Image# 12952567393				PAGE 1 / 42
	PORT OF R ND DISBURS Other Than An Author	EMENTS		Г
1. NAME OF TYP	E OR PRINT V	Example: If typing, type		se Only
COMMITTEE (in full)		over the lines.	12FE4M5	
FIRST COLONIES ANES				TTEE
ADDRESS (number and street)	490 New Technology Way			
Check if different				
than previously Freported. (ACC)	rederick		MD 21703	3
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00416305	3. IS TI REP		X AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10)	
Quarterly Report (Q1)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) X January 31 Year-End Report (YE)	Election o	n / D = D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election o	n / D - D /	Y TY TY TY	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2011	through 12	M / D D / Y Y 31 20	Y Y 11
I certify that I have examined this Re	eport and to the best of my	knowledge and belief it is	true, correct and comple	te.
Type or Print Name of Treasurer	or. Jeremy Roth			
Signature of Treasurer	v Roth	[Electronically Filed]	Date 07 / 20	0 / Y Y Y Y 2012
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person signing	this Report to the penalti	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

07/20/2012 16 : 22

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From:	D / D / Y Y Y Y D 01 / 2011 To	12 / D D / Y Y Y Y Y 12 31 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		73226.83
	(b) Cash on Hand at Beginning of Reporting Period	81370.96	
	(c) Total Receipts (from Line 19)	18220.00	53710.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	99590.96	126936.83
7.	Total Disbursements (from Line 31)	9873.06	37218.93
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89717.90	89717.90
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

Image# 12952567395		
FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		
FIRST COLONIES ANESTHES	IA ASSOCIATES LLC POLITICAL	ACTION COMMITTEE
Report Covering the Period: From:	M M / D D / Y	To: 12 / 12 / 2
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) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)I 	200.00	428
(b) Political Party Committees	0.00	

(7)

- (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines
- 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other
- Party Committees.....
- 14. Loan Repayments Received.....

13. All Loans Received

- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....
- 17. Other Federal Receipts (Dividends, Interest, etc.).....
- 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....
 - (b) Levin Funds (from Schedule H5)
 - (c) Total Transfers (add 18(a) and 18(b))..
- 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......
- 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶

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	,		7	53710.00	
				53710.00	

Page 3

Y Y

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	4098.06	21643.93		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures	4098.06	21643.93		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	500.00	2000.00		
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
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		0.00		
(such as PACs)	0.00			
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements	5275.00	13575.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
 (c) Iotal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ► 	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9873.06	37218.93		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5775.00	15575.00		
· · · · · ·	7 7	7 7		

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I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	18220.00	53710.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18220.00	53710.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. 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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

42

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	IESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy Mailing Address 10021 Dickens Avenue City	State	Zip Code	Date of Receipt
Bethesda	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) B. Dr. Marc Beck			
Mailing Address 16 Norris Run Court			Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.5952
Reisterstown	MD	21136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
Receipt For:		Year-to-Date ▼	
Other (specify) ▼		600.00]
Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Briggs			Date of Receipt
Mailing Address 14952 Finegan Farm Rd			12 31 2011
City Germantown	State MD	Zip Code 20874	Transaction ID : SA11AI.5927 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		400.00]
SUBTOTAL of Receipts This Page (optiona	al)		600.00

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

1.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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 	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. John Bunker			Date of Receipt				
	Mailing Address 15229 National Pike	12 31 2011						
	City Hagerstown	State MD	Zip Code 21740	Transaction ID : SA11AI.5904 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
В.	Full Name (Last, First, Middle Initial) Dr. Rachel Cappuccino Mailing Address 2811 Sommersby Rd.	Date of Receipt						
	City Mt. Airy	State MD	Zip Code 21771	12 31 2011 Transaction ID : SA11AI.5891 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ů l						
	Name of Employer First Colonies Anestheisa	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00					
с.	Full Name (Last, First, Middle Initial) Dr. Donald Charney	Date of Receipt						
	Mailing Address 3707 Meadowhill Court	M M / D D / Y Y Y Y 12 31 2011						
	City Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.5953 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia	Physician		_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
F	BUBTOTAL of Receipts This Page (optional)			500.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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II 	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Satyam Chary			Date of Receipt
	Mailing Address 9 Alterwood Lane			12 31 Y Y Y Y Y Y
	City Owings Mill	State MD	Zip Code 21117	Transaction ID : SA11AI.5955 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas Chau			Date of Receipt
	Mailing Address 7204 Loch Edin Court	12 31 2011		
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.5928 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
с.	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen			Date of Receipt
	Mailing Address 12808 Spring Drive	M M / D D / Y Y Y Y Y 12 31 2011		
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.5931 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	I	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
F	SUBTOTAL of Receipts This Page (optional)			600.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and a for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Edward Chen	Date of Receipt						
	Mailing Address 10209 Fleming Avenue	12 31 2011						
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.5929 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
В.	Full Name (Last, First, Middle Initial) Dr. Jen Chen	Date of Receipt						
	Mailing Address 1104 Mill Ridge Road	12 31 2011						
	City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.5930 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ů l						
	Name of Employer First Colonies Anesthesia	Occupation Physician	I	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. William Chester			Date of Receipt				
	Mailing Address 13771 Lambertina Place	12 31 Y Y Y Y Y 12 12 11						
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.5932 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer	Occupation	l	Payroll deduction				
	First Colonies Anesthesia Receipt For:	Physician		_				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
┢	SUBTOTAL of Receipts This Page (optional)			600.00				
1	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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore						
	Mailing Address 11546 Fox River Road	12 31 2011					
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.5956 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		300.00			
	Name of Employer First Colonies Anesthsia	Occupation Physician	1	 Payroll deduction 			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00				
в.	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey	Date of Receipt					
	Mailing Address 18720 Shremor Drive						
	City Derwood	State MD	Zip Code 20855	Transaction ID : SA11AI.5933 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	200.00					
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00				
с.	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach			Date of Receipt			
	Mailing Address 15114 Pepperridge Drive	12 31 2011					
	City Bowie	State MD	Zip Code 20721	Transaction ID : SA11AI.5893 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer	Occupation	1	Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00				
	CUBTOTAL of Receipts This Page (optional)			700.00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	ny information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.				Date of Receipt		
	Mailing Address 17136 Wesley Chapel Rd.	12 31 2011				
	Monkton	State MD	Zip Code 21111	Transaction ID : SA11AI.5894 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer	Occupation	l	 Payroll deduction 		
	First Colonies Anesthesia Receipt For:	Physician	Veer to Date T	_		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
В.	Full Name (Last, First, Middle Initial) Dr. Karen Dugan			Date of Receipt		
	Mailing Address 4107 Vickie Lynn Court	12 31 2011				
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID : SA11AI.5905 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		80.00		
	Name of Employer First Colonies Anesthsia	Occupation Physician	1	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00			
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Ali Emamhosseini			Date of Receipt		
	Mailing Address 306 Prettyman Dr. Apt. 8409	12 31 / Y Y Y Y Y 2011				
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.5934 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		200.00		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00			
┢	SUBTOTAL of Receipts This Page (optional)			380.00		
1	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

