10/15/2010 11:14

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE 1901 RESEARCH BOULEVARD SUITE 350 ADDRESS (number and street) Check if different than previously **ROCKVILLE** MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00416305 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 09 3 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Jeremy Roth Type or Print Name of Treasurer Electronically Filed by Dr. Jeremy Roth 10 15 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/37

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From:	01 2010	To: 0 9 3 0 2 0 1
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2010 Y Y Y		65435.53
(b) Cash on Hand at Begining of Reporting Period	69889.50	
(c) Total Receipts (from Line 19)	12360.00	32685.00
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	82249.50	98120.53
Total Disbursements (from Line 31)	14250.00	30121.03
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67999.50	67999.50
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. 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	e committee. (see FEC FORM 1M)	
For	further information contact:	

Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 37

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

м м 0 7 0 1 м°м 0 9 30 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 11730.00 23205.00 (i) Itemized (use Schedule A) 630.00 9480.00 (ii) Unitemized (iii) TOTAL (add 12360.00 32685.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 32685.00 12360.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 12360.00 32685.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

12360.00

32685.00

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	10250.00	20725.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
٥	Loan Repayments Made	0.00	0.00
о.	Loan Repayments Made		
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	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
9.	Other Disbursements	4000.00	9396.03
0.	Federal Election Activity (2 U.S.C 431(20))		
٥.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds (c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	14250.00	30121.03
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

5 / 37

	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)	12360.00	32685.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12360.00	32685.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 37 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
FIRST COLONIES ANESTHESIA	A ASSOCIATES LLC POLITICAL ACTION CC)MMITTEE
Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy		Date of Receipt
Mailing Address 4170 Bethesda Av #719	ve.	0 9 3 0 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5223
Bethesda	MD 20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Marc Beck	L	Date of Receipt
Mailing Address 16 Norris Run Co	0 9 3 0 2 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.5195
Reisterstown	MD 21136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. John Bunker		Date of Receipt
Mailing Address 15229 National P	ike	0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.5150
Hagerstown	MD 21740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	nal)	450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/37 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Donald Charney			Date of Receipt
Mailing Address 3707 Meadowhill Co	urt		09 / 30 / 2010
City	State	Zip Code	Transaction ID: SA11AI.5196
Phoenix	MD	21131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:	- 	e Year-to-Date ▼	
Primary General Other (specify) ▼	, iggi ogalo	400.00	
Full Name (Last, First, Middle Initial) Dr. Stayam Chary			Date of Receipt
Mailing Address 9 Alterwood Lane			0 9 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.5197
Owings Mill	MD	21117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00]
Full Name (Last, First, Middle Initial) Dr. Thomas Chau			Date of Receipt
Mailing Address 7204 Loch Edin Cou	rt		09 30 YYYYY
City	State	Zip Code	Transaction ID: SA11AI.5170
Potomac	MD	20854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		400.00]

