.		
_	Full Name (Last, First, Middle Initial)	SOCIATES L	LEC POLITICAL ACTION CC	
	Dr. Dwayn Chen Mailing Address 11415 Commonwealth #204	n Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Rockville</u>	State MD	Zip Code 20852	Transaction ID: SA11AI.5660 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Edward Chen	Date of Receipt		
	Mailing Address 10209 Fleming Avenue	9		0 6 2 4 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5658
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00 payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physicial		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Jen Chen	Date of Receipt		
	Mailing Address 1104 Mill Ridge Road			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City McLean	State VA	Zip Code 22102	Transaction ID: SA11AI.5659 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	22102	150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	•		450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 11
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and addi	ress of any political committee to	o solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA AS	SSOCIATES LI	LC POLITICAL ACTION CO	DMMITTEE
۷.	Full Name (Last, First, Middle Initial) Dr. William Chester			Date of Receipt
	Mailing Address 5801 Nicholon Lane #1915			06 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.5661
	North Bethesda	MD	20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	_ ' 	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore	Date of Receipt		
	Mailing Address 4846 Lee Hollow Place	0 6 2 4 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.5685
	Ellicott City	MD	21043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00 payroll deduction
	Name of Employer First Colonies Anesthsia	Occupation Physician		payron deduction
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey			Date of Receipt
	Mailing Address 18720 Shremor Drive)		0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.5662
	Derwood	MD	20855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00 payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physician		payron deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Γ				525.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge Dr. City Bowie FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y O 6
Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Cou City Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		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. Ali Ememhosseini Mailing Address 306 Prettyman Dr. Apt. 8409 City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate		Date of Receipt 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) .			450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	the name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Te City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		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. Richard Evans Mailing Address 6436 West Langley City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State VA C Occupation physician		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. Tamara Gabrielli Mailing Address 504 Reserve Cham City Rockvillem FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5636 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional	l)		450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 38 (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	name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Thomas Gambon Mailing Address 7700 Charleston Dr. City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso	State MD C Occupation physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	, ' · · · · · · · · · · · · · · · · · · 	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. James Glass Mailing Address 1441 Rhode Island Ave #410 City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	e., N.W. State DC C Occupation physiciar		Date of Receipt M M 24 2011 Transaction ID: SA11AI.5714 Amount of Each Receipt this Period 150.00 payroll deduction
	Asso Receipt For: Primary General Other (specify) ▼	, '' ·	e Year-to-Date ▼ 250.00	
- Э.	Full Name (Last, First, Middle Initial) Dr. Steven Grube Mailing Address 13895 Foxtower Road City	State MD	Zip Code	Date of Receipt 0 6 2 4 2 0 1 1 Transaction ID: SA11AI.5638
	Thurmont FEC ID number of contributing federal political committee.	C	21788	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		payroll deduction
	SUBTOTAL of Receipts This Page (optional)	1		450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	<u>-</u>		
Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt
Mailing Address 12312 Highstakes	Drive		M M / D D / Y Y Y Y Y O D D / 24 2011
City Reisterstown	State MD	Zip Code 21136	Transaction ID: SA11AI.5687
FEC ID number of contributing federal political committee.	C	21130	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	''	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Glen Hessinger	Date of Receipt		
Mailing Address 8101 Ruston Cros	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Towson	State MD	Zip Code 21204	Transaction ID: SA11AI.5688 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21204	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
Mailing Address 1614 Randallwood Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jarretsville	State MD	Zip Code 21084	Transaction ID: SA11AI.5689
FEC ID number of contributing federal political committee.	C	21004	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	1		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 38 (check only one) 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	statements may not be sold or used by any person name and address 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 ASS	SOCIATES LLC POLITICAL ACTION CC	MMITTEE		
Full Name (Last, First, Middle Initial) A. Dr. Sung Hong		Date of Receipt		
Mailing Address 8525 Huntspring Drive		0 6 2 4 2 0 1 1		
City Lutherville	State Zip Code MD 21093	Transaction ID: SA11AI.5690		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00		
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. Steven Hopper				
Mailing Address 4550 N. Park Avenue #101		06 24 7 2011		
City	•			
Chevy Chase FEC ID number of contributing federal political committee.	MD 20815	Amount of Each Receipt this Period 150.00		
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. Stuart Hough	<u> </u>	Date of Receipt		
Mailing Address 9110 Travener Circle	-			
City	State Zip Code	Transaction ID: SA11AI.5664		
Frederick FEC ID number of contributing federal political committee.	MD 21704	Amount of Each Receipt this Period 225.00		
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00			
SUBTOTAL of Receipts This Page (optional)	_	525.00		
TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sean Isaac Mailing Address 920 Newington Ave.		Date of Receipt
City Baltimore FEC ID number of contributing	State Zip Code MD 21217	Transaction ID: SA11AI.5691 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 250.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. David Johnson Mailing Address 5506 Bootjack Drive		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Frederick FEC ID number of contributing federal political committee.	State Zip Code MD 21702	Transaction ID: SA11AI.5640 Amount of Each Receipt this Period 150.00
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. James Kaufman Mailing Address 7514 Arrowwood Ro	ad	Date of Receipt
City Bethesda FEC ID number of contributing federal political committee.	State Zip Code MD 20817	Transaction ID: SA11AI.5701 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	payroll deduction
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 38 (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	tatements 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. Cynthia Kenol Mailing Address 6579 Prestwick Drive City Highland	State Zip Code MD 20777	Date of Receipt O 6 24 2011 Transaction ID: SA11AI.5641 Amount of Each Receipt this Period
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 250.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick Mailing Address 3004 Hollow Crest Pla City Brookeville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State Zip Code MD 20833 C Occupation physician Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Richard Ko Mailing Address 4101 Hunt Road City Fairfax FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22032 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt O 6 24 2011 Transaction ID: SA11AI.5666 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address 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 Ci City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M D D D Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt Mailing Address 3467 North Venice City Arlington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Street State Zip Code VA 22207 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Pla City Ijamsville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21754 C Occupation Physician Aggregate Year-to-Date 375.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 4 2 0 1 1 Transaction ID: SA11AI.5642 Amount of Each Receipt this Period 225.00 payroll deduction
SUBTOTAL of Receipts This Page (optional	J)	525.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 38 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CC	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Ro 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 375.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: SA11AI.5623 Amount of Each Receipt this Period 225.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Stephen Martin 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 250.00	Date of Receipt M M Z 4 Z 0 1 1 Transaction ID: SA11AI.5668 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Thomas Munro Mailing Address 311 Alderwood Dr. City Gaithersburg FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State Zip Code MD 20878 C Occupation Physician Aggregate Year-to-Date 375.00	Date of Receipt 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 (option	al)	600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 38 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
FIRST COLONIES ANESTHESIA A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls			Date of Receipt
Mailing Address 603 Queen Street #4			06 24 7 2011
City	State	Zip Code	Transaction ID: SA11AI.5669
<u>Alexandria</u>	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:	- 	Year-to-Date ▼	7
Primary General Other (specify) ▼	99.19	500.00	
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon			Date of Receipt
Mailing Address 12123 Merricks Cou	rt		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.5644
<u>Monrovia</u>	MD	21770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
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. Philip Owens			Date of Receipt
Mailing Address 141 Adams Street, N	1W		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.5670
Washington	DC	20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separat for each cate Detailed Sur	e schedule(s) egory of the	OR LINE NUMBER: PAGE 20 / 38 check only one) X 11a 11b 11c 12 15 16 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS			r the purpose of soliciting contributions cit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kent Ozkum Mailing Address 10720 Dern Road City Emmisburg FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State Zip Code MD 21727 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. Paul Park Mailing Address 821 Oak Knoll Terrac 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		Date of Receipt M M M / 24 2011 Transaction ID: SA11AI.5672 Amount of Each Receipt this Period 150.00 payroll deduction
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		Date of Receipt M M D D Q Q Q Q Q Q Q Q
SUBTOTAL of Receipts This Page (optional) .			450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using	nd 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
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES LLC POLITICAL ACTION (COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael Peck		Date of Receipt
Mailing Address 4 Farm Haven Cou	rt	M M / D D / Y Y Y Y Y O D D / 24 2011
City Rockville	State Zip Code MD 20852	Transaction ID: SA11AI.5703 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba		Date of Receipt
Mailing Address 8400 Tysons Trace	Court	0 6 2 4 Y Y Y Y Y
City Vienna	State Zip Code VA 22182	Transaction ID: SA11AI.5674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
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		Date of Receipt
Mailing Address 3912 Calverton Dri	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hyattsville	State Zip Code MD 20782	Transaction ID: SA11AI.5705 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
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		525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 38 (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 persone name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman Mailing Address 6906 Granite Ridge (City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General	State Zip Code MD 21209 C Occupation physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5692 Amount of Each Receipt this Period 150.00 payroll deduction
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonis Anesthesia	State Zip Code MD 21212 C Occupation Physician	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood Road City Timonium FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State Zip Code MD 21093 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 250.00	450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 38 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS			
Full Name (Last, First, Middle Initial) Dr. Alexander Rubin Mailing Address 6611 Hunter Trail Way City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		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. Suzanne Scattergood Mailing Address 14700 Crossway Road City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y O 6 2 4 2 0 1 1 Transaction ID: SA11AI.5647 Amount of Each Receipt this Period 300.00 payroll deduction
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 MD C Occupation Physician		Date of Receipt 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)			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 38 (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	tatements may not be sold or used by any personame and address of any political committee to SOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark Seymour Mailing Address 2932 Thurston Rd. City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesai Asso Receipt For: Primary General Other (specify)	State Zip Code MD 21704 C Occupation physician Aggregate Year-to-Date 250.00	Date of Receipt M M
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 2 4 2 0 1 1 Transaction ID: SA11Al.5676 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5706 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)		450.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 38 (check only one) X
, A	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e 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.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
∠ 4.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan			Date of Receipt
	Mailing Address 2454 Five Schillings F	06 24 2011		
	City Frederick	State MD	Zip Code 21701	Transaction ID: SA11AI.5649
	FEC ID number of contributing federal political committee.	C	21701	Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthsia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan			Date of Receipt
	Mailing Address 2454 Five Schillings Road			0 6 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5650
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_).	Full Name (Last, First, Middle Initial) Dr. Louis Swann			Date of Receipt
	Mailing Address PO Box 6081			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.5707
	McLean FEC ID number of contributing federal political committee.	C	22106	Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	, · · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			450.00
	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 38 (check only one) 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	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.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL ACTION CO	DMMITTEE
∠ 4.	Full Name (Last, First, Middle Initial) Dr. John Tam			Date of Receipt
	Mailing Address 10905 Cripplegate Roa	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.5677
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Rojack Tan			Date of Receipt
	Mailing Address 507 Goodland Place			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.5708
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai			Date of Receipt
	Mailing Address 10013 New London Dr	ive		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.5678
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicial		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
Γ	CURTOTAL of Descints This David (anti-call)			450.00
-	SUBTOTAL of Receipts This Page (optional)		<u> </u>	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 38 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS			
Full Name (Last, First, Middle Initial) Dr. Reed Underwood Mailing Address 1518 T Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State DC C Occupation physician Aggregate Yea	Zip Code 20009 ar-to-Date ▼	Date of Receipt M M Z 4 Z 0 1 1 Transaction ID: SA11AI.5651 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon Mailing Address 22 Woodfield Court City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate Yea	Zip Code 21136 21136 ▼ 250.00	Date of Receipt M M 24 2011 Transaction ID: SA11AI.5627 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Roa City Silver Spring FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate Yea	Zip Code 20904 ar-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 6 2 4 2 0 1 1 Transaction ID: SA11AI.5628 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional) .)	450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 38 (check only one) X
7	Any information copied from such Reports and Si 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	o solicit contributions from such committee.