FOR LINE NUMBER:

(check only one)

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42

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	AL ACTION COMMITTEE		
Full Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Terrace City North Bethesda	State MD	Zip Code 20852	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5968
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 600.00	Payroll deduction
B. Full Name (Last, First, Middle Initial) Dr. Richard Evans Mailing Address 6436 West Langley Lane			Date of Receipt
City McLean FEC ID number of contributing	State VA	Zip Code 22101	Transaction ID : SA11AI.5982 Amount of Each Receipt this Period
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	C Occupation Physician Aggregate	Year-to-Date ▼ 600.00	Payroll deduction
C. Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court	State	Zip Code	Date of Receipt
Mt. Airy FEC ID number of contributing federal political committee.	C	21771	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 360.00	Payroll deduction
SUBTOTAL of Receipts This Page (optional).		•••••	520.00

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

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Ronald Flax			Date of Receipt
	Mailing Address 3715 Birchmere Ct.			12 31 2011
	City Owings Mills	State MD	Zip Code 21117	Transaction ID : SA11AI.5958 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	I	Payroll deductin
	First Colonies Anesthesia Receipt For:	Physician		_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli			Date of Receipt
	Mailing Address 504 Reserve Champion Drive	12 31 2011		
	City	State	Zip Code	Transaction ID : SA11AI.5909
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	200.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas Gambon			Date of Receipt
	Mailing Address 7700 Charleston Dr.	M M / D D / Y Y Y Y Y 12 31 2011		
	City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11AI.5910
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		600.00	
\vdash	UBTOTAL of Receipts This Page (optional)			500.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Dr. James Glass			Date of Receipt	
	Mailing Address 1221 T Street, N.W.	12 31 Y Y Y Y Y 12 31 2011			
	City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.5983	
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	
	Name of Employer	Occupation		Payroll deduction	
	First Colonies Anesthesia	Physician			
	Receipt For:		Year-to-Date ▼	-	
	Primary General Other (specify)				
в.	Full Name (Last, First, Middle Initial) Dr. Steven Grube			Date of Receipt	
	Mailing Address 13895 Foxtower Road	12 31 2011			
	City				
	Thurmont	MD	21788	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer First Colonies Anesthesia	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00		
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt	
	Mailing Address 12312 Highstakes Drive	M M / D D / Y Y Y Y Y 12 31 2011			
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.5959 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer	Occupation	1	Payroll deduction	
	First Colonies Anesthesia	Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		600.00		
s	UBTOTAL of Receipts This Page (optional)		•	600.00	
Т	OTAL This Period (last page this line number	only)	•		

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOC	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Dr. John Hanna Mailing Address 9310 Leigh Mill Ct.	State VA	Zip Code 22066	Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.5969 Amount of Each Receipt this Revised
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Y	ear-to-Date ▼ 400.00	
B. Full Name (Last, First, Middle Initial) Dr. Glen Hessinger Mailing Address 8101 Ruxton Crossing Road	b		Date of Receipt
City Towson FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State MD C Occupation Physician Aggregate Y	Zip Code 21204 ear-to-Date ▼	Transaction ID : SA11AI.5960 Amount of Each Receipt this Period 200.00 Payroll deduction
C. Dr. Jean-Max Hogarth Mailing Address 1614 Randallwood Court	State	600.00 Zip Code	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5961
Jarretsville FEC ID number of contributing federal political committee. Name of Employer	MD C Occupation	21084	Amount of Each Receipt this Period 200.00 Payroll deduction
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate Y	ear-to-Date ▼ 600.00	
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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Sung Hong Mailing Address 8525 Huntspring Drive			Date of Receipt
	City Lutherville	State MD	Zip Code 21093	12 31 2011 Transaction ID : SA11AI.5895 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00 Payroll deduction
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Dr. Steven Hopper			Date of Receipt
	Mailing Address 4550 N. Park Avenue #101 City Chevy Chase	State MD	Zip Code 20815	12 31 2011 Transaction ID : SA11AI.5970 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
C.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough			Date of Receipt
	Mailing Address 9110 Travener Circle	State	Zip Code	12 31 2011 Transaction ID : SA11AI.5935
	Frederick	MD	21704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00 Payroll deduction
	Name of Employer	Occupation	1	
	First Colonies Anesthesia	Physician		_
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	
F	UBTOTAL of Receipts This Page (optional)			700.00
11	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

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	IESIA ASSOCIATES LLC POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Sean Isaac Mailing Address 7 Starlight Farm Drive City Phoenix FEC ID number of contributing federal political committee.	State Zip Code MD 21131	Date of Receipt 12 Transaction ID : SA11AI.5962 Amount of Each Receipt this Period 200.00
Name of Employer First Colonies Anesthesia Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.0	Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. Supriya Jagannath Mailing Address 9657 Atterbury Lane		Date of Receipt
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 ▼ 300.00	Transaction ID : SA11AI.5912 Amount of Each Receipt this Period 100.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. David Johnson Mailing Address 5506 Bootjack Drive City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21702 C Occupation Physician Aggregate Year-to-Date ▼ 600.0	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5913 Amount of Each Receipt this Period 200.00 Payroll deduction 0
SUBTOTAL of Receipts This Page (optional	 al)	500.00