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 37 (check only one) X	
or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	ASSOCIATES LLC POLITICAL ACTION CO	DMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Dwayn Chen	= .	Date of Receipt	
Mailing Address 11415 Commonwea #204	aith Drive	09 30 2010	
City	State Zip Code	Transaction ID: SA11AI.5173	
Rockville	MD 20852	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	150.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	400.00		
Full Name (Last, First, Middle Initial) Dr. Edward Chen		Date of Receipt	
Mailing Address 10209 Fleming Ave	Mailing Address 10209 Fleming Avenue		
City	State Zip Code	Transaction ID: SA11AI.5171	
Bethesda	MD 20814	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	payron deduction	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_	
Other (specify)	400.00		
Full Name (Last, First, Middle Initial) Dr. Jen Chen		Date of Receipt	
Mailing Address 1104 Mill Ridge Roa	ad	09 / 30 / Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.5172	
McLean FEC ID number of contributing	VA 22102	Amount of Each Receipt this Period	
federal political committee.	C	150.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	400.00		
SUBTOTAL of Receipts This Page (optiona	1)	450.00	
	ber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 37 (check only one) X
Ai	ny information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:	e name and add	dress of any political committee to	o solicit contributions from such committee.
. .	Full Name (Last, First, Middle Initial) Dr. William Chester Mailing Address 5801 Nicholon Lane #1915 City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupatio Physicial	n	Date of Receipt M M
_	Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore Mailing Address 4846 Lee Hollow Place	e		Date of Receipt M
	City	State	Zip Code	Transaction ID: SA11AI.5198
	Ellicott City	MD	21043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00 payroll deduction
	Name of Employer First Colonies Anesthsia	Occupatio Physicia		payron doddonon
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey			Date of Receipt
	Mailing Address 18720 Shremor Drive			09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.5175
	Derwood	MD	20855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		payroll deduction
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	, · · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 400.00	
	UBTOTAL of Receipts This Page (optional)	1		525.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any re name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge D City Bowie FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	rive State Zip Code MD 20721 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D B D / Y Y Y Y Y Transaction ID: SA11AI.5141 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Cor City Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For: Primary General Other (specify)	State Zip Code MD 21771 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Ter City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20852 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D 3 D / Y Y Y Y Y Transaction ID: SA11AI.5211 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)		450.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one) X
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr. Richard Evans Mailing Address 6436 West Langley L	ane		Date of Receipt 0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5224
	McLean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia Asso Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate		payroll deduction
- В.	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Col	urt		Date of Receipt 0 9 3 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5154
	Mt. Airy	MD	21771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
- c.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli Mailing Address 504 Reserve Champi	on Drive		Date of Receipt
	City	State	Zip Code	09 30 2010
	Rockvillem	MD	20850	Transaction ID: SA11AI.5155 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
Γ	SUBTOTAL of Receipts This Page (optional)			390.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. James Glass Mailing Address 1441 Rhode Island Av	/e., N.W.		Date of Receipt 0 9 3 0 2 0 1 0
	#410 City	State	Zip Code	Transaction ID: SA11AI.5225
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia Asso Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physicial Aggregate		payroll deduction
В.	Full Name (Last, First, Middle Initial) Dr. Steven Grube Mailing Address 13895 Foxtower Road	ı		Date of Receipt 0 9 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5156
	<u>Thurmont</u>	MD	21788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia	n	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
- c.	Full Name (Last, First, Middle Initial) Dr. Keith Hairston Mailing Address 12312 Highstakes Dri	ve		Date of Receipt
	Oth.	Ctata	7ia Cada	09 30 2010
	City Reisterstown	State MD	Zip Code 21136	Transaction ID: SA11AI.5200 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .			450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persign the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Glen Hessinger Mailing Address 8101 Ruston Cros	sing Road	Date of Receipt
City Towson FEC ID number of contributing	State Zip Code MD 21204	Transaction ID: SA11AI.5201 Amount of Each Receipt this Period 150.00
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 300.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth Mailing Address 1614 Randallwood	Date of Receipt M	
