

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1901 RESEARCH BOULEVARD SUITE 350  
Check if different than previously reported. (ACC) ROCKVILLE MD 20850

2. FEC IDENTIFICATION NUMBER C00416305  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Electronically Filed by Dr. Jeremy Roth Date 07 16 2010

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 Use Only									
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FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		65435.53
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	66744.28									
(c) Total Receipts (from Line 19) .....	12235.00	20325.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	78979.28	85760.53								
7. Total Disbursements (from Line 31) .....	9089.78	15871.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	69889.50	69889.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11475.00	11475.00
(ii) Unitemized .....	760.00	8850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12235.00	20325.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12235.00	20325.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12235.00	20325.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12235.00	20325.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5975.00	10475.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3114.78	5396.03
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9089.78	15871.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9089.78	15871.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	12235.00	20325.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12235.00	20325.00
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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy</p> <p>Mailing Address 4170 Bethesda Ave. #719</p> <p>City State Zip Code Bethesda MD 20814</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer First Colonies Anesthesia Asso</p> <p>Occupation physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5126</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>payroll deduction</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Marc Beck</p> <p>Mailing Address 16 Norris Run Court</p> <p>City State Zip Code Reisterstown MD 21136</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer First Colonies Anesthesia</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5097</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>payroll deduction</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. John Bunker</p> <p>Mailing Address 15229 National Pike</p> <p>City State Zip Code Hagerstown MD 21740</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer First Colonies Anesthesia</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5054</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>payroll contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">450.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Donald Charney		Date of Receipt
	Mailing Address 3707 Meadowhill Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	MD	21131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5098
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 250.00	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stayam Chary		Date of Receipt
	Mailing Address 9 Alterwood Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Owings Mill	MD	21117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5099
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 250.00	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Chau		Date of Receipt
	Mailing Address 7204 Loch Edin Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5074
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 250.00	payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen		Date of Receipt
	Mailing Address 11415 Commonwealth Drive #204		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Rockville	MD	20852
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5077
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Edward Chen		Date of Receipt
	Mailing Address 10209 Fleming Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5075
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	150.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jen Chen		Date of Receipt
	Mailing Address 1104 Mill Ridge Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	McLean	VA	22102
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5076
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William Chester	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 5801 Nicholon Lane #1915	<b>Transaction ID:</b> SA11AI.5078
	City North Bethesda State MD Zip Code 20852	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 4846 Lee Hollow Place	<b>Transaction ID:</b> SA11AI.5100
	City Ellicott City State MD Zip Code 21043	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 18720 Shremor Drive	<b>Transaction ID:</b> SA11AI.5079
	City Derwood State MD Zip Code 20855	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>525.00</b>
<b>TOTAL</b> 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 10 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Lauren Deloach</p> <p>Mailing Address 15114 Pepperridge Drive</p> <p>City State Zip Code <b>Bowie MD 20721</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation First Colonies Anesthesia Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID: SA11AI.5045</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>payroll deduction</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Karen Dugan</p> <p>Mailing Address 4107 Vickie Lynn Court</p> <p>City State Zip Code <b>Mt. Airy MD 21771</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation First Colonies Anesthesia Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID: SA11AI.5055</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>payroll deduction</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Todd Epstein</p> <p>Mailing Address 11305 Struttman Terrace</p> <p>City State Zip Code <b>North Bethesda MD 20852</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation First Colonies Anesthesia Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2010</span></p> <p><b>Transaction ID: SA11AI.5114</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>payroll deduction</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>450.00</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Richard Evans

Mailing Address 6436 West Langley Lane

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer: First Colonies Anesthesia Asso  
Occupation: physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11AI.5127  
Amount of Each Receipt this Period: 150.00  
payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Tamara Gabrielli

Mailing Address 504 Reserve Champion Drive

City State Zip Code  
Rockvilliem MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer: First Colonies Anesthesia  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11AI.5058  
Amount of Each Receipt this Period: 150.00  
payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James Glass