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

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	IESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood Road City Bethesda FEC ID number of contributing	State MD	Zip Code 20817	Date of Receipt
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	C Occupation Physician Aggregate	Year-to-Date ▼ 600.00	Payroll deduction
B. Dr. Cynthia Kenol Mailing Address 6579 Prestwick Drive	State	Zip Code	Date of Receipt
Highland FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	MD C Occupation Physician	20777	Transaction ID : SA11AI.5914 Amount of Each Receipt this Period 200.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Del Kirkpatrick Mailing Address 3004 Hollow Crest Place City Brookeville 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	Zip Code 20833 Year-to-Date ▼ 600.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5936 Amount of Each Receipt this Period 200.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional	al)		600.00

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

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	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Ko			Date of Receipt
	Mailing Address 6795 Stockwell Manor Drive			12 31 2011
	City Falls Church	State VA	Zip Code 22043	Transaction ID : SA11AI.5937 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri			Date of Receipt
	Mailing Address 11722 Split Tree Circle	12 31 2011		
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.5938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deductoin
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
с.	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt			Date of Receipt
	Mailing Address 3467 North Venice Street			M M / D D / Y Y Y Y Y 12 31 2011
	City Arlington	State VA	Zip Code 22207	Transaction ID : SA11AI.5972 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	GUBTOTAL of Receipts This Page (optional)			600.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place	State	Zip Code	Date of Receipt
	ljamsville	MD	21754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	
B.	Full Name (Last, First, Middle Initial) Dr. Mollyann March	Date of Receipt		
	Mailing Address 6504 Greentree Road			12 31 2011
	City	State	Zip Code	Transaction ID : SA11AI.5896
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For:		Vaar ta Data 🗮	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	L	900.00	
c.	Full Name (Last, First, Middle Initial) Dr. Stephen Martin			Date of Receipt
	Mailing Address 3336 O Street, NW			12 31 2011
	City	State	Zip Code	Transaction ID : SA11AI.5939
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	200.00		
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		600.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	800.00

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

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Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Danielle Mossman Mailing Address 3709 Falling Green Way City Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 21771 Year-to-Date ▼ 360.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5907 Amount of Each Receipt this Period 200.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Thomas Munro Mailing Address 15310 Forest Lake Court City Darnestown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20874 Year-to-Date ▼ 900.00	Date of Receipt M M / D D / Y Y Y Y Y 12 31 2011 Transaction ID : SA11AI.5916 Amount of Each Receipt this Period 300.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls Mailing Address Mailing Address 603 Queen Street #4 City Alexandria FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State VA C Occupation Physician Aggregate	Zip Code 22314 Year-to-Date ▼ 1200.00	Date of Receipt M M / J 2011 12 31 2011 Transaction ID : SA11AI.5940 Amount of Each Receipt this Period 400.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		· ·	900.00
TOTAL This Period (last page this line number	only)	•••••••	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon	Date of Receipt		
	Mailing Address 12123 Merricks Court			12 31 2011
	City Monrovia	State MD	Zip Code 21770	Transaction ID : SA11AI.5917 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Dr. Philip Owens	Date of Receipt		
	Mailing Address 141 Adams Street, NW			
	City Washington	State DC	Zip Code 20001	Transaction ID : SA11AI.5941 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	200.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum			Date of Receipt
	Mailing Address 10720 Dern Road	12 31 2011		
	City Emmitsburg	State MD	Zip Code 21727	Transaction ID : SA11AI.5918 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	CUBTOTAL of Receipts This Page (optional)			600.00

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NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSOCIATES LLC POLITICA	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Paul Park Mailing Address 510 Golden Oak Terrace City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20850 C Occupation Physician Aggregate Year-to-Date ▼ 600.00 600.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5942 Amount of Each Receipt this Period 200.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis Mailing Address 1813 Solitaire Lane City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22101 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5943 Amount of Each Receipt this Period 200.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Michael Peck Mailing Address 4 Farm Haven Court 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 ▼	Date of Receipt M M / D D / Y Y Y Y Y 12 31 2011 Transaction ID : SA11AI.5973 Amount of Each Receipt this Period 300.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		700.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8302 Fox Haven Drive			Date of Receipt
	City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.5944 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic			Date of Receipt
	Mailing Address 3912 Calverton Drive	12 31 2011		
	Hyattsville	State MD	Zip Code 20782	Transaction ID : SA11AI.5974 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
с.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman			Date of Receipt
	Mailing Address 6906 Granite Ridge Ct.			12 31 Y Y Y Y Y
	City Baltimore	State MD	Zip Code 21209	Transaction ID : SA11AI.5963 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	600.00

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

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TIEMIZED RECEIPTS		r each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTI	HESIA ASSOCIA	TES LLC POLITIC	CAL ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) Mailing Address 6409 Pinehurst Road		Zip Code 21212	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer First Colonis Anesthesia Receipt For:	C Occupation Physician Aggregate Year	-to-Date ▼ 600.00	Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. Timothy Robinson Mailing Address 2212 Dalewood Road City Timonium FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼		Zip Code 21093 -to-Date ▼ 600.00	Date of Receipt 12 12 12 12 12 12 12 1
Full Name (Last, First, Middle Initial) C. Dr. Jeremy Roth Mailing Address 913 Hillstead Drive City Lutherville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼		Zip Code 21093 -to-Date ▼ 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	al)		520.00

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin Mailing Address 6611 Hunter Trail Way City	State	Zip Code	Date of Receipt
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Leudvig Sardarian			Date of Receipt
	Mailing Address 11601 Brandy Hall Lane			12 31 _2011 _
	City	State	Zip Code	Transaction ID : SA11AI.5920
	North Potomac	MD	20878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood			Date of Receipt
	Mailing Address 14700 Crossway Road			12 31 2011
	City Rockville	State MD	Zip Code 20853	Transaction ID : SA11AI.5921 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	
s	UBTOTAL of Receipts This Page (optional)			800.00

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

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITIC	CAL ACTION COMMITTEE	
A. Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman Mailing Address 8010 Summer Mill Court City	State Zip Code	Date of Receipt	
Bethesda	MD 20817	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	200.00	
Name of Employer	Occupation	Payroll deduction	
First Colonies Anesthesia	Physician		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00]	
Full Name (Last, First, Middle Initial) B. Dr. Mark Seymour		Date of Receipt	
Mailing Address 2932 Thurston Rd.		12 31 2011	
City	State Zip Code	Transaction ID : SA11AI.5922	
Frederick	MD 21704	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	200.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	600.00]	
Full Name (Last, First, Middle Initial) C. Dr. Nader Soliman	·	Date of Receipt	
Mailing Address 22905 David Mill Road	Mailing Address 22905 David Mill Road		
City Germantown	StateZip CodeMD20876	Transaction ID : SA11AI.5946 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	200.00	
Name of Employer	Occupation	Payroll deduction	
First Colonies Anesthesia	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify)	600.00]	
SUBTOTAL of Receipts This Page (optional)	· ······ I	600.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. James Sowry Mailing Address 5008 Green Bridge Road City Dayton	State MD	Zip Code 21036	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5898 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation		Payroll deduction
	First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court			Date of Receipt
	City Potomac FEC ID number of contributing federal political committee.	State MD	Zip Code 20854	12 31 2011 Transaction ID : SA11AI.5975 Amount of Each Receipt this Period 200.00
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Payroll deduction
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]
c.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan	·		Date of Receipt
	Mailing Address 4639 Teen Barnes Road			12 31 2011
	City Frederick	State MD	Zip Code 21703	Transaction ID : SA11AI.5923 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00 Payroll deduction
	Name of Employer First Colonies Anesthsia	Occupation Physician	1	
	Receipt For: Primary Other (specify)		Year-to-Date ▼ 600.00]
s	SUBTOTAL of Receipts This Page (optional)			500.00

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

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

Use separate schedule(s) for each category of the

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rederal political committee. Occupation Name of Employer Occupation Print Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 600.00 Full Name (Last, First, Middle Initial) Date of Receipt Dir. Louis Swann Date of Receipt Mailing Address PO Box 6081 Transaction ID : SA11AL5976 Aggregate Year-to-Date ▼ 700000 FEUL Name (Last, First, Middle Initial) Date of Receipt this Period Receipt For: Occupation Primary General Obscine Aggregate Year-to-Date ▼ Primary General Obscine Aggregate Year-to-Date ▼ Primary General Obscine Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code Patomac MD 20854 Fet ID number of contributing tederal policial committee. C Patomac MD 20854 First Colonies Anesthesia Physician R			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. Dr. Robert Sullivan Mailing Address 4639 Teen Barnes Road City State Frederick MD Prederick MD Payroll deduction Payroll deduction Payroll d					
A. D. Robert Sullivan Date of Receipt Mailing Address 4639 Teen Barnes Road Image: State in District State S		STHESIA ASSC	CIATES LLC POLITIC	CAL ACTION COMMITTEE	
Frederick MD 21703 Frederick MD 21703 FEC ID number of contributing federal political committee. C Name of Employer Occupation Physician Aggregate Year-to-Date ▼ B. Dr. Louis Swann Aggregate Year-to-Date ▼ Malling Address PO Box 6081 12 City State ZIp Code McLean VA 22106 FEC ID number of contributing federal political committee. C Payroll deduction Payroll deduction Payroll deduction Payroll deduction Payroll deduction 200.00 Payroll deduction Payroll deduction Payroll deduction 2011 Transaction ID: SA11AL5976 Amount of Each Receipt this Period Malling Address PO Box 6081 C City State Zip Code Primary General Occupation Physician Payroll deduction Payroll deduction Payroll deduction 200.00 Payroll deduction Full Name (Last, First, Middle Initial) C 200.00 Colv John Tam Aggregate Year-to-Date ▼ Malling Address 10905 Cripplegate Road 201 City State Zip Code	A. Dr. Robert Sullivan	·		M = M / D = D / Y = Y = Y	
FEC ID number of contributing federal political committee. C 200.00 Name of Employer First Colonies Anesthesia Physician Payroll deduction Receipt For: □ Other (specify) ▼ Aggregate Year-to-Date ▼ 000.00 Full Name (Last, First, Middle Initial) B. Dr. Louis Swann Date of Receipt Mailing Address PD Sox 6081 C 12 31 201.00 City State Zip Code Anount of Each Receipt This Period 200.00 Full Name (Last, First, Middle Initial) C C Physician Payroll deduction Receipt For: □ primary General Occupation Physician Occupation Physician Payroll deduction Full Name (Last, First, Middle Initial) C Date of Receipt Payroll deduction City General Occupation Physician Payroll deduction Payroll deduction Full Name (Last, First, Middle Initial) C Date of Receipt Transaction ID : SA11AL5947 Anount of Each Receipt This Period C Payroll deduction Payroll deduction Full Name (Last, First, Middle Initial) C Payroll deduction Payroll deduction City John Tam <t< td=""><td></td><td></td><td></td><td>Transaction ID : SA11AI.5924</td></t<>				Transaction ID : SA11AI.5924	
rederal political committee. 2000. Name of Employer Occupation Prirat Colonies Anesthesia Physician Aggregate Year-to-Date ▼ 600.00 Full Name (Last, First, Middle Initial) B. B. Dr. Louis Swann Maling Address PO Box 6081 City VA 22106 PECI ID number of contributing federal political committee. C Primary General Occupation Privactal political committee. C Name of Employer Occupation Primary General Other (specify) Aggregate Year-to-Date ▼ Privacial committee. C Privacial committee. Physician Receipt For: Occupation Privac (specify) General Other (specify) General City State Zip Code Maling Address 10905 Cripplegate Road C City State Zip Code Petomac MD 20854 FEC ID number of contributing federal political committee. Physician Receipt Tarasaction ID : SA111AL5947 Amount of Each Receipt th	Frederick	MD	21703	Amount of Each Receipt this Period	
Name of Employer Coccupation First Colonies Anesthesia Physician B. Dr. Louis Swann Date of Receipt Mailing Address PO Box 6081 C City State Zip Code McLean VA 22106 FEC ID number of contributing C Aggregate Year-to-Date ▼ Ictive Specify ▼ Coccupation Physician Receipt For: C Aggregate Year-to-Date ▼ Print Colonies Anesthesia Physician Physician Receipt For: Occupation Physician Point (specify) ▼ General Occupation Physician Aggregate Year-to-Date ▼ Payroll deduction Payroll deduction Physician Pate of Receipt City State Zip Code Pate of Receipt Mailing Address 10905 Cripplegate Road C Image of Employer Potomac Potomac MD 20854 Pate of Receipt Image of Employer Potomac MD 20854 Payroll deduction Payroll deduction Physician Aggregate Year-to-Date ▼ Gouto Payroll deduction	8	C		200.00	
Receipt For: Aggregate Year-to-Date ▼ Cither (specify) ▼ 600.00 Full Name (Last, First, Middle Initial) Date of Receipt B. Dr. Louis Swann Date of Receipt Mailing Address PO Box 6081 12 City State Zip Code McLean VA 22106 FEC ID number of contributing federal political committee. C Primary General Occupation Primary General Occupation Primary General Occupation Ptimary General Occupation City State Zip Code Primary General Occupation City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. C Mailing Address 10905 Cripplegate Road Transaction ID : SAt1AL5947 Amount of Each Receipt Transaction ID : SAt1AL5947 Amount of Each Receipt His Period 200.00 Payroll deduction Transaction ID : SAt1AL5947 Amount of Each Receipt His Period 200.00 Payroll deduction 200.00	Name of Employer	Occupatior	1	Payroll deduction	
Primary General Primary General Other (specify) ▼ 600.00 Full Name (Last, First, Middle Initial) Date of Receipt City State Zlp Code VA 22106 FEC ID number of contributing federal political committee. C Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Occupation Physician Mailing Address 10905 Cripplegate Road 600.00 City State Zlp Code VA P funary General Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Payroll deduction City State Zlp Code MD 20854 Mailing Address 10905 Cripplegate Road C 200.00 City Potomac MD 20854 FEC ID number of contributing federal political committee. Occupation Physician Payroll deduction Payroll deduction Payroll deduction Payroll deduction		Physician			
B. Dr. Louis Swann Date of Receipt Mailing Address PO Box 6081 C City State Zip Code McLean VA 22106 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Primary General Occupation Payroll deduction Pril Name (Last, First, Middle Initial) C Date of Receipt City State Zip Code Date of Receipt Mailing Address 1000 Cocupation Physician Payroll deduction Full Name (Last, First, Middle Initial) C Date of Receipt Date of Receipt City State Zip Code Date of Receipt Date of Receipt Mailing Address 1000 S Cripplegate Road 12 31 2011 Transaction ID : SA11AL5947 Amount of Each Receipt this Period 200.00 Payroll deduction Physician Payroll deduction Payroll deduction Payroll deduction Physician Payroll deduction Payroll deduction Primary General Occupation Physician Payroll deduction Primary G	Primary General	Aggregate]	
City State Zip Code McLean VA 22106 FEC ID number of contributing federal political committee. C 200.00 Name of Employer First Colonies Anesthesia Physician Payroll deduction Primary General Other (specify) ▼ Occupation Physician Payroll deduction Full Name (Last, First, Middle Initial) C Date of Receipt City State Zip Code Potomac Date of Receipt City State Zip Code MD 20854 FEC ID number of contributing federal political committee. C 200.00 Name of Employer Potomac Occupation MD 20854 Date of Receipt Mailing Address 10905 Cripplegate Road C 200.00 Payroll deduction First Colonies Anesthesia Physician Potomac 200.00 Name of Employer First Colonies Anesthesia Physician Potomac 200.00 Name of Employer First Colonies Anesthesia Physician Potomac 200.00 Primary General Occupation Physician Potomac 200.00 Primary General Other (specify) ▼ General	· · ·	al)		Date of Receipt	
McLean VA 22106 McLean VA 22106 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer First Colonies Anesthesia Occupation Physician Payroll deduction Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Ctly State Zip Code 200.00 Date of Receipt Ctly State Zip Code 200.00 Transaction ID: SA11AL5947 Amount of Each Receipt For: Pationac Occupation MD 20854 FEC ID number of contributing federal political committee. C 200.00 Name of Employer First Colonies Anesthesia Physician Aggregate Year-to-Date ▼ Mailing Address in Quoter for: Primary General Occupation Physician Payroll deduction Primary General Occupation Physician Aggregate Year-to-Date ▼ Payroll deduction		Mailing Address PO Box 6081			
FEC ID number of contributing federal political committee. C 200.00 Name of Employer First Colonies Anesthesia Occupation Physician Payroll deduction Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 000.00 Full Name (Last, First, Middle Initial) C Date of Receipt City Potomac State Zip Code MD 20854 FEC ID number of contributing federal political committee. C Transaction ID : SA11AL:5947 Amount of Each Receipt For: Potomac Occupation MD 20854 FEC ID number of contributing federal political committee. C 200.00 Name of Employer First Colonies Anesthesia Receipt For: City Occupation Physician Physician Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00 Payroll deduction 600.00 Payroll deduction	City		•	Transaction ID : SA11AI.5976	
federal political committee. 200.00 Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 600.00 Full Name (Last, First, Middle Initial) 0 C. Dr. John Tam Date of Receipt Mailing Address 10905 Cripplegate Road 12 City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	McLean	VA	22106	Amount of Each Receipt this Period	
First Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 600.00 Full Name (Last, First, Middle Initial) C C. Dr. John Tam 600.00 Mailing Address 10905 Cripplegate Road 12 City State Zip Code Potomac MD 20854 FEC ID number of contributing C 200.00 receipt For: Occupation Prist Colonies Anesthesia Physician Receipt For: Occupation Primary General Other (specify) ▼ 0ccupation Primary General Other (specify) ▼ 0ccupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00	8	C		200.00	
Price Primary General Other (specify) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C. C. Dr. John Tam Date of Receipt Mailing Address 10905 Cripplegate Road Date of Receipt 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: Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ General Other (specify) ▼ General	Name of Employer	Occupatior	1	Payroll deduction	
Primary General Other (specify) € Full Name (Last, First, Middle Initial) E C. Dr. John Tam Date of Receipt Mailing Address 10905 Cripplegate Road 12 City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. C Physician Name of Employer Occupation Physician Primary General Aggregate Year-to-Date ▼ Payroll deduction Primary General 600.00 600.00 Payroll deduction	First Colonies Anesthesia	Physician			
Other (specify) ▼ 600.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Dr. John Tam Date of Receipt Mailing Address 10905 Cripplegate Road 12 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: Aggregate Year-to-Date ▼ Other (specify) ▼ 600.00	Receipt For:	Aggregate	Year-to-Date ▼		
C. Dr. John Tam Date of Receipt Mailing Address 10905 Cripplegate Road 12 31 2011 City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. C Name of Employer Occupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00 600.00			600.00]	
City State Zip Code Potomac MD 20854 FEC ID number of contributing C Amount of Each Receipt this Period FEC ID number of contributing C 200.00 rederal political committee. Occupation Physician Name of Employer Occupation Physician Receipt For: Aggregate Year-to-Date ▼ 600.00 Other (specify) ▼ 600.00 600.00					
Potomac MD 20854 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Physician First Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 600.00	Mailing Address 10905 Cripplegate	Mailing Address 10905 Cripplegate Road			
FEC ID number of contributing federal political committee. C 200.00 Name of Employer Occupation Physician First Colonies Anesthesia Physician Payroll deduction Primary General General 600.00 Other (specify) ▼ 600.00 600.00 000.00	-			Transaction ID : SA11AI.5947	
federal political committee. 200.00 Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00	Potomac	MD	20854	Amount of Each Receipt this Period	
Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 600.00	5	C		200.00	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00	Name of Employer	Occupatior	1		
Primary General Other (specify) ▼ 600.00		Physician			
Other (specify)		Aggregate	Year-to-Date V		
SUBTOTAL of Receipts This Page (optional)			600.00]	
	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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Mailing Address 507 Goodland Place City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupation Physician Aggregate	Zip Code 20850 Year-to-Date ▼	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5977 Amount of Each Receipt this Period 200.00 Payroll deduction	
	Other (specify) ▼		600.00		
В.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London Drive			Date of Receipt	
	City	State	Zip Code	Transaction ID : SA11AI.5948	
	Potomac	MD	20854	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer First Colonies Anesthesia	Occupation		Payroll deduction	
		Physician		_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00		
с.	Full Name (Last, First, Middle Initial) Dr. Reed Underwood			Date of Receipt	
	Mailing Address 1518 T Street, NW			12 / D D / Y Y Y Y 12 31 2011	
	City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.5984 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00 Payroll deduction	
	Name of Employer	ame of Employer Occupation			
	First Colonies Anesthesia	Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00		
s	UBTOTAL of Receipts This Page (optional)		•	600.00	

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

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	AL ACTION COMMITTEE		
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	Zip Code 21136 Year-to-Date ▼ 600.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5899 Amount of Each Receipt this Period 200.00 Payroll deduction
B. Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Road			Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.5900
Silver Spring	MD	20904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		_
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		, 600.00	
Full Name (Last, First, Middle Initial) C. Dr. Sanjay Vanguri	1		Date of Receipt
Mailing Address 9657 Atterbury Lane			12 31 Y Y Y Y Y 12 31 2011
City	State	Zip Code	Transaction ID : SA11AI.5925
Frederick	MD	21704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00]
SUBTOTAL of Receipts This Page (optional)		500.00

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

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Paul Van Nice Mailing Address 7101 Meadow Lane City Chevy Chase FEC ID number of contributing federal political committee.	State Zip Code MD 20815	Date of Receipt 12 12 Transaction ID : SA11AI.5949 Amount of Each Receipt this Period 200.00 Payroll doduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 600.00	Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich Jr. Mailing Address 10816 Willow Run Circle City Potomac FEC ID number of contributing federal political committee. Name of Employer Eight Calculation Acceleration	State Zip Code MD 20854 C Occupation	Date of Receipt M M J J 2011 Transaction ID : SA11AI.5978 Amount of Each Receipt this Period Mount of Each Receipt this Period 100.00 Payroll deduction Payroll deduction
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 300.00	
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 ▼ 600.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5979 Amount of Each Receipt this Period 200.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)	·····	500.00
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows Lane			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.5950
	Great Falls	VA	22066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]
B	Full Name (Last, First, Middle Initial) Dr. Timothy Wex			Date of Receipt
υ.	Mailing Address 11429 Cedar Ridge Drive			12 31 _2011 _
	City	State	Zip Code	Transaction ID : SA11AI.5980
	Potomac	VA	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00]
С.	Full Name (Last, First, Middle Initial) Dr. David Wheeler			Date of Receipt
	Mailing Address 7108 Collingwood Court	12 31 Y Y Y Y Y 12 31 2011		
	City	State	Zip Code	Transaction ID : SA11AI.5966
	Elkridge	MD	21075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00 Payroll deduction	
	Name of Employer	Occupation	1	
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		600.00]
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Dr. Thomas Wherry Mailing Address 611 W. 2nd Street City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21701 /ear-to-Date ▼ 600.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5901 Amount of Each Receipt this Period 200.00 Payroll deduction
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 MD C Occupation Physician Aggregate	Zip Code 20832 //ear-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Monfold Wolf Mailing Address 4822 Tilly Dr. City Sykesville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 21784 //ear-to-Date ▼ 600.00	Date of Receipt 12 31 2011 Transaction ID : SA11AI.5903 Amount of Each Receipt this Period 200.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional).			600.00

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

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) You Wu			Date of Receipt	
	Mailing Address 910 Dunlavin Ct.			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Timonium	State MD	Zip Code 21093	Transaction ID : SA11AI.5967	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction 	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00		
В.	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu		7	Date of Receipt	
	Mailing Address 13508 Gumspring Road			12 31 / Y Y Y Y Y 12 31 2011	
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.5951 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction 	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00		
	Full Name (Last, First, Middle Initial) Dr. Jungim Yun			Date of Receipt	
	Mailing Address 2057 Thurston Road			12 31 Y Y Y Y Y 12 31 2011	
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.5926 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer	Occupation	1	Payroll deduction	
	First Colonies Anesthesia	Physician		_	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00		
s	UBTOTAL of Receipts This Page (optional)			600.00	
т	OTAL This Period (last page this line number	only)		18020.00	

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam			
\setminus	NAME OF COMMITTEE (In Full)			
	FIRST COLONIES ANESTHESIA	ASSOCIATES LLC F	POLITICAL	_ ACTION COMMITTEE
<u>А.</u>	Full Name (Last, First, Middle Initial) Andy Harris			Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 301 W Pennsylvania Ave			11 22 2011
	City S Towson	State Zip Code MD 20214		Transaction ID : SB23.6008
	Purpose of Disbursement Contribution	20214		
	Candidate Name		011	Amount of Each Disbursement this Period
			Category/ Type	500.00
	Office Sought: House Disburser Senate President	nent For: 2011 Primary X General Other (specify)		
	State: MD District:	(, , , , , , , , , , , , , , , , , , ,		
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement
				M M / D D / Y Y Y
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement			Amount of Each Disbursement this Period
	Candidate Name		Category/	Amount of Each Disbursement this Penou
	Office Sought: House Disbursen	nent For:	Туре	
	Senate	Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			
	City	State Zip Code		
	Purpose of Disbursement			
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) v		
⊢	UBTOTAL of Disbursements This Page (optional)			500.00
ΓT	OTAL This Period (last page this line number only)		•••••• •	

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 37 OF 42
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 27	v one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name				
\setminus	NAME OF COMMITTEE (In Full)				
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICA	L ACTION COMMITTEE
<u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name (Last, First, Middle Initial)				Data of Diskurgement
А.	Citizens for Bryan Simonaire				Date of Disbursement
	Mailing Address 7661 Berry Drive				11 08 2011
	City S Pasadena	State MD	Zip Code 21122		Transaction ID : SB29.6432
	Purpose of Disbursement		21122		
	Contribution Candidate Name			011	Amount of Each Disbursement this Period
				Category/ Type	250.00
	Office Sought: House Disburser Senate President Image: Constraint of the senate of the senat of the senate of the senate of the senate of the senat of the se	nent For: Primary Other (spe	General cify) ▼		
	State: District:				
в.	Full Name (Last, First, Middle Initial) Committee to Elect Catherine E. P	ugh			Date of Disbursement
	Mailing Address 819 E. Baltimore St.				12 07 2011
	City S Baltimore	State MD	Zip Code 21202		Transaction ID : SB29.6453
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	250.00
	Office Sought: House Disbursen Senate President State: MD District:	nent For: Primary Other (spe	General cify) ▼		
_	Full Name (Last, First, Middle Initial)				Date of Disbursement
0.	Committee to Elect Jim Brochin				
	Mailing Address 17 West Courtland Street Suite 210				10 10 2011
	Bel Air	State MD	Zip Code 21014		Transaction ID : SB29.6424
	Purpose of Disbursement Contribution			011	
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period 250.00
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General cify) ▼		
s	UBTOTAL of Disbursements This Page (optional)			••••••	750.00
т	OTAL This Period (last page this line number only)			••••••	

S	CHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 38 OF			
_	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(cł	neck on 21b 27	nly one) b 22 23 24 25 26 28a 28b 28c X 29 30b		
	y information copied from such Reports and Staten for commercial purposes, other than using the name							
$\left[\right]$	NAME OF COMMITTEE (In Full)							
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL	ITICA	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Friends of Anthony G. Brown					Date of Disbursement		
	Mailing Address 1010 Hull Street Suite 202					12 07 2011		
	City S Baltimore	State MD	Zip Code 21230			Transaction ID : SB29.6449		
	Purpose of Disbursement Contribution			0	11	Amount of Each Disbursement this Period		
	Candidate Name			Cate	egory/	250.00		
	Office Sought: House Disburser	nent For:		Ту	/pe			
		Primary	General					
	State: MD District:	Other (spee	city) 🔻					
_	Full Name (Last, First, Middle Initial)							
В.	Friends of Barry Glassman					Date of Disbursement		
	Mailing Address 401 Miller Office Building					11 08 2011		
	- 3	State MD	Zip Code 21401			Transaction ID : SB29.6436		
	Purpose of Disbursement Contribution			0	11	Amount of Each Disbursement this Period		
	Candidate Name				egory/ /pe	100.00		
		nent For: Primary Other (spec	General cify) ▼					
с.	Full Name (Last, First, Middle Initial) Friends of Doug Gansler					Date of Disbursement		
	Mailing Address 200 St. Paul Place					11 04 2011		
	,	State MD	Zip Code 21202			Transaction ID : SB29.6428		
	Purpose of Disbursement Contribution			0	11			
	Candidate Name			Cate	egory/ /pe	Amount of Each Disbursement this Period 500.00		
	President	nent For: Primary Other (spec	General cify) ▼		-			
	State: MD District:							
s	UBTOTAL of Disbursements This Page (optional)				••••• •	850.00		
т	OTAL This Period (last page this line number only)				►			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 39 OF 42
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check onl 21b 27	y one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y information copied from such Reports and States for commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICA	L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Friends of EJ Pipkin				Date of Disbursement
	Mailing Address PO Box 39				11 08 2011
	Stevensville	State MD	Zip Code 21666		Transaction ID : SB29.6430
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	250.00
	Office Sought: House Disbursel Senate President	ment For: Primary Other (spec	General cify) ▼		
_	State: District: Full Name (Last, First, Middle Initial)				
В.					Date of Disbursement
	Mailing Address 51 Fleet St.				11 08 2011
	Annapolis	State MD	Zip Code 21401		Transaction ID : SB29.6434
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	250.00
	Office Sought: House Disburse Senate President State: MD District: 30	ment For: Primary Other (spec	General cify) ▼		
с.	Full Name (Last, First, Middle Initial) Friends of Kathy Szeliga				Date of Disbursement
	Mailing Address PO Box 40				11 08 2011
	City Kingsville	State MD	Zip Code 21087		Transaction ID : SB29.6438
	Purpose of Disbursement Contribution Candidate Name			011 Category/	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate President State: MD District:	ment For: Primary Other (spec	General cify) ▼	Туре	
s	UBTOTAL of Disbursements This Page (optional)			•••••	650.00
Т	OTAL This Period (last page this line number only)		••••••	

SC	HEDULE B (FEC Form 3X)				NUMBER PAGE 40 OF 42	
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		(check only		
		for each category of the Detailed Summary Page		21b 27	22 23 24 25 26 28a 28b 28c X 29 30b	
	y information copied from such Reports and Staten for commercial purposes, other than using the name					
\setminus	NAME OF COMMITTEE (In Full)					
	FIRST COLONIES ANESTHESIA	ASSOCIATES	LLC F	OLITICAL	ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) Friends of Mike Busch				Date of Disbursement	
~ .	Friends of Mike Busch					
	Mailing Address PO Box 2241				12 07 2011	
	,	State Zip Coc	le		Transaction ID : SB29.6455	
	Annapolis Purpose of Disbursement	MD 21404				
	Contribution		- 11	011	Amount of Each Disbursement this Period	
	Candidate Name			Category/ Type	500.00	
	Office Sought: House Disburser					
	Senate President	Primary Ge Other (specify) ▼	eneral			
	State: District:					
	Full Name (Last, First, Middle Initial)					
В.	Marylanders for Miller				Date of Disbursement	
	Mailing Address 8808 Old Branch Ave.				12 07 2011	
	Clinton	State Zip Cod MD 20735	le		Transaction ID : SB29.6447	
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period	
	Candidate Name			Category/ Type	2000.00	
	Office Sought: House Disbursen					
	Senate President	Primary Ge Other (specify) ▼	neral			
	State: District:					
<u> </u>	Full Name (Last, First, Middle Initial)				Date of Disbursement	
•					M M / D D / Y Y Y Y	
	Mailing Address					
	City	State Zip Cod	le			
	Purpose of Disbursement				Amount of Each Disbursement this Period	
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
	Office Sought: House Disburser Senate President		neral			
	State: District:					
s	UBTOTAL of Disbursements This Page (optional)			······ >	2500.00	
Т	OTAL This Period (last page this line number only)			••••••	4750.00	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	41	0)F	42	
FOR LI	NE	21a	OF	FORM	зх

NAME OF COMMITTEE (In	NAME	F COMMITTI	EE (In Full)
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Г	RST COLONIES ANESTHESI	ASSOC	JATES LLC	POLITICA	
۱.	Full Name (Last, First, Middle Initial) PB Dye Golf Management	Transactio	n ID : H4.6422		Allocated Activity or Event:
	Mailing Address 9526 Doctor Perry Road				Voter Drive Direct Candidate Supp
	City Ijamsville	State MD	Zip Code 21754		Public Comm (ref to party only) by PAC
	Purpose of Disbursement: Expense reimbursement			001	 Allocated Activity or Event Year-To-Date 17893.93
	Activity or Event Identifier:				
	Administrative			Category/ Type	Date 10 / 0 - 0 / 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 7 7	348.06	348.06
•	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transactior	n ID : H4.6426		Allocated Activity or Event:
	Mailing Address 18 Pinkney Street				Voter Drive Direct Candidate Supp
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Annapolis Purpose of Disbursement:	MD	21401		Allocated Activity or Event Year-To-Date
	Lobbying fee			003	19143.93
	Activity or Event Identifier: Administrative			Category/ Type	Date 10 / 31 / 2011
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00			1250.00	1250.00
	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transaction	n ID : H4.6442		Allocated Activity or Event:
	Mailing Address 18 Pinkney Street				Voter Drive Direct Candidate Supp
	City	State	Zip Code		Public Comm (ref to party only) by PAC
-	Annapolis Purpose of Disbursement:	MD	21401		_ Allocated Activity or Event Year-To-Date
	Lobbying fees			003	20393.93
	Activity or Event Identifier: Administrative			Category/ Type	Date 12 / 07 / 2011
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00			1250.00	1250.00
su	BTOTAL of Allocated Federal and NonFeder FEDERAL SHARE	al Activity The	is Page NONFEDERAL	SHARE	= TOTAL AMOUNT
SU			0	SHARE 2848.06	= TOTAL AMOUNT 2848.06

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	42	OF	42	

FOR LINE 21a OF FORM 3X

	IME OF COMMITTEE (In Full)		L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Transaction ID : H4.6459	Allocated Activity or Event:	
	Barbara Marx Brocato & Associates	Administrative Fundraising Exempt	
	Mailing Address 18 Pinkney Street		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Annapolis MD 21401		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Lobbying fees	003	21643.93
	Activity or Event Identifier:		
	Administrative	Category/ Type	Date 12 09 2011
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00	1250.00	1250.00
	Full Name (Lost First Middle Initial)		Allocated Activity or Event:
В.	Full Name (Last, First, Middle Initial)		
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		
	Activity of Event Identifier.	Category/ Type	
	FEDERAL SHARE + NONFEDERAL	= TOTAL AMOUNT	
c.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
			Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date M M / D D / Y Y Y Y
	FEDERAL SHARE + NONFEDERAL	_ SHARE	= TOTAL AMOUNT
รเ	JBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL	. SHARE	= TOTAL AMOUNT
	0.00	1250.00	1250.00
тс	TAL This Period (last page for each line only)(Federal share to 21(a)(i) an	d NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE NONFEDERAL	SHARE	TOTAL AMOUNT

4098.06

0.00

4098.06