Jarretsville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	MD 21084 C Occupation	Amount of Each Receipt this Period 150.00 payroll deduction
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Sung Hong Mailing Address 8525 Huntspring D	Drive	Date of Receipt
City <u>Lutherville</u> FEC ID number of contributing federal political committee.	State Zip Code MD 21093	Transaction ID: SA11AI.5203 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
SUBTOTAL of Receipts This Page (option	nal)	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 37 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Hopper Mailing Address 4550 N. Park Avenue #101 City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate		Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Stuart Hough Mailing Address 9110 Travener Circle City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate		Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.5176 Amount of Each Receipt this Period 225.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Sean Isaac Mailing Address 920 Newington Ave. City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State MD C Occupation physiciar Aggregate		Date of Receipt M
SUBTOTAL of Receipts This Page (optional)			525.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Johnson Mailing Address 5506 Bootjack Drive 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 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Christina Johnston Mailing Address 3458 Holland Cliffs City Huntingtown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Road State Zip Code MD 20639 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood R City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20817 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 37 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol Mailing Address 6579 Prestwick Driv City Highland FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20777 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.5159 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick Mailing Address 3004 Hollow Crest F City Brookeville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	State Zip Code MD 20833 C Occupation physician Aggregate Year-to-Date 400.00	Date of Receipt M M J J J J J J J J J J J J J J J J J
Full Name (Last, First, Middle Initial) Dr. Richard Ko Mailing Address 4101 Hunt Road City Fairfax FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22032 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D 3 D / Y Y Y Y Y Transaction ID: SA11AI.5179 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 37 (check only one) X
or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	ASSOCIATES LLC POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri		Date of Receipt
Mailing Address 11722 Split Tree Ci	rcle	09 / 30 / Y Y Y Y Y
City Potomac	State Zip Code MD 20854	Transaction ID: SA11AI.5180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt		Date of Receipt
Mailing Address 3467 North Venice		0 9 / 3 0 / Y Y Y Y Y
City Arlington	State Zip Code VA 22207	Transaction ID: SA11AI.5214 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Malone		Date of Receipt
Mailing Address 11667 Fairmont Pla	ace	0 9 3 0 / Y Y Y Y Y Y
City Ijamsville	State Zip Code MD 21754	Transaction ID: SA11AI.5160
FEC ID number of contributing federal political committee.	C 21734	Amount of Each Receipt this Period 225.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	I)	525.00
TOTAL This Period (last page this line num	ber 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 / 37 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES LLC POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Mollyann March		Date of Receipt
Mailing Address 6504 Greentree Road		09 / 30 / Y Y Y Y Y
City Bethesda	State Zip Code MD 20817	Transaction ID: SA11AI.5143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20017	225.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Martin		Date of Receipt
Mailing Address 3336 O Street, NW		09 30 2010
City	State Zip Code	Transaction ID: SA11AI.5181
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payron deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Anna Noriega		Date of Receipt
Mailing Address 603 Queen Street #4		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5182
Alexandria FEC ID number of contributing federal political committee.	VA 22314	Amount of Each Receipt this Period 300.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	.	675.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	673.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 37 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CO	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon Mailing Address 12123 Merricks Co	urt	Date of Receipt
City Monrovia FEC ID number of contributing	State Zip Code MD 21770	Transaction ID: SA11AI.5161 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 ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Philip Owens Mailing Address 141 Adams Street,	NW	Date of Receipt 0 9 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.5184
Washington FEC ID number of contributing federal political committee.	DC 20001	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00]
Full Name (Last, First, Middle Initial) Dr. Kent Ozkum		Date of Receipt
Mailing Address 10720 Dern Road		09 30 2010
City	State Zip Code	Transaction ID: SA11AI.5162
Emmisburg FEC ID number of contributing federal political committee.	MD 21727	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Asso Pagaint For:	Occupation physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20/37 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA			
Full Name (Last, First, Middle Initial) Dr. Paul Park			Date of Receipt
Mailing Address 821 Oak Knoll Terr	ace		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5185
Rockville FEC ID number of contributing federal political committee.	C	20850	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis			Date of Receipt
Mailing Address 1813 Solitaire Lane)		0 9 3 0 2 0 1 0
City McLean	State VA	Zip Code	Transaction ID: SA11AI.5186
FEC ID number of contributing federal political committee.	C	22101	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Michael Peck			Date of Receipt
Mailing Address 4 Farm Haven Cou	rt		0 9 3 0 2 0 1 0
City Rockville	State MD	Zip Code 20852	Transaction ID: SA11AI.5215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20002	225.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional			525.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 37 (check only one) X
An	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL ACTION CC	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba			Date of Receipt
	Mailing Address 8400 Tysons Trace Co	urt		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: SA11AI.5187
	Vienna	VA	22182	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic			Date of Receipt
	Mailing Address 3912 Calverton Drive			09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.5216
	<u>Hyattsville</u>	MD	20782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
	Full Name (Last, First, Middle Initial) Dr. Clyde Pray			Date of Receipt
	Mailing Address 908 Oak Knoll Terrace			09 30 2010
	City	State	Zip Code	Transaction ID: SA11AI.5226
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
CI	UBTOTAL of Receipts This Page (optional)			375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 37 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate		Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood Road City Timonium FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate		Date of Receipt M M M J D D J 2 0 1 0 Transaction ID: SA11AI.5207 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) 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)	State MD C Occupation Physician Aggregate		Date of Receipt M M M O 9 30 2010 Transaction ID: SA11AI.5144 Amount of Each Receipt this Period 90.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)			390.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	SSOCIATES LLC POLITICAL ACTION C	COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Alexander Rubin		Date of Receipt
Mailing Address 6611 Hunter Trail W City	State Zip Code	0 9 3 0 2 0 1 0 Transaction ID: SA11AI.5163
Frederick	MD 21702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood		Date of Receipt
Mailing Address 14700 Crossway Ro	ad	09 / 30 / Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5164
Rockville FEC ID number of contributing	MD 20853	Amount of Each Receipt this Period 300.00
federal political committee.	C	payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman		Date of Receipt
Mailing Address 8010 Summer Mill C	ourt	0 9 3 0 Y Y Y Y Y
City	State Zip Code MD 20817	Transaction ID: SA11AI.5188
Bethesda FEC ID number of contributing federal political committee.	MD 20817	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark Seymour Mailing Address 2932 Thurston Rd. City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesai Asso Receipt For: Primary General Other (specify)	State Zip Code MD 21704 C Occupation physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 9 3 0 2 0 1 0 Transaction ID: SA11AI.5165 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill Ro City Germantown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20876 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Cour City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D D / Y Y Y Y Y 0 9 3 0 2 0 1 0 Transaction ID: SA11AI.5217 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional	l)	450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 37 (check only one) X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:	SOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
∠ A .	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan			Date of Receipt
	Mailing Address 2454 Five Schillings F			09 / 30 / 2010
	City Frederick	State MD	Zip Code 21701	Transaction ID: SA11AI.5166
	FEC ID number of contributing federal political committee.	C	21701	Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthsia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	, ' ' 	e Year-to-Date ▼ 400.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan			Date of Receipt
	Mailing Address 2454 Five Schillings F	Road		09 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.5167
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payron deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Louis Swann			Date of Receipt
	Mailing Address PO Box 6081			0 9 3 0 Y Y Y Y Y Y
	City McLean	State VA	Zip Code 22106	Transaction ID: SA11AI.5218 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .			450.00
F	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
FIRST COLONIES ANESTHESIA A Full Name (Last, First, Middle Initial) Dr. John Tam Mailing Address 10905 Cripplegate F City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	SSOCIATES LLC POLITICAL ACTION C Road State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Rojack Tan Mailing Address 507 Goodland Place City Rockville FEC ID number of contributing	State Zip Code MD 20850	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London City	Drive State Zip Code	Date of Receipt M
Potomac FEC ID number of contributing federal political committee.	MD 20854	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	payroll deduction
SUBTOTAL of Receipts This Page (optional)	450.00

SCHEDULE A (FEC Form 3)	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	o solicit contributions from such committee.
FIRST COLONIES ANESTHESIA	ASSOCIATES LLC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Reed Underwood		Date of Receipt
Mailing Address 1518 T Street, NW		09 30 2010
City	State Zip Code	Transaction ID: SA11AI.5227
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation	payroll deduction
Asso	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon		Date of Receipt
Mailing Address 22 Woodfield Cour	t	09 30 7 9 10
City	State Zip Code	Transaction ID: SA11AI.5146
Reisterstown	MD 21136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	I .	Date of Receipt
Mailing Address 405 Apple Grove R	oad	09 30 2010
City	State Zip Code	Transaction ID: SA11AI.5147
Silver Spring	MD 20904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
		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 28/37 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may the name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Paul Van Nice			Date of Receipt
Mailing Address 71401 Meadow Lane	Э		09 30 7 2010
City Chevy Chase	State MD	Zip Code 20815	Transaction ID: SA11AI.5192 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Mark Vogt			Date of Receipt
Mailing Address 1149 Colonial Road			0 9 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McLean	State VA	Zip Code 22101	Transaction ID: SA11AI.5221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	ZETO!	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren			Date of Receipt
Mailing Address 1200 Colvin Meadov	vs Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Great Falls	State VA	Zip Code 22066	Transaction ID: SA11AI.5193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	22000	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional))		450.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 37 (check only one) X
or for commercial pur NAME OF COMM	poses, other than using the name ITTEE (In Full)	nts may not be sold or used by any personand address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, F Dr. Timothy Wex Mailing Address	irst, Middle Initial) 11429 Cedar Ridge Drive		Date of Receipt
City Potomac FEC ID number of	contributing	tate Zip Code /A 20854	Transaction ID: SA11AI.5222 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies And Receipt For: Primary Other (speci	sthesia Oc Ph Ag General	cupation ysician gregate Year-to-Date ▼ 400.00	payroll deduction
Full Name (Last, F Dr. David Wheeler Mailing Address City Elkridge	7108 Collingwood Court S	tate Zip Code MD 21075	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 3 0 2 0 1 0 Transaction ID: SA11AI.5208 Amount of Each Receipt this Period
Receipt For: Primary Other (speci	sthesia Oc Ph	cupation ysician gregate Year-to-Date ▼ 400.00	payroll deduction
Full Name (Last, F Dr. Thomas Wherry Mailing Address	,		Date of Receipt 0 9 3 0 2 0 1 0
City Frederick FEC ID number of federal political co	contributing	tate Zip Code MD 21701	Transaction ID: SA11AI.5148 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies And Receipt For: Primary Other (speci	General Ag	cupation ysician gregate Year-to-Date 400.00	payroll deduction
SUBTOTAL of Rece	ipts This Page (optional)		450.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 37 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CO	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon		Date of Receipt
Mailing Address 18212 Wickham F City	Road State Zip Code	09 30 2010
Olney	MD 20832	Transaction ID: SA11AI.5149 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Aiqin Yu Mailing Address 13508 Gumspring	Road	Date of Receipt
		09 30 2010
City Rockville	State Zip Code MD 20850	Transaction ID: SA11AI.5194
FEC ID number of contributing federal political committee.	MD 20850	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Jungim Yun Mailing Address 2057 Thurston Ro	ad	Date of Receipt
City	State Zip Code	09 30 2010
Frederick	MD 21704	Transaction ID: SA11AI.5169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	nal)	450.00
TOTAL This Period (last page this line nur	mber only)	11730.00

CHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE NUMBER: PAGE 31 ck only one)		/ 37
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 2 28a 2	23 24 25 28b 28c 29	3
ny Information copied from such Reports and State for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO	CIATES LLC POLITICAL	. ACTI	ON COM	MITTEE		
Full Name (Last, First, Middle Initial) Citizens for Colburn Committee				Date of Dist		
Mailing Address 5210 Heron Rd.				09	D 1 6 Y 2 0 1	0 1
City Cambridge	State Zip Code MD 21613			Amount of E	Each Disbursement this	s Period
Purpose of Disbursement contribution					250.0	00
Candidate Name Citizens for Colburn Committee			tegory/ Гуре			
Senate President	sement For: 2010 Primary X Genera Other (specify) ▼	I				
State: District: Full Name (Last, First, Middle Initial) Committee to Elect Allan Kittleman				Transaction Date of Disl	n ID: SB23.5251	
Mailing Address 3102 Fox Valley Dr.				09 /	1 6 Y 2 0 1	O Y
City W. Friendship	State Zip Code MD 21794			Amount of E	Each Disbursement this	s Period
Purpose of Disbursement contribution					250.	00
Candidate Name Committee to Elect Allan Kittleman			tegory/ Type			
Senate President	sement For: 2010 Primary X Genera Other (specify) ▼	1				
State: District: Full Name (Last, First, Middle Initial) Freinds of Wade Kach				Transaction Date of Disk	n ID: SB23.5247 pursement	
Mailing Address 214 Ashland Rd.				08	23 7 201	0
City Cockeysville	State Zip Code MD 21030			Amount of E	Each Disbursement this	s Period
Purpose of Disbursement contribution			` `	L	500.	00
Candidate Name Freinds of Wade Kach			tegory/ Type			
Office Sought: House Disburn Senate President State: District:	sement For: 2010 Primary X Genera Other (specify)	1				
SUBTOTAL of Disbursements This Page (optional)		▶		1000.0	00
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	ce Sought: e: MD	House Senate President District:		ent For: rimary ther (spe	2010 X General ecify) ▼		
	,	First, Middle Initial) ny Klausmeier	I				Transaction ID: SB23.5240 Date of Disbursement
Maili	ing Address	4100 Walter A	ve.				09 16 7 2010
City Balt	imore		Sta MI		Zip Code 21236		Amount of Each Disbursement this Perio
contr	oose of Disbu	rsement					250.00
Frie		ny Klausmeier	T 5: :		2015	Category/ Type	
Offic	ce Sought:	House Senate President		ent For: rimary ther (spe	2010 X General ecify) ▼		
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\	COMMITTEE (In Full) OLONIES ANESTHES	IA ASSOCI	ATES LLO	C POLITICAL /	ACTIO	ON CO	MMIT	TEE						
	(Last, First, Middle Initial) of Kirill Reznik						D	ate of	ction ID: Disburs	eme				
Mailing Ac	ldress 18469 Stone I	Hollow Dr.) 8 M	/ D2	23	/ L	ž 0 1	0 1	
City	· onw		State MD	Zip Code 20874			Aı	moun	t of Each	Dis	burser	ment this	Peri	od
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Office Sou	ght: House Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼										
	(Last, First, Middle Initial)						+_				2000 /	-107		_
	of Martin O'Malley						D	ate of	Ction ID:	eme		-	· V	
Mailing Ac	ldress 1010 Hull Stre Suite 202	eet						М ² М		9	/ ٢	žoť	0 1	
City Baltimor	۵		State MD	Zip Code 21230			Aı	moun	t of Each	Dis	burser	ment this	Peri	od
	f Disbursement	<u>'</u>		21200		-	† L					500.0	0	_
Candidate Friends	Name of Martin O'Malley					egory/ /pe								
Office Sou	ght: House Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼										
Full Name	(Last, First, Middle Initial) of Pete Hammen								ction ID:			5136		
	or reterranimen							ate of			rit / Y	YY	. Y	
Mailing Ac	ldress 188 Main Stre Suite 1) 7] [1	2		ž 0 1	0	
City Annapoli	S		State MD	Zip Code 21401			A	moun	t of Each	Dis	burser	ment this	Peri	od
	f Disbursement	<u>'</u>	· -									250.0	0	_
Candidate Friends	Name of Pete Hammen					egory/ vpe								
Office Sou	Senate President	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼										
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one)] 22 X 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to son	Cit contributions from Such committee
FIRST COLONIES ANESTHESIA ASSOCI	ATES LLC POLITICAL AC	CTION COM	MITTEE
Full Name (Last, First, Middle Initial) Friends of Shirley Nathan Pulliam			Transaction ID: SB23.5231 Date of Disbursement
Mailing Address PO Box 31785			08 7 23 7 2010
,	State Zip Code MD 21207		Amount of Each Disbursement this Period
Purpose of Disbursement contrubtion			250.00
Candidate Name Friends of Shirley Nathan Pulliam		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Marylanders for Miller			Transaction ID: SB23.5237 Date of Disbursement
Mailing Address 8808 Old Branch Ave.			$\begin{bmatrix} \begin{smallmatrix} M \\ D \\ B \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D \\ B \\ D \\ D \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \\ D \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \\ D \end{bmatrix} \ \ \ \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
,	State Zip Code MD 20735		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			3000.00
Candidate Name Marylanders for Miller		Category/ Type	
Senate President	ment For: 2010 Primary X General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Supports of Thomas Middleton			Transaction ID: SB23.5138 Date of Disbursement
Mailing Address 11 Bladen Street			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 3 \\ 2 & 3 & 3 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 2 & 1 \\ 2 & 2 & 0 & 1 & 0 \end{bmatrix}$
	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement contribution			3000.00
Candidate Name Supports of Thomas Middleton		Category/ Type	
Office Sought: House Disburse X Senate President State: MD District:	ment For: 2010 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			6250.00
TOTAL This Period (last page this line number only)			
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•	Use separate schedule(s)	FOR LINE (check only		PAGE 35 / 37							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	7 22 X 23 C	1 24 □ 25 □ 26							
	Detailed Summary Fage	27	28a 28b	28c 29 30b							
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCI	ATES LLC POLITICAL AC	TION COMI	MITTEE								
Full Name (Last, First, Middle Initial) The Exum Committee Mailing Address PO Box 7502			Transaction ID: State of Disbursem M 8 M / D 3 D O 8 1	ent							
City Largo Purpose of Disbursement contribution	State Zip Code MD 20770		Amount of Each Di	sbursement this Period							
Candidate Name The Exum Committee	C	Category/ Type									
Office Sought: Senate President State: Disburse	ment For: 2010 Primary X General Other (specify)										
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SUBTOTAL of Disbursements This Page (optional)	•	500.00
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	ne and address of any politic	al com	nmitt	ee to so	licit cont	ributio						
<u> </u>	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street							sburs	_) Í 0	Y
	City Annapolis	State Zip Code MD 21401				Amou	unt of	Each	Disb	ursen	-		-
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE 37/37
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 23 23 27 28a 28b	24 25 26 28c X 29 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	,		ŭ
NAME OF COMMITTEE (In Full)			
FIRST COLONIES ANESTHESIA ASSOCIA	ATES LLC POLITICAL ACTI	ON COMMITTEE	
Full Name (Last, First, Middle Initial)		Transaction ID: 3	SB29.5135
Barbara Marx Brocato & Associates		Date of Disburseme	
Mailing Address 18 Pinkney Street		09 / 030	Y 2010 Y
,	State Zip Code MD 21401	Amount of Each Di	sbursement this Period
Purpose of Disbursement lobbying fees			1000.00
Candidate Name		tegory/ ype	
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	—	4000.00