Mailing Address 1441 Rhode Island Ave., N.W.  
#410

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer: First Colonies Anesthesia Asso  
Occupation: physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 06 / 25 / 2010  
Transaction ID: SA11AI.5128  
Amount of Each Receipt this Period: 150.00  
payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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: (check only one)	PAGE 12 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Grube	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 13895 Foxtower Road	<b>Transaction ID:</b> SA11AI.5059
	City State Zip Code Thurmont MD 21788	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Keith Hairston	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 12312 Highstakes Drive	<b>Transaction ID:</b> SA11AI.5103
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 1614 Randallwood Court	<b>Transaction ID:</b> SA11AI.5105
	City State Zip Code Jarrettsville MD 21084	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Sung Hong	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 8525 Huntspring Drive	<b>Transaction ID:</b> SA11AI.5106
	City State Zip Code Lutherville MD 21093	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Hopper	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 4550 N. Park Avenue #101	<b>Transaction ID:</b> SA11AI.5115
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stuart Hough	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 9110 Travener Circle	<b>Transaction ID:</b> SA11AI.5080
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	525.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Sean Isaac	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 920 Newington Ave.	<b>Transaction ID:</b> SA11AI.5107
	City State Zip Code Baltimore MD 21217	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Asso Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Johnson	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 5506 Bootjack Drive	<b>Transaction ID:</b> SA11AI.5061
	City State Zip Code Frederick MD 21702	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Christina Johnston	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 3458 Holland Cliffs Road	<b>Transaction ID:</b> SA11AI.5046
	City State Zip Code Huntingtown MD 20639	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 15 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James Kaufman		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 7514 Arrowwood Road		<b>Transaction ID:</b> SA11AI.5116
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia		Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 6579 Prestwick Drive		<b>Transaction ID:</b> SA11AI.5062
	City	State	Zip Code
	Highland	MD	20777
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia		Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 3004 Hollow Crest Place		<b>Transaction ID:</b> SA11AI.5081
	City	State	Zip Code
	Brookeville	MD	20833
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia		Occupation physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> 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 16 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard Ko

Mailing Address 4101 Hunt Road

City State Zip Code  
Fairfax VA 22032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**Transaction ID:** SA11AI.5082

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Harkisan Laheri

Mailing Address 11722 Split Tree Circle

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**Transaction ID:** SA11AI.5083

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kathleen Leavitt

Mailing Address 3467 North Venice Street

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**Transaction ID:** SA11AI.5117

Amount of Each Receipt this Period  
150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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: (check only one)	PAGE 17 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Malone	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 11667 Fairmont Place	<b>Transaction ID:</b> SA11AI.5063
	City State Zip Code Jlamsville MD 21754	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mollyann March	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 6504 Greentree Road	<b>Transaction ID:</b> SA11AI.5047
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen Martin	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 3336 O Street, NW	<b>Transaction ID:</b> SA11AI.5084
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> 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 18 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Anna Noriega

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2010

**Transaction ID:** SA11AI.5085

Amount of Each Receipt this Period 300.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Denis O'Fallon

Mailing Address 12123 Merricks Court

City Monrovia State MD Zip Code 21770

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2010

**Transaction ID:** SA11AI.5064

Amount of Each Receipt this Period 150.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Philip Owens

Mailing Address 141 Adams Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2010

**Transaction ID:** SA11AI.5086

Amount of Each Receipt this Period 150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**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: (check only one)	PAGE 19 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum		Date of Receipt
	Mailing Address 10720 Dern Road		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Emmisburg	MD	21727
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia Asso		Occupation physician	<b>Transaction ID:</b> SA11AI.5066
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Park		Date of Receipt
	Mailing Address 821 Oak Knoll Terrace		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.5087
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis		Date of Receipt
	Mailing Address 1813 Solitaire Lane		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.5088
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Peck		Date of Receipt
	Mailing Address 4 Farm Haven Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Rockville	MD	20852
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5118
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 225.00
			payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba		Date of Receipt
	Mailing Address 8400 Tysons Trace Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Vienna	VA	22182
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5089
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 150.00
			payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic		Date of Receipt
	Mailing Address 3912 Calverton Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Hyattsville	MD	20782
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5119
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 150.00
			payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 525.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Clyde Pray	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 908 Oak Knoll Terrace	<b>Transaction ID:</b> SA11AI.5129
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 6409 Pinehurst Road	<b>Transaction ID:</b> SA11AI.5109
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonis Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 2212 Dalewood Road	<b>Transaction ID:</b> SA11AI.5110
	City State Zip Code Timonium MD 21093	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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 22 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alexander Rubin

Mailing Address 6611 Hunter Trail Way

City State Zip Code  
Frederick MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5067

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)

Dr. Suzanne Scattergood

Mailing Address 14700 Crossway Road

City State Zip Code  
Rockville MD 20853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5068

Amount of Each Receipt this Period  
300.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Scheinman

Mailing Address 8010 Summer Mill Court

City State Zip Code  
Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5090

Amount of Each Receipt this Period  
150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**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: (check only one)	PAGE 23 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Seymour		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 2932 Thurston Rd.		<b>Transaction ID:</b> SA11AI.5069		
	City Frederick	State MD	Zip Code 21704	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesai Asso	Occupation physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Nader Soliman		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 22905 David Mill Road		<b>Transaction ID:</b> SA11AI.5091		
	City Germantown	State MD	Zip Code 20876	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Study		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 6 Beall Spring Court		<b>Transaction ID:</b> SA11AI.5120		
	City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> 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 24 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Lisa Sullivan

Mailing Address 2454 Five Schillings Road

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**Transaction ID:** SA11AI.5070

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Sullivan

Mailing Address 2454 Five Schillings Road

City State Zip Code  
Frederick MD 21701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**Transaction ID:** SA11AI.5071

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Louis Swann

Mailing Address PO Box 6081

City State Zip Code  
McLean VA 22106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2010

**Transaction ID:** SA11AI.5121

Amount of Each Receipt this Period  
150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 25 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. John Tam		Date of Receipt
	Mailing Address 10905 Cripplegate Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.5092
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 250.00	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Rojack Tan		Date of Receipt
	Mailing Address 507 Goodland Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.5122
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 250.00	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai		Date of Receipt
	Mailing Address 10013 New London Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 25 / 2010
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.5093
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 250.00	payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Reed Underwood	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 1518 T Street, NW	<b>Transaction ID:</b> SA11AI.5130
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Asso Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 22 Woodfield Court	<b>Transaction ID:</b> SA11AI.5050
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 405 Apple Grove Road	<b>Transaction ID:</b> SA11AI.5051
	City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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 27 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Dr. Paul Van Nice		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
Mailing Address 71401 Meadow Lane		<b>Transaction ID:</b> SA11AI.5094
City State Zip Code Chevy Chase MD 20815	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Mark Vogt		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
Mailing Address 1149 Colonial Road		<b>Transaction ID:</b> SA11AI.5124
City State Zip Code McLean VA 22101	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren		Date of Receipt MM / DD / YYYY 06 / 25 / 2010
Mailing Address 1200 Colvin Meadows Lane		<b>Transaction ID:</b> SA11AI.5095
City State Zip Code Great Falls VA 22066	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> 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 28 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy Wex		Date of Receipt	
	Mailing Address 11429 Cedar Ridge Drive		M M / D D / Y Y Y Y Y 06 / 25 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5125
	Potomac	VA	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer First Colonies Anesthesia		Occupation Physician		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Wheeler		Date of Receipt	
	Mailing Address 7108 Collingwood Court		M M / D D / Y Y Y Y Y 06 / 25 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5111
	Elkridge	MD	21075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer First Colonies Anesthesia		Occupation Physician		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry		Date of Receipt	
	Mailing Address 611 W. 2nd Street		M M / D D / Y Y Y Y Y 06 / 25 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5052
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer First Colonies Anesthesia		Occupation Physician		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

450.00

**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: (check only one)	PAGE 29 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 18212 Wickham Road	<b>Transaction ID:</b> SA11AI.5053
	City State Zip Code Olney MD 20832	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 13508 Gumspring Road	<b>Transaction ID:</b> SA11AI.5096
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jungim Yun	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 2057 Thurston Road	<b>Transaction ID:</b> SA11AI.5073
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11475.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Adrienne Jones</p> <p>Mailing Address 17 W. Courtland St. Suite 210</p> <p>City Bel Air State MD Zip Code 21014</p> <p>Purpose of Disbursement contribution <input type="checkbox"/></p> <p>Candidate Name Citizens for Adrienne Jones</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5029 <b>Date of Disbursement</b> 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Dan Morhaim</p> <p>Mailing Address 8 Park Center Court</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement contribution <input type="checkbox"/></p> <p>Candidate Name Citizens for Dan Morhaim</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5020 <b>Date of Disbursement</b> 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Delores Kelley</p> <p>Mailing Address PO Box 21514</p> <p>City Baltimore State MD Zip Code 21282</p> <p>Purpose of Disbursement contribution <input type="checkbox"/></p> <p>Candidate Name Citizens for Delores Kelley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5023 <b>Date of Disbursement</b> 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2700.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Committee to Elect Eric Bromwell	Transaction ID: SB23.5026 Date of Disbursement
	Mailing Address 1 Minte Drive	<input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baltimore State MD Zip Code 21236	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="125.00"/>
	Candidate Name Committee to Elect Eric Bromwell	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Barry Glassman	Transaction ID: SB23.5035 Date of Disbursement
	Mailing Address 401 Miller Office Building	<input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of Barry Glassman	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Catherine Pugh	Transaction ID: SB23.5032 Date of Disbursement
	Mailing Address 326 Saint Paul St. Suite 300	<input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baltimore State MD Zip Code 21202	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of Catherine Pugh	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="625.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of James 'Ed' DeGrange	Transaction ID: SB23.5041 Date of Disbursement
	Mailing Address 205 2nd Ave. SW	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City State Zip Code Glen Burnie MD 21061	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of James 'Ed' DeGrange	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Friends of John Astle	Transaction ID: SB23.5022 Date of Disbursement
	Mailing Address 51 Fleet St.	<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City State Zip Code Annapolis MD 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name Friends of John Astle	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Friends of Martin O'Malley	Transaction ID: SB23.5018 Date of Disbursement
	Mailing Address 1010 Hull Street Suite 202	<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City State Zip Code Baltimore MD 21230	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of Martin O'Malley	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Martin O'Malley <hr/> Mailing Address 1010 Hull Street Suite 202 <hr/> City Baltimore State MD Zip Code 21230 <hr/> Purpose of Disbursement contribution Candidate Name Friends of Martin O'Malley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5044 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Mary-Dulany James <hr/> Mailing Address PO Box 417 <hr/> City Havre de Grace State MD Zip Code 21078 <hr/> Purpose of Disbursement contribution Candidate Name Friends of Mary-Dulany James Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5038 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 150.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Robert Gargiola <hr/> Mailing Address 11 Balden Street Room 104 <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement contribution Candidate Name Friends of Robert Gargiola Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5019 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5975.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) Barbara Marx Brocato &amp; Associates</p> <p>Mailing Address 18 Pinkney Street</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement March lobbying activities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5015</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Barbara Marx Brocato &amp; Associates</p> <p>Mailing Address 18 Pinkney Street</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement April lobbying activities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5016</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Barbara Marx Brocato &amp; Associates</p> <p>Mailing Address 18 Pinkney Street</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement May lobbying activities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.5017</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1114.78</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3114.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3114.78</b>