A .	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 MD C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 6 24 2011 Transaction ID: SA11AI.5679 Amount of Each Receipt this Period 150.00 payroll deduction
- В.	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 VA C Occupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5710 Amount of Each Receipt this Period 150.00 payroll deduction
-c.	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 Receipt For: Primary General Other (specify)	State VA C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y O 6 2 4 2 0 1 1 Transaction ID: SA11AI.5680 Amount of Each Receipt this Period 150.00 payroll deduction
	SUBTOTAL of Receipts This Page (optional))	450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES LLC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Timothy Wex		Date of Receipt
Mailing Address 11429 Cedar Rido		06 24 7 2011
City <u>Potomac</u>	State Zip Code VA 20854	Transaction ID: SA11AI.5711
FEC ID number of contributing federal political committee.	C 20034	Amount of Each Receipt this Period 150.00
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. David Wheeler		Date of Receipt
Mailing Address 7108 Collingwood	Court	0 6 2 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.5695
Elkridge	MD 21075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	payron deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Wherry		Date of Receipt
Mailing Address 611 W. 2nd Stree	t	06 24 2011
City	State Zip Code	Transaction ID: SA11AI.5629
Frederick FEC ID number of contributing federal political committee.	MD 21701	Amount of Each Receipt this Period 150.00
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	nal)	450.00
	mber only)	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	Statements may not be sold or used by any per e name and address of any political committee	
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon Mailing Address 18212 Wickham Road City Olney FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20832 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt 0 6 2 4 2 0 1 1 Transaction ID: SA11AI.5630 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Monfold Wolf Mailing Address 4822 Tilly Dr. City Sykesville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State Zip Code MD 21784 C Occupation Physician Aggregate Year-to-Date 250.00	Date of Receipt M M D D Q Q Q D D Q Q D D
Full Name (Last, First, Middle Initial) You Wu Mailing Address 910 Dunlavin Ct. City Timonium FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso 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 D D Q Q Q D D Q Q D D
SUBTOTAL of Receipts This Page (optional)		450.00

PAGE 31/38 FOR LINE NUMBER: 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 A. Dr. Aiqin Yu Mailing Address 13508 Gumspring Road 0 6 24 2011 City State Zip Code Transaction ID: SA11AI.5681 Rockville MD 20850 Amount of Each Receipt this Period FEC ID number of contributing 150.00 C 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) Full Name (Last, First, Middle Initial) В. Dr. Jungim Yun Date of Receipt Mailing Address 2057 Thurston Road 0 6 24 2011 City State Zip Code Transaction ID: SA11AI.5654 **Frederick** MD 21704 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 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)	•	300.00
TOTAL This Period (last page this line number only)	<u> </u>	12300.00

Amount of Each Disbursement this price of Disbu	Use separate schedule(s) FOR LINE NUMBER: PAGE 32 / 38 (check only one)
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Citizens for Bill Ferguson Mailing Address PO Box 13284 City State Zip Code MD 21203 Purpose of Disbursement contribution Cardidate Name Citizens for Bill Ferguson Office Sought: House President State: Disbursement Contribution Cardidate Name (Litzens for Delores Kelley) Mailing Address PO Box 21514 City State Zip Code MD 21203 Primary General Primary State Zip Code Amount of Each Disbursement Into Category' Type Office Sought: House ND Disbursement For: 2011 City State Zip Code MD 21282 Purpose of Disbursement Other (specify) ▼ Transaction ID: SB23.5725 Date of Disbursement Office Sought: House ND Disbursement For: 2011 City State: MD District: Primary General Primary General Other (specify) ▼ Transaction ID: SB23.5725 Date of Disbursement Into Category' Type Office Sought: House President State: MD District: Primary General Other (specify) ▼ Transaction ID: SB23.5724 Date of Disbursement Into Category' Type Office Sought: House State Zip Code MD 20833 Purpose of Disbursement Contribution Candidate Name Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Category' Type Office Sought: Amount of Each Disbursement Into Ca	Detailed Summary Page 21b 22 X 23 24 25 27 28a 28b 28c 29
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Transaction ID: SB23.5725 Date of Disbursement O' 4 M	ASSOCIATES LLC POLITICAL ACTION COMMITTEE
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	CHEDULE B (FEC Form	y Use se	eparate schedule(s)		NUMBER: PAGE 33/38
IT	EMIZED DISBURSEMEN	NTS for eac	h category of the d Summary Page	(check onl	y one) 22 X 23 24 25 28a 28b 28c 29 1
				d by any person	for the purpose of soliciting contributions
or		sing the name and add	ress of any politica	I committee to so	licit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSOCIATES L	LC POLITICAL	ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) Committee to Elect Catherine E	. Pugh			Transaction ID: SB23.5736 Date of Disbursement
	Mailing Address 819 E. Baltimo	ore St.			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} J & J & J \\ J & J & J \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ J & J & J & J \end{bmatrix} $
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	Full Name (Last, First, Middle Initial) Friends of Barry Glassman				Transaction ID: SB23.5723 Date of Disbursement
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	Mailing Address 211 Felton Rd				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} N & Y & $
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NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Friends of C. Anthony Muse Mailing Address James Senate Office Building, Rm 3 11 Balden St. City Annapolis Purpose of Disbursement contribution Candidate Name Friends of John Astle District: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of John Astle Office Sought: Full Name (Last, First, Middle Initial) Friends of Skathy Szeliga Mailing Address PO Box 40 Other (specify) ▼ Transaction ID: SB23,5726 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,5726 Date of Disbursement this Peric Category/ Type Transaction ID: SB23,5726 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,5726 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB23,5721 Date of Disbursement Other (specify) ▼ Transaction ID: SB23,5721 Date of Disbursement this Peric Category/ Type Office Sought: Amount of Each Disbursement this Peric State of Disbursement Type Office Sought: Name (Last, First, Middle Initial) Friends of Kathy Szeliga Office Sought: Name (Last, First, Middle Initial) Friends of Kathy Szeliga Office Sought: Name (Last, First, Middle Initial) Friends of Kathy Szeliga Office Sought: Name (Last, First, Middle Initial) Friends of Category/ Type Office Sought: Name (Last, First, Middle Initial) Friends of Category/ Type Office Sought: Name (Last, First,		Detailed Summary P	age 21b 27	22 X 23 24 25 28a 28b 28c 29
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State: MID DISTRICT:	Senate President	Primary X Gen	eral	
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A.

В.

C.

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	one) 22 X 23 24 25 26 28a 28b 28c 29 30l
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)			
FIRST COLONIES ANESTHESIA ASSOCIA	ATES LLC POLITICAL F	ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Friends of Nic Kipke			Transaction ID: SB23.5730 Date of Disbursement
Mailing Address 209 S. Carolina Ave.			0 6 M / D 1 3 / Y 2 0 1 1 Y
Pasadena	State Zip Code MD 21122		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement contribution Candidate Name		Category/	230.00
Friends of Nic Kipke Office Sought: House Disburser Senate President	ment For: 2011 Primary X General Other (specify)	Type	
State: District: Full Name (Last, First, Middle Initial) Friends of Pete Hammen			Transaction ID: SB23.5728 Date of Disbursement
Mailing Address 188 Main Street Suite 1			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & I & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & I & I \\ I & I & I & I \end{smallmatrix} \end{bmatrix}$
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Purpose of Disbursement contribution Candidate Name Friends of Pete Hammen		Category/ Type	500.00
Office Sought: X House Senate President State: MD District:	ment For: 2011 Primary X General Other (specify)	Туре	
Full Name (Last, First, Middle Initial) Friends of Robert Gargiola			Transaction ID: SB23.5727 Date of Disbursement
Mailing Address 11 Balden Street Room 104			06 7 13 7 2011
Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement contribution Candidate Name			1000.00
Friends of Robert Gargiola	mont For 2011	Category/ Type	
Office Sought: House Disburser Senate President State: MD District:	ment For: 2011 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			1750.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 36/38
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 State r for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO			
Full Name (Last, First, Middle Initial) Friends of Shawn Tarrant			Transaction ID: SB23.5722 Date of Disbursement
Mailing Address PO Box 67047			$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City Baltimore	State Zip Code MD 21215		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			250.00
Candidate Name Friends of Shawn Tarrant		Category/ Type	
Senate President	sement For: 2011 Primary X General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) Friends of Shirley Nathan Pulliam			Transaction ID: SB23.5729 Date of Disbursement
Mailing Address PO Box 31785			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ & 2 & 0 & I & I \end{bmatrix} \ \\ \\ & & & & & & & & & & & & & & & & $
City Baltimore	State Zip Code MD 21207		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			250.00
Candidate Name Friends of Shirley Nathan Pulliam		Category/ Type	
Senate President	sement For: 2011 Primary X General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) Frineds of Ron Young			Transaction ID: SB23.5739 Date of Disbursement
Mailing Address 253 E. Church St.			0 6 1 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 100 City Frederick	State Zip Code MD 21701		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution			250.00
Candidate Name Friends of Ron Young		Category/ Type	
Office Sought: House Disbur Senate President	sement For: 2011 Primary X General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optiona)		750.00
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Transaction ID: SB29.5716 But in gradient Summary Page Transaction ID: SB29.5716 Date of Disbursement Transaction ID: SB29.5716 Date of Disbursement Mailing Address The petailed Summary Page To reach category of the Detailed Summary Page Detailed Summary Page To reach category of the Detailed Summary Page Det	CHEDULE B (FEC Form 3	Use separate	scriedule(s) (check o	IE NUMBER: PAGE 37 / 38
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 Candidate Name Office Sought: House Senate President State: District: City Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis Mailing Address Transaction ID: SB29.5716 Date of Disbursement this Periox Amount of Each Disbursement this Periox Transaction ID: SB29.5717 Date of Disbursement O'5 M	TEMIZED DISBURSEMENT	for each cated Detailed Sum	mary Page 21b	22 23 24 25
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code MD 21401 Purpose of Disbursement lockbying Candidate Name Office Sought: House President City State Zip Code Pinmary General Office Sought: House President City State Zip Code Pinmary General Office Sought: House President City State Zip Code Pinmary General Office Sought: House President City State Zip Code Pinmary General Office Sought: House Pinmary General Office Sought: House Senate Pinmary General Office Sought: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code MD Zi401 City State: District: City State Zip Code MD Zi401 Purpose of Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Senate Pinmary General Office Sought: House Pinma				
Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City	NAME OF COMMITTEE (In Full)			
Amount of Each Disbursement this Perior City Annapolis		es		
Annapolis MD 21401 Purpose of Disbursement lobbying Cardidate Name Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: SB29.5717 Date of Disbursement this Period Name Transaction ID: SB29.5717 Date of Disbursement this Period Name Office Sought: House President State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying General Other (specify) ▼ Transaction ID: SB29.5717 Date of Disbursement this Period Name Category' Type Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29.5717 Date of Disbursement this Period Name Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29.5718 Date of Disbursement this Period Name Transaction ID: SB29.5718 Date of Disbursement this Period Name Office Sought: House State Zip Code Name Name Name Name Name Name Name Nam	Mailing Address 18 Pinkney Stre	et		$ \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 House President Other (specify) ▼ Office Sought: House Annapolis MD 21401 Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Transaction ID: SB29.5717 Date of Disbursement Of 5				Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street State Zip Code Annapolis Amount of Each Disbursement Disburse	lobbying			5000.00
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 Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying General Other (specify) ▼ Transaction ID: SB29.5717 Date of Disbursement this Period Annount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Disbursement For: Senate Senate Primary General Disbursement Tippe City State Zip Code Annapolis MD 21401 Purpose of Disbursement Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement Tippe Disbursement For: Senate Primary General Disbursement Tippe Disbursement Ti			, ,	
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City	Senate President	Primary		
Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying Candidate Name Office Sought: House Primary General Other (specify) ▼ City Annapolis Primary General Other (specify) ▼ City State: District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)			
City Annapolis				
Purpose of Disbursement lobbying 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 State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying Candidate Name Office Sought: House Disbursement For: Category/ Type Transaction ID: SB29.5718 Date of Disbursement MD 2 1 4 0 1 Amount of Each Disbursement this Perior Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	City	State Zip		Amount of Each Disbursement this Period
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 State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying Candidate Name Office Sought: House Disbursement For: Category/ Type Transaction ID: SB29.5718 Date of Disbursement Office Sought: Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	· ·	MD 21	401	1250.00
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 State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Disbursement For: General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼	lobbying			
Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying Candidate Name Office Sought: House Senate Primary General President Date of Disbursement M	Senate President	Primary	General	
City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) Other (specify) Amount of Each Disbursement this Period Category/ Type Category/ Type	,	es		
Annapolis MD 21401 Purpose of Disbursement lobbying Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) President Other (specify)	Mailing Address 18 Pinkney Stre	et		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Category/ Type Cat				
Office Sought: House	lobbying			1250.00
Senate Primary General President Other (specify) ▼				
	Senate	Primary		
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В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCI	ATES LLC POLITICAL AC	TION COM	MITTEE
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates			Transaction ID: SB29.5746 Date of Disbursement
Mailing Address 18 Pinkney Street			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{bmatrix} Y$
7	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement lobbying	Γ		1250.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba			Transaction ID: SB29.5720 Date of Disbursement
Mailing Address 8400 Tysons Trace Court			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & B & M \end{smallmatrix} \end{bmatrix} & / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{bmatrix}$
	State Zip Code VA 22182		Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement			81.23
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1331.23
TOTAL This Period (last page this line number only)	•	8831.23

State: