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### 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) 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 06 29 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

### **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		73226.83
	` '	Cash on Hand at Begining of Reporting Period	76738.21	
	(c)	Total Receipts (from Line 19)	13240.00	24100.00
	(d)	Subtotal (add lines 6(b) and		
		6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89978.21	97326.83
7.	Total	Disbursements (from Line 31)	13381.23	20729.85
8.	Repo	on Hand at Close of rting Period ract Line 7 from Line 6(d))	76596.98	76596.98
9.	the co	s and Obligations owed TO committee (Itemize all on dule C and/or Schedule D)	0.00	
10.	the co	s and Obligations owed BY ommittee (Itemize all on dule C and/or Schedule D)	0.00	
	т	his Committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	
			For further information contact:	

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 ..... (c) 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 2100.00 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 24100.00 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 13240.00 24100.00 (subtract Line 18(c) from Line 19) .....

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### DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		The same of the same
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))   2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
3. Contributions to		
Federal Candidates/Committeesand Other Political Committees	4550.00	7900.00
Independent Expenditure  (up Schodule E)	0.00	0.00
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	5.50
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	8831.23	12829.85
O Fodoral Floation Activity (2.11.5.C. 421/20))		
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	2.22	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		3.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13381.23	20729.85
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	13381.23	20729.85

### **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	
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13240.00	22000.00	
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

FE6AN026

Bethesda MD 20814  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Asso Receipt For:  Name of Employer First Colonies Anesthesia  Receipt For:  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General City State Zip Code  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Coccupation Physician  Physician  Amount of Each Receipt this  Date of Receipt  M M M C D D D V Y Transaction ID: SA11AI.5	CHEDULE A (FEC Form 3X) EMIZED 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 17
A. Full Name (Last, First, Middle Initial) Dr. Maksim Barkinsky Malling Address 4170 Bethesda Ave. #719 City Bethesda MD 20814 FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Asso. Receipt For: Primary General Other (specify) ▼	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any political committee to	solicit contributions from such committee.
A. Dr. Maksim Barkinsky  Mailing Address 4170 Bethesda Ave. #719  City  Bethesda  MD 20814  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼  FEC ID number of contributing federal political committee.  Primary General  Other (specify) ▼  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General  Occupation Physician  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Primary  General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  C C  Full Name (Last, First, Middle Initial)  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Payroll deduction  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Payroll deduction  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt Transaction ID: SA11A1.5  Amount of Each Receipt this  Payroll deduction  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Transaction ID: SA11A1.5  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Transaction ID: SA11A1.	FIRST COLONIES ANESTHESIA ASSO	CIATES LLC POLITICAL ACTION CO	MMITTEE
#719 City State Zip Code MD 20814  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:  Name of Employer First Colonies Anesthesia Receipt For:  Primary General  Other (specify) ▼  Primary General  Occupation Physician  Prist City State Zip Code Aggregate Year-to-Date ▼  Primary General  Other (specify) ▼  Payroll deduction  Occupation Physician  Payroll deduction  Date of Receipt Transaction ID: SA11AI.5  Amount of Each Receipt this  Payroll deduction  Date of Receipt Transaction ID: SA11AI.5  Amount of Each Receipt this  Payroll deduction  Date of Receipt Transaction ID: SA11AI.5  Amount of Each Receipt this  Payroll deduction	Dr. Maksim Barkinskiy		<b>⊣</b>
Bethesda  MD 20814  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Asso Receipt For:  Primary General Other (specify) ▼  Payroll deduction  Aggregate Year-to-Date ▼  Payroll deduction  Aggregate Year-to-Date ▼  Payroll deduction  Date of Receipt this  Amount of Each Receipt this  Payroll deduction  Aggregate Year-to-Date ▼  Payroll deduction  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Receipt this  Payroll deduction  Date of Receipt  Transaction ID: SA11A1.5  Amount of Each Receipt this  Date of Re			
FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Court  City State Zip Code MD 21136  Receipt For: Primary General Occupation Physician  Receipt For: Primary General Occupation Physician  Receipt For: Primary General Occupation Physician  Receipt For: Primary General Other (specify) ▼  FUI Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pike  C:  Full Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pike  City State Zip Code Physician  Receipt For: Primary General Other (specify) ▼  State Zip Code MD 21740  Date of Receipt Transaction ID: SA11AI.5  Amount of Each Receipt Transaction ID: SA11AI.5  Amount of Each Receipt Transaction ID: SA11AI.5  C.  Full Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pike  City State Zip Code MD 21740  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General  Aggregate Year-to-Date ▼	City		Transaction ID: SA11AI.5712
Same of Employer First Colonies Anesthesia   Aggregate Year-to-Date   Payroll deduction	<u>Bethesda</u>	MD 20814	Amount of Each Receipt this Period
Rate of Employer First Colonies Anesthesia Asso Receipt For:    Primary		C	150.00
Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Court  City State Zip Code MD 21136  Reisterstown MD 21136  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  First, Middle Initial) Dr. John Bunker  Mailing Address 15229 National Pike  City State Zip Code Transaction ID: SA11AI.5  Amount of Each Receipt this payroll deduction  Physician  Pagregate Year-to-Date ▼  City State Zip Code Transaction ID: SA11AI.5  City State Zip Code Transaction ID: SA11AI.5  Hagerstown MD 21740  Amount of Each Receipt  Date of Receipt  Transaction ID: SA11AI.5  Amount of Each Receipt this payroll deduction  Date of Receipt  City State Zip Code Transaction ID: SA11AI.5  Amount of Each Receipt this payroll deduction  Physician  Receipt For: Occupation Physician  Receipt For: Amount of Each Receipt this payroll deduction		'	payroll deduction
Dr. Marc Beck  Mailing Address 16 Norris Run Court  City  Reisterstown  MD  21136  Transaction ID: SA11AI.5  Receipt Transaction ID: SA11AI.5  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary  Other (specify) ▼  City  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  PEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Name of Employer  First Colonies Anesthesia  Physician  Receipt For:  Primary  General  Occupation  Physician  Aggregate Year-to-Date ▼  Primary  General  Aggregate Year-to-Date ▼  Primary  Aggregate Year-to-Date ▼  Primary  Aggregate Year-to-Date ▼  Primary  Aggregate Year-to-Date ▼	Primary General	250.00	
City State Zip Code MD 21136  Reisterstown  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 21136  Transaction ID: SA11AI.5  Amount of Each Receipt this  Payroll deduction  Date of Receipt  Mo M 2 2 4  Transaction ID: SA11AI.5  Amount of Each Receipt this  Date of Receipt  Transaction ID: SA11AI.5  Date of Receipt  Mo M 2 2 4  Transaction ID: SA11AI.5  Transaction ID: SA11AI.5  Amount of Each Receipt this  Date of Receipt  Mo M 2 2 4  Transaction ID: SA11AI.5  Amount of Each Receipt this  Date of Receipt  Mo M 2 2 4  Transaction ID: SA11AI.5  Amount of Each Receipt this  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.5  Amount of Each Receipt this  Date of Receipt  Date of Re			Date of Receipt
Reisterstown  Reisterstown  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 21740  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  City State Zip Code Transaction ID: SA11AI.5  Amount of Each Receipt this payroll deduction  Date of Receipt  Transaction ID: SA11AI.5  Amount of Each Receipt this payroll deduction	Mailing Address 16 Norris Run Court		
FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General Other (specify) Talendard Pike  City State Zip Code MD 21740  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Aggregate Year-to-Date Talendard Pike  City State Zip Code Talendard Pike  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General  Aggregate Year-to-Date Talendard Pike Pirmary General	•	·	Transaction ID: SA11AI.5682
Name of Employer First Colonies Anesthesia		MD 21136	Amount of Each Receipt this Period
Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Dr. John Bunker  Mailing Address 15229 National Pike  City State Zip Code Hagerstown  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General  Occupation Physician  Aggregate Year-to-Date ▼  Date of Receipt  MMD 21740  Transaction ID: SA11AI.5  Amount of Each Receipt this  Payroll deduction	federal political committee.	C	150.00
Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General  250.00  Date of Receipt  Mailing Address 15229 National Pike  City State Zip Code Hagerstown MD 21740  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General  Aggregate Year-to-Date ▼  Primary General	Name of Employer First Colonies Anesthesia	·	payron deduction
Dr. John Bunker  Mailing Address 15229 National Pike  City State Zip Code  Hagerstown MD 21740  Transaction ID: SA11AI.5  Amount of Each Receipt this  Primary General  Date of Receipt  Transaction ID: SA11AI.5  Amount of Each Receipt this  Payroll deduction	Primary General		
City State Zip Code Transaction ID: SA11AI.5  Hagerstown MD 21740  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General  O 6 2 4  Transaction ID: SA11AI.5  Amount of Each Receipt this  Payroll deduction	,		Date of Receipt
Hagerstown  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary  MD 21740  Amount of Each Receipt this  Doccupation Physician  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date	Mailing Address 15229 National Pike		
FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary  General  C  Occupation Physician  Aggregate Year-to-Date	•	·	Transaction ID: SA11AI.5632
Name of Employer First Colonies Anesthesia  Receipt For: Primary  General  Occupation Physician  Aggregate Year-to-Date  250.00		-	Amount of Each Receipt this Period
First Colonies Anesthesia  Receipt For:  Primary  General  Occupation Physician  Aggregate Year-to-Date ▼		U	
Primary General 350,00		·	payroll deduction
	Primary General		
SUBTOTAL of Receipts This Page (optional)	UBTOTAL 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 7 / 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.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Cour City Phoenix FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia	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) ▼	<del>, '                                   </del>	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Stayam Chary Mailing Address 9 Alterwood Lane			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 Owings Mill  FEC ID number of contributing federal political committee.	State MD	Zip Code 21117	Transaction ID: SA11AI.5684  Amount of Each Receipt this Period  150.00  payroll deduction
	Name of Employer First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		payron deduction
– C.	Full Name (Last, First, Middle Initial) Dr. Thomas Chau  Mailing Address 7204 Loch Edin Court			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Potomac  FEC ID number of contributing federal political committee.	State MD	Zip Code 20854	Transaction ID: SA11AI.5657  Amount of Each Receipt this Period  150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	n	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) ITEMIZED 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 11		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	ne name and add	dress of any political committee t	o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Dwayn Chen Mailing Address 11415 Commonwealt #204 City Rockville FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia	state MD C Occupation Physician		Date of Receipt  0 6 2 4 2 0 1 1  Transaction ID: SA11AI.5660  Amount of Each Receipt this Period  150.00  payroll deduction		
Receipt For:  Primary General  Other (specify) ▼	<del>- ' - '</del>	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Avenu	ue		Date of Receipt  0 6 2 4 2 0 1 1		
City	State	Zip Code	Transaction ID: SA11AI.5658		
Bethesda  FEC ID number of contributing federal political committee.	C	20814	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	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Jen Chen			Date of Receipt		
Mailing Address 1104 Mill Ridge Road	Mailing Address 1104 Mill Ridge Road				
City	State	Zip Code	0 6 2 4 2 0 1 1 Transaction ID: SA11Al.5659		
<u>McLean</u>	VA	22102	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	n	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:	<del>_ '                                   </del>	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  Occupatio Physicial			payron deduction
	Receipt For:  Primary General  Other (specify) ▼	<del></del>	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   11a
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persoress 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 AS	SOCIATES LI	LC POLITICAL ACTION CO	DMMITTEE
∠ 4.	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach			Date of Receipt
	Mailing Address 15114 Pepperridge D	rive		06 24 2011
	City Bowie	State MD	Zip Code 20721	Transaction ID: SA11AI.5621  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) ▼	<del>, ' ' '                               </del>	Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Karen Dugan			Date of Receipt
	Mailing Address 4107 Vickie Lynn Cou	06 24 2011		
	City	State	Zip Code	Transaction ID: SA11AI.5633
	Mt. Airy  FEC ID number of contributing federal political committee.	C	21771	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthsia	Occupation Physician		payroll deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ ).	Full Name (Last, First, Middle Initial) Dr. Ali Ememhosseini			Date of Receipt
	Mailing Address 306 Prettyman Dr. Apt. 8409			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.5663
	FEC ID number of contributing federal political committee.	C	20030	Amount of Each Receipt this Period  150.00
	Name of Employer First Colonies Anesthesia Asso	Occupation Physician		payroll deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	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   11 / 38   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Todd Epstein			Date of Receipt
Mailing Address 11305 Struttman T	errace		06 24 2011
City North Bethesda	State MD	Zip Code 20852	Transaction ID: SA11AI.5697  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. Richard Evans	<b>L</b>		Date of Receipt
Mailing Address 6436 West Langley	M M / D D / Y Y Y Y Y O D D / 24 2011		
City McLean	State VA	Zip Code 22101	Transaction ID: SA11AI.5713  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation physiciar		payroll deduction
Asso Receipt For:  Primary General  Other (specify) ▼	1 1 1 1 1	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli			Date of Receipt
Mailing Address 504 Reserve Cham	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Rockvillem	State MD	Zip Code 20850	Transaction ID: SA11AI.5636  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Occupation Physicial			150.00
			payroll deduction
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		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 12 / 38 (check only one)    X
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  FIRST COLONIES ANESTHESIA AS	e name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Gambon Mailing Address 7700 Charleston Dr.			Date of Receipt
City  Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.5637  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia	Occupation		payroll deduction
Asso Receipt For:  Primary  General  Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Glass Mailing Address 1441 Rhode Island Av #410	ve., N.W.		Date of Receipt    M
City Washington	State DC	Zip Code 20005	Transaction ID: SA11AI.5714  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 Asso  Receipt For:  Primary  General  Other (specify) ▼	Occupation physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Steven Grube			Date of Receipt
Mailing Address 13895 Foxtower Road		06 24 2011	
City Thurmont	State MD	Zip Code 21788	Transaction ID: SA11AI.5638  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	1	payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
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 13/38   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers 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 A	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt
Mailing Address 12312 Highstakes [	Orive		06 24 2011
City Reisterstown	State MD	Zip Code 21136	Transaction ID: SA11AI.5687  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. Glen Hessinger	Date of Receipt		
Mailing Address 8101 Ruston Cross	0 6 2 4 Y Y Y Y Y		
City	State MD	Zip Code	Transaction ID: SA11AI.5688
Towson  FEC ID number of contributing federal political committee.	C	21204	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
Mailing Address 1614 Randallwood	0 6 2 4 2 0 1 1		
City Jarretsville	State MD	Zip Code 21084	Transaction ID: SA11AI.5689  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Occupation Physician			150.00
			payroll deduction
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	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 11
Any information copied from such Reports and State or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full)  FIRST COLONIES ANESTHESIA ASSO		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sung Hong Mailing Address 8525 Huntspring Drive  City Lutherville  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 Z 4 Z 0 1 1  Transaction ID: SA11AI.5690  Amount of Each Receipt this Period  150.00  payroll deduction
Full Name (Last, First, Middle Initial) Dr. Steven Hopper  Mailing Address 4550 N. Park Avenue #101  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 Code MD 20815  C  Occupation Physician  Aggregate Year-to-Date  250.00	Date of Receipt  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. Stuart Hough Mailing Address 9110 Travener Circle  City Frederick  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General Other (specify)	State Zip Code MD 21704  C  Occupation Physician Aggregate Year-to-Date  375.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		525.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>1)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/38   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Sean Isaac			Date of Receipt
Mailing Address 920 Newington Ave			0 6 2 4 2 0 1 1
City Baltimore	State MD	Zip Code 21217	Transaction ID: SA11AI.5691  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
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. David Johnson			Date of Receipt
Mailing Address 5506 Bootjack Drive	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frederick	State MD	Zip Code 21702	Transaction ID: SA11AI.5640  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) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Kaufman			Date of Receipt
Mailing Address 7514 Arrowwood Ro	oad		0 6 2 4 2 0 1 1
City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.5701  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) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	])		450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	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	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol			Date of Receipt
Mailing Address 6579 Prestwick Driv	ve		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.5641
Highland  FEC ID number of contributing federal political committee.	C	20777	Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick			Date of Receipt
Mailing Address 3004 Hollow Crest	Place		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Brookeville	State MD	Zip Code 20833	Transaction ID: SA11AI.5665
FEC ID number of contributing federal political committee.	C	20055	Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia	Occupation physician		payroll deduction
Asso Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) Dr. Richard Ko			Date of Receipt
Mailing Address 4101 Hunt Road			0 6 2 4 2 0 1 1
City Fairfax	State VA	Zip Code 22032	Transaction ID: SA11AI.5666
FEC ID number of contributing federal political committee.	C	22032	Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	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 17 / 38 (check only one)    X   11a			
Any information copied from such Reports and 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	on for the purpose of soliciting contributions o solicit contributions from such committee.			
1 \ '	SSOCIATES LLC POLITICAL ACTION CO	OMMITTEE			
Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree Circ	No.	Date of Receipt			
		06 24 2011			
City Potomac	State Zip Code MD 20854	Transaction ID: SA11AI.5667  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. Kathleen Leavitt		Date of Receipt			
Mailing Address 3467 North Venice S	Mailing Address 3467 North Venice Street				
City	State Zip Code	Transaction ID: SA11AI.5702			
Arlington	VA 22207	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				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Dr. Thomas Malone		Date of Receipt			
Mailing Address 11667 Fairmont Plac	ee	0 6 2 4 2 0 1 1			
City	State Zip Code	Transaction ID: SA11AI.5642			
<u>ljamsville</u>	MD 21754	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	225.00 payroll deduction			
Name of Employer First Colonies Anesthesia	Occupation Physician	payron addation			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00				
CURTOTAL of Positive This Poss (cotional)		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 18 / 38 (check only one)    X   11a
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persible 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. Mollyann March Mailing Address 6504 Greentree Roa  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   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
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 M
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 M
SUBTOTAL of Receipts This Page (optional)	·	600.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 38 (check only one)    X
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any per in using the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initi- Dr. Anna Noriega-Nalls Mailing Address 603 Queen S #4	itreet	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Alexandria  FEC ID number of contributing federal political committee.	State Zip Code VA 22314	Transaction ID: SA11AI.5669  Amount of Each Receipt this Period  300.00
Name of Employer First Colonies Anesthesia  Receipt For: Primary General	Occupation Physician  Aggregate Year-to-Date ▼  500.00	payroll deduction
Full Name (Last, First, Middle Inition Dr. Denis O'Fallon Mailing Address 12123 Merric City Monrovia	al)	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 Initia Dr. Philip Owens Mailing Address 141 Adams S	<u>'</u>	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20001	Transaction ID: SA11AI.5670  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
SUBTOTAL of Receipts This Page	(optional)	600.00

SCHEDULE A (FEC Form STITEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20/38   (check only one)   X
Any information copied from such Reports or for commercial purposes, other than us	and Statements may	not be sold or used by any persolress 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			
Full Name (Last, First, Middle Initial) Dr. Kent Ozkum			Date of Receipt
Mailing Address 10720 Dern Road	d		0 6 2 4 2 0 1 1
City Emmisburg	State MD	Zip Code 21727	Transaction ID: SA11AI.5645
FEC ID number of contributing federal political committee.	C	21121	Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia Asso	Occupation physiciar		payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul Park	I		Date of Receipt
Mailing Address 821 Oak Knoll Te	errace		0 6 2 4 2 0 1 1
City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.5672  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20000	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. Kestutis Pauliukonis			Date of Receipt
Mailing Address 1813 Solitaire La	ne		0 6 2 4 2 0 1 1
City McLean	State VA	Zip Code	Transaction ID: SA11AI.5673
FEC ID number of contributing federal political committee.	C	22101	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:  Primary General  Other (specify) ▼	<del> </del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nnal)		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 21 / 38 (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 personant the name and address of any political committee to SSOCIATES LLC POLITICAL ACTION CO	on for the purpose of soliciting contributions o solicit contributions from such committee.
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   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba  Mailing Address 8400 Tysons Trace  City Vienna  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General Other (specify)	Court  State Zip Code VA 22182  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
Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic  Mailing Address 3912 Calverton Driv  City Hyattsville  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General Other (specify)	e  State Zip Code MD 20782  C  Occupation Physician  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   Q   Q   D   Q   D
SUBTOTAL of Receipts This Page (optional	)	525.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 38 (check only one)    X
A or	ny information copied from such Reports and story for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	FIRST COLONIES ANESTHESIA AS	SOCIATES L	LC POLITICAL ACTION CC	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman			Date of Receipt
	Mailing Address 6906 Granite Ridge C	τ.		06 24 2011
	City Baltimore	State MD	Zip Code 21209	Transaction ID: SA11AI.5692  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia Asso	Occupatio physiciar		payroll deduction
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' ' ' '                             </del>	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto			Date of Receipt
	Mailing Address 6409 Pinehurst Road			0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.5693
	Baltimore	MD	21212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonis Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson			Date of Receipt
	Mailing Address 2212 Dalewood 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.5694
	Timonium  FFC ID number of contribution	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		payroll deduction
	Name of Employer First Colonies Anesthesia	Occupatio Physicia	n	payron 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) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 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. 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)		Date of Receipt    M   M   24   2011   Transaction ID: SA11AI.5646   Amount of Each Receipt this Period   150.00   payroll deduction
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  0 6 24 2011  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 Cod  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  O 6 24 2011  Transaction ID: SA11AI.5675  Amount of Each Receipt this Period  150.00  payroll deduction
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>A</b> )	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 a or for commercial purposes, other than using	nd Statements may g the name and add	/ not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Mark Seymour			Date of Receipt
Mailing Address 2932 Thurston Rd.			M M / D D / Y Y Y Y Y O D D / 24 2011
City Frederick	State MD	Zip Code 21704	Transaction ID: SA11AI.5648  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer First Colonies Anesthesai Asso	Occupation physiciar		payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Nader Soliman			Date of Receipt
Mailing Address 22905 David Mill R	load		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Germantown	State MD	Zip Code 20876	Transaction ID: SA11AI.5676  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) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert Study			Date of Receipt
Mailing Address 6 Beall Spring Cou	rt		0 6 2 4 2 0 1 1
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.5706  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		450.00

ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)   X   11a
Any information copied or for commercial purpo	from such Reports and Statements ses, other than using the name and	may not be sold or used by any perso d address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMIT	TEE (In Full)	ES LLC POLITICAL ACTION CO	
Full Name (Last, First Dr. Lisa Sullivan	st, Middle Initial)		Date of Receipt
	454 Five Schillings Road		M M / D D / Y Y Y Y O D D / 24 2011
City	State		Transaction ID: SA11AI.5649
Frederick FEC ID number of c federal political com		21701	Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesi	hsia Occup Phys		payroll deduction
Receipt For: Primary Other (specify	Aggre General	egate Year-to-Date ▼ 250.00	
Full Name (Last, Fire	st, Middle Initial)		Date of Receipt
	454 Five Schillings Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frederick	State MD	e Zip Code 21701	Transaction ID: SA11AI.5650
FEC ID number of c	ontributing	21/01	Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesi	hesia Occup Phys		payroll deduction
Receipt For: Primary Other (specify	General Aggre	egate Year-to-Date ▼ 250.00	
Full Name (Last, Fire	st, Middle Initial)		Date of Receipt
	O Box 6081		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McLean	State VA	e Zip Code 22106	Transaction ID: SA11AI.5707
FEC ID number of c	ontributing	22100	Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anes	hesia Occup Phys		payroll deduction
Receipt For: Primary Other (specify	Aggre General	egate Year-to-Date ▼ 250.00	
SUBTOTAL of Receip	ts 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 26/38   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA		•	
Full Name (Last, First, Middle Initial) Dr. John Tam			Date of Receipt
Mailing Address 10905 Cripplegate	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.5677  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. Rojack Tan	I		Date of Receipt
Mailing Address 507 Goodland Place	ce		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.5708  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		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. Bernard Tsai			Date of Receipt
Mailing Address 10013 New London	n Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.5678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20034	150.00
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 (optional	al)		450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 38 (check only one)    X
Ar	y information copied from such Reports and St 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.
<b>A.</b>	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 Occupatio physiciar Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  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		Date of Receipt  M M Z 4 Z 0 1 1  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 Road 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  Occupatio Physician		Date of Receipt  M M Z 4 Z 0 1 1  Transaction ID: SA11AI.5628  Amount of Each Receipt this Period  150.00  payroll deduction
s	UBTOTAL 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 28 / 38 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
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 the SSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul Van Nice  Mailing Address 71401 Meadow Lan  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 Code MD 20815  C  Occupation Physician  Aggregate Year-to-Date  250.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
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 Code VA 22101  C  Occupation Physician Aggregate Year-to-Date  250.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 6 24 2011  Transaction ID: SA11Al.5710  Amount of Each Receipt this Period  150.00  payroll deduction
Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren  Mailing Address 1200 Colvin Meador  City Great Falls  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General Other (specify)	State Zip Code VA 22066  C Occupation Physician Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 6 24 2011  Transaction ID: SA11AI.5680  Amount of Each Receipt this Period  150.00  payroll deduction
SUBTOTAL of Receipts This Page (optional	)	450.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29/38 (check only one)    X
or for con	mation copied from such Reports and S nmercial purposes, other than using the E OF COMMITTEE (In Full) T COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Dr. Tir	ame (Last, First, Middle Initial) nothy Wex g Address 11429 Cedar Ridge Dri	ve		Date of Receipt
City Potor	mac  D number of contributing	State VA	Zip Code 20854	Transaction ID: SA11AI.5711  Amount of Each Receipt this Period
federa	of Employer Colonies Anesthesia	Occupatio Physicial		payroll deduction
	Primary General Other (specify) ▼	Aggregate	250.00	
Dr. Da	ame (Last, First, Middle Initial) vid Wheeler g Address 7108 Collingwood Cou	rt		Date of Receipt    M   M   D   D     Y   Y   Y   Y   Y   Y   Y
City		State	Zip Code	Transaction ID: SA11AI.5695
	dge  D number of contributing Il political committee.	C	21075	Amount of Each Receipt this Period
Name First (	of Employer Colonies Anesthesia	Occupatio Physicia		payroll deduction
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Dr. Th	ame (Last, First, Middle Initial) omas Wherry			Date of Receipt
ıvıaılın	g Address 611 W. 2nd Street			06 24 2011
City		State	Zip Code	Transaction ID: SA11AI.5629
	Prick  Dinumber of contributing  I political committee.	C	21701	Amount of Each Receipt this Period
	of Employer Colonies Anesthesia	Occupatio Physicia		payroll deduction
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	FAL 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 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

SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	<b>→</b>	12300.00

250.00

Other (specify)

SCHEDULE B (FEC Form 3X)	· I I I I I I I I I I I I I I I I I I I				INE NUMBER: PAGE 32 / 38 only one)								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	24 28c	Н	25 29	26 30		
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	ACT	ION	COM	IMITTE	E							
Full Name (Last, First, Middle Initial) Citizens for Bill Ferguson					Date	of Di	sburse						
Mailing Address PO Box 13284					0 4	M /	<sup>D</sup> 2	9 /	ž	0 1 1	Y		
	State Zip Code MD 21203				Amou	unt of	Each	Disburs			eriod		
Purpose of Disbursement contribution			•						10	00.00			
Candidate Name Citizens for Bill Ferguson			atego Type	-									
Senate President	ment For: 2011 Primary X General Other (specify)												
State: District:  Full Name (Last, First, Middle Initial)					Trans	sactio	on ID:	SB23	5725	5			
Citizens for Delores Kelley					Date M		sburse	ement			Υ		
Mailing Address PO Box 21514					0 5		1	8	2 (	0 1 1			
•	State Zip Code MD 21282				Amou	ınt of	Each	Disburs	ement	this P	eriod		
Purpose of Disbursement contribution					L.	0			15	0.00			
Candidate Name Citizens for Delores Kelley			atego Type	•									
Office Sought:    House   Disburse     X   Senate     President     State: MD   District:	ment For: 2011 Primary X General Other (specify)												
Full Name (Last, First, Middle Initial) Citizens for Karen Montgomery							sburse		.5724	1			
Mailing Address 211 Market St.					0 5	M /	<sup>D</sup> 1	8 /	ž	0 1 1	Y		
City Brookeville	State Zip Code MD 20833				Amou	ınt of	Each	Disburs	ement	this P	eriod		
Purpose of Disbursement contribution			v			-	-		. 5	0.00			
Candidate Name Citizens for Karen Montgomery			atego Type										
Office Sought:  X House Senate President State: MD District:	ment For: 2011 Primary X General Other (specify) ▼												
SUBTOTAL of Disbursements This Page (optional)				•			•		30	0.00			
TOTAL This Period (last page this line number only)						-			1	• •	·		

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	В	24 28c	В	25 29	26 30
	y Information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and address of any politic	al com	nmit	tee to so	icit conti	ribut						
	Full Name (Last, First, Middle Initial) Committee to Elect Catherine E. Pugh Mailing Address 819 E. Baltimore St.					Trans Date	of D	isburs				6 0 1 1	Y
	City Baltimore	State Zip Code MD 21202				Amou	ınt o	f Eacl		burse		this P	
	Purpose of Disbursement contribution Candidate Name	· · · · · · · · · · · · · · · · · · ·	Ca	ateg	ory/		•				25	50.00	<u> </u>
	Committee to Elect Catherine E. Pugh  Office Sought: House Senate President  State: District:	oursement For: 2011 Primary X General Other (specify) ▼		Тур	e								
	Full Name (Last, First, Middle Initial) Friends of Barry Glassman  Mailing Address 401 Miller Office Bui	ding				Trans Date		isburs	_			3 0 1 1	Y
	City Annapolis Purpose of Disbursement contribution Candidate Name	State Zip Code MD 21401		_	ory/	Amou	int o	f Each	n Disl	burse		this P	eriod
	Friends of Barry Glassman  Office Sought: House X Senate President  State: MD District:	oursement For: 2011 Primary X General Other (specify) ▼		Тур	e								
	Full Name (Last, First, Middle Initial) Friends of Bill Frank Committee  Mailing Address 211 Felton Rd.					Trans Date		isburs				3 0 1 1	Y
	City Lutherville	State Zip Code MD 21093				Amou	ınt o			burse	ment	this P	eriod
	Purpose of Disbursement contribution Candidate Name Friends of Bill Frank Committee			ateg Typ	ory/	L.					25	50.00	
		oursement For: 2011 Primary X General Other (specify) ▼	1	. 16	_								
		nal)										0.00	

		Use separate schedule(	s)		neck only	NUMBE v one)				1 AG	E 34/	30
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	$\square$	24 28c	25 29	
	y Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO	ame and address of any politic	al com	mit	ee to so	licit cont	ributio					S
<u>v                                    </u>	Full Name (Last, First, Middle Initial) Friends of C. Anthony Muse  Mailing Address James Senate Office E	Building, Rm 3					of Dis	sburs	ement	23.57	743 Ž 0 Ĭ	1 Y
	11 Balden St. City Annapolis	State Zip Code MD 21401				Amou	ınt of	Each	Disb	ursem	ent this	Period
	Purpose of Disbursement contribution			-		L.				•	250.00	)
	Candidate Name Friends of C. Anthony Muse			ateg Typ	ory/ e							
	Office Sought: House Disbute Senate President State: MD District:	rsement For: 2011 Primary X Genera Other (specify) ▼										
_	Full Name (Last, First, Middle Initial) Friends of John Astle							-	: SE	23.57	726	
	Mailing Address 51 Fleet St.					0 <sup>M</sup> 6	M /	<sup>D</sup> 1	3	Y	ž 0 1	1 Y
	City Annapolis	State Zip Code MD 21401				Amou	ınt of	Each	Disb	ursem	ent this	Period
	Purpose of Disbursement contribution							•			250.00	)
	Candidate Name Friends of John Astle			ateg Typ	ory/ e							
	Office Sought: House Disbute Senate President State: District:	rsement For: 2011 Primary X Genera Other (specify) ▼										
	Full Name (Last, First, Middle Initial) Friends of Kathy Szeliga					Date	of Dis	sburs	ement			
	Mailing Address PO Box 40					0 5	M /	<sup>D</sup> 1	8	Y.	ž 0 1	1 <sup>Y</sup>
	City Kingsville	State Zip Code MD 21087				Amou	ınt of	Each	Disb	ursem	ent this	
	Purpose of Disbursement contribution						•	-		•	500.00	)
	Candidate Name Friends of Kathy Szeliga			ateg Typ	ory/ e							
	Office Sought:  X House  Senate  President  State: MD  District:  Disbut	rsement For: 2011 Primary X Genera Other (specify)										
	1						_	-		-		)

		3 (FEC Form	·   U	se sepa	arate schedule(s)		-	NUMBER:		PAGE	35 / 38	3
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		ed from such Reports										
$\rangle$	NAME OF COM	·										
	Full Name (Last, Friends of Nic	First, Middle Initial) Kipke							ion ID: S	SB23.573 ent	0	
	Mailing Address	209 S. Carolina	a Ave.					06	13	/ Y 2	011	Y
	City Pasadena		State MD		Zip Code 21122			Amount o	of Each Dis	sbursemen		erio
	Purpose of Disbucontribution					·				2	50.00	_
	Candidate Name Friends of Nic	Kipke				Cate Ty	· ,					
	Office Sought: State:	House Senate President District:		mary	2011 X General ecify) ▼							
		First, Middle Initial)	1						isburseme	SB23.572 ent	8	
	Mailing Address	188 Main Stree Suite 1	et					06	13	/ Y 2	0 1 1	Y
	City Annapolis		State MD		Zip Code 21401			Amount o	of Each Dis	sbursemen	t this Pe	erio
	Purpose of Disbu	ırsement						L		5	00.00	
	Candidate Name Friends of Pet	e Hammen	_			Cate Ty						
	Office Sought: State: MD	X House Senate President District:	1	mary	2011  X General ecify)							
	Full Name (Last, Friends of Rob	First, Middle Initial) pert Gargiola	•					Date of D	isburseme			
	Mailing Address	11 Balden Stre Room 104	et					06	13	/ Y 2	011	Y
	City Annapolis		State MD		Zip Code 21401			Amount o	of Each Dis	sbursemen		erio
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	Candidate Name Friends of Rok	ert Gargiola	Lau			Cate Ty						
	Office Sought:	House Senate President	I	mary	2011 X General ecify) ▼							
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s	)   FOR LINE (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
ony Information copied from such Reports and Stater for commercial purposes, other than using the national states.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO	OCIATES LLC POLITICAL	ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Friends of Shawn Tarrant			Transaction ID: SB23.5722 Date of Disbursement
Mailing Address PO Box 67047			05 18 / 2011
City Baltimore	State Zip Code MD 21215		Amount of Each Disbursement this Perio
Purpose of Disbursement contribution			250.00
Candidate Name Friends of Shawn Tarrant		Category/ Type	
Senate President	rsement For: 2011 Primary X General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: SB23.5729
Friends of Shirley Nathan Pulliam			Date of Disbursement  O 6
Mailing Address PO Box 31785	State 7's Code		
City Baltimore Purpose of Disbursement	State Zip Code MD 21207	1	Amount of Each Disbursement this Perio
contribution  Candidate Name		Category/	
Friends of Shirley Nathan Pulliam		Туре	
Office Sought: House Disbute Senate President	rsement 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. Suite 100			06 13 2011
City Frederick	State Zip Code MD 21701		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement contribution  Candidate Name		Cotagon	250.00
Friends of Ron Young	rsement For: 2011	Category/ Type	
Office Sought: House Disbute Senate President	rsement For: 2011 Primary X General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (options	al)	<b>&gt;</b>	750.00

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11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b   27	22 28a		23 28b	24 28		25 29	26 30
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	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	CIATES LLC POLITICAL	ACT	TIC	N COMI	MITTE	<b>=</b>					
	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates					Date	of D	isburs	: SB2 ement			Υ
	Mailing Address 18 Pinkney Street					0 4			5 /	2	011	
	City Annapolis	State Zip Code MD 21401				Amou	int o	f Each	Disbur			
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	Office Sought:  House Senate President  State:  Disburs	ement For: Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates							isburs	: SB2 ement	9.571	7	
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SCHEDULE B (FEC Form 3X)		DR LINE NUMBER: PAGE 38 / 38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	neck only one)  21b 22 23 24 25 26 27 28a 28b 28c X 29 30b
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NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCI	ATES LLC POLITICAL ACTIO	N COMMITTEE
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates  Mailing Address 18 Pinkney Street		Transaction ID: SB29.5746 Date of Disbursement  M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code MD 21401	Amount of Each Disbursement this Period
Purpose of Disbursement lobbying Candidate Name	Cate	1250.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	e
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba  Mailing Address 8400 Tysons Trace Cour		Transaction ID: SB29.5720 Date of Disbursement  M 5 M / D 1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code VA 22182	Amount of Each Disbursement this Period
Purpose of Disbursement reimbursement Candidate Name	Cate <sub>(</sub> Ty <sub>1</sub>	
Office Sought: House Disburse Senate President		

		1001.00
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	1331.23
TOTAL This Period (last page this line number only)	•	8831.23

State: