

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

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

Signature of Treasurer Electronically Filed by Dr. Jeremy Roth Date 10 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M M	D D	Y Y Y Y
0 7	0 1	2 0 1 0

 To:

M M	D D	Y Y Y Y
0 9	3 0	2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 1 0</td></tr></table>	Y Y Y Y	2 0 1 0		65435.53
Y Y Y Y				
2 0 1 0				
(b) Cash on Hand at Beginning of Reporting Period	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		
7. Total Disbursements (from Line 31)	14250.00	30121.03		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67999.50	67999.50		
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10250.00	20725.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4000.00	9396.03
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14250.00	30121.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14250.00	30121.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 37
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 4170 Bethesda Ave. #719		Transaction ID: SA11AI.5223
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. Marc Beck		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 16 Norris Run Court		Transaction ID: SA11AI.5195
City Reisterstown	State MD	Zip Code 21136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Dr. John Bunker		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 15229 National Pike		Transaction ID: SA11AI.5150
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Donald Charney

Mailing Address 3707 Meadowhill Court

City State Zip Code
Phoenix MD 21131

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2010

Transaction ID: SA11AI.5196

Amount of Each Receipt this Period

150.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. Stayam Chary

Mailing Address 9 Alterwood Lane

City State Zip Code
Owings Mill MD 21117

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2010

Transaction ID: SA11AI.5197

Amount of Each Receipt this Period

150.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Chau

Mailing Address 7204 Loch Edin Court

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
09 30 2010

Transaction ID: SA11AI.5170

Amount of Each Receipt this Period

150.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 11415 Commonwealth Drive #204	Transaction ID: SA11AI.5173
	City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Edward Chen	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10209 Fleming Avenue	Transaction ID: SA11AI.5171
	City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jen Chen	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1104 Mill Ridge Road	Transaction ID: SA11AI.5172
	City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. William Chester	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5801 Nicholon Lane #1915	Transaction ID: SA11AI.5174
	City North Bethesda State MD Zip Code 20852	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4846 Lee Hollow Place	Transaction ID: SA11AI.5198
	City Ellicott City State MD Zip Code 21043	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 18720 Shremor Drive	Transaction ID: SA11AI.5175
	City Derwood State MD Zip Code 20855	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Lauren Deloach

Mailing Address 15114 Pepperridge Drive

City State Zip Code
Bowie MD 20721

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5141

Amount of Each Receipt this Period
150.00

payroll deduction

B. Full Name (Last, First, Middle Initial)
Dr. Karen Dugan

Mailing Address 4107 Vickie Lynn Court

City State Zip Code
Mt. Airy MD 21771

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5153

Amount of Each Receipt this Period
150.00

payroll deduction

C. Full Name (Last, First, Middle Initial)
Dr. Todd Epstein

Mailing Address 11305 Struttman Terrace

City State Zip Code
North Bethesda MD 20852

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5211

Amount of Each Receipt this Period
150.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Richard Evans		Date of Receipt
	Mailing Address 6436 West Langley Lane		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5224
Name of Employer First Colonies Anesthesia Asso		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="150.00"/>
			payroll deduction

B.	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler		Date of Receipt
	Mailing Address 4107 Vickie Lynn Court		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mt. Airy	MD	21771
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5154
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="90.00"/>
			payroll deduction

C.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli		Date of Receipt
	Mailing Address 504 Reserve Champion Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rockvillem	MD	20850
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5155
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="150.00"/>
			payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="390.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 37
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. James Glass	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1441 Rhode Island Ave., N.W. #410	Transaction ID: SA11AI.5225
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Asso Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Steven Grube	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 13895 Foxtower Road	Transaction ID: SA11AI.5156
	City State Zip Code Thurmont MD 21788	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Keith Hairston	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 12312 Highstakes Drive	Transaction ID: SA11AI.5200
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Glen Hessinger

Mailing Address 8101 Ruston Crossing Road

City State Zip Code
Towson MD 21204

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5201

Amount of Each Receipt this Period

150.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)

Dr. Jean-Max Hogarth

Mailing Address 1614 Randallwood Court

City State Zip Code
Jarrettsville MD 21084

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5202

Amount of Each Receipt this Period

150.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)

Dr. Sung Hong

Mailing Address 8525 Huntspring Drive

City State Zip Code
Lutherville MD 21093

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period

150.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Dr. Steven Hopper		Date of Receipt
	Mailing Address 4550 N. Park Avenue #101		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Chevy Chase	MD	20815
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5212
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	150.00
payroll deduction			

B.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough		Date of Receipt
	Mailing Address 9110 Travener Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Frederick	MD	21704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5176
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	225.00
payroll deduction			

C.	Full Name (Last, First, Middle Initial) Dr. Sean Isaac		Date of Receipt
	Mailing Address 920 Newington Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Baltimore	MD	21217
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5204
Name of Employer First Colonies Anesthesia Asso		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	150.00
payroll deduction			

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. David Johnson	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5506 Bootjack Drive	Transaction ID: SA11AI.5158
	City State Zip Code Frederick MD 21702	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Christina Johnston	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3458 Holland Cliffs Road	Transaction ID: SA11AI.5142
	City State Zip Code Huntingtown MD 20639	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. James Kaufman	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7514 Arrowwood Road	Transaction ID: SA11AI.5213
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 6579 Prestwick Drive		Transaction ID: SA11AI.5159		
	City Highland	State MD	Zip Code 20777	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 400.00		

B.	Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3004 Hollow Crest Place		Transaction ID: SA11AI.5178		
	City Brookeville	State MD	Zip Code 20833	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia Asso	Occupation physician	Aggregate Year-to-Date 400.00		

C.	Full Name (Last, First, Middle Initial) Dr. Richard Ko		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 4101 Hunt Road		Transaction ID: SA11AI.5179		
	City Fairfax	State VA	Zip Code 22032	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 400.00		

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 37
(check only one)

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

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

A.

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

Mailing Address 11722 Split Tree Circle

City State Zip Code
Potomac MD 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5180

Amount of Each Receipt this Period
150.00

payroll deduction

B.

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

Mailing Address 3467 North Venice Street

City State Zip Code
Arlington VA 22207

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5214

Amount of Each Receipt this Period
150.00

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Malone

Mailing Address 11667 Fairmont Place

City State Zip Code
Ijamsville MD 21754

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5160

Amount of Each Receipt this Period
225.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Mollyann March

Mailing Address 6504 Greentree Road

City State Zip Code
Bethesda MD 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5143

Amount of Each Receipt this Period
225.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. Stephen Martin

Mailing Address 3336 O Street, NW

City State Zip Code
Washington DC 20007

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5181

Amount of Each Receipt this Period
150.00

payroll deduction

C.

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

Mailing Address 603 Queen Street #4

City State Zip Code
Alexandria VA 22314

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5182

Amount of Each Receipt this Period
300.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 12123 Merricks Court	Transaction ID: SA11AI.5161
	City State Zip Code Monrovia MD 21770	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Philip Owens	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 141 Adams Street, NW	Transaction ID: SA11AI.5184
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 10720 Dern Road	Transaction ID: SA11AI.5162
	City State Zip Code Emmisburg MD 21727	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Asso physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Paul Park	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 821 Oak Knoll Terrace	Transaction ID: SA11AI.5185
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1813 Solitaire Lane	Transaction ID: SA11AI.5186
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael Peck	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4 Farm Haven Court	Transaction ID: SA11AI.5215
	City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 / 37
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba		Date of Receipt
	Mailing Address 8400 Tysons Trace Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Vienna	VA	22182
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5187
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 150.00
payroll deduction			

B.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic		Date of Receipt
	Mailing Address 3912 Calverton Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Hyattsville	MD	20782
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5216
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 150.00
payroll deduction			

C.	Full Name (Last, First, Middle Initial) Dr. Clyde Pray		Date of Receipt
	Mailing Address 908 Oak Knoll Terrace		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5226
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 75.00
payroll deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 375.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 6409 Pinehurst Road		Transaction ID: SA11AI.5206
City Baltimore	State MD	Zip Code 21212
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer First Colonis Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. Timothy Robinson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 2212 Dalewood Road		Transaction ID: SA11AI.5207
City Timonium	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Dr. Jeremy Roth		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 913 Hillstead Drive		Transaction ID: SA11AI.5144
City Lutherville	State MD	Zip Code 21093
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.00	
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6611 Hunter Trail Way	Transaction ID: SA11AI.5163
	City State Zip Code Frederick MD 21702	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14700 Crossway Road	Transaction ID: SA11AI.5164
	City State Zip Code Rockville MD 20853	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 8010 Summer Mill Court	Transaction ID: SA11AI.5188
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Dr. Mark Seymour

Mailing Address 2932 Thurston Rd.

City State Zip Code
Frederick MD 21704

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

Name of Employer
First Colonies Anesthesai Asso

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5165

Amount of Each Receipt this Period
150.00

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Dr. Nader Soliman

Mailing Address 22905 David Mill Road

City State Zip Code
Germantown MD 20876

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

Name of Employer
First Colonies Anesthesia

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5189

Amount of Each Receipt this Period
150.00

payroll deduction

C.

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

Mailing Address 6 Beall Spring Court

City State Zip Code
Potomac MD 20854

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

Name of Employer
First Colonies Anesthesia

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.5217

Amount of Each Receipt this Period
150.00

payroll deduction

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 37
(check only one)

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

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

A.

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

Mailing Address 2454 Five Schillings Road

City State Zip Code
Frederick MD 21701

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5166

Amount of Each Receipt this Period
150.00

payroll deduction

B.

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

Mailing Address 2454 Five Schillings Road

City State Zip Code
Frederick MD 21701

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5167

Amount of Each Receipt this Period
150.00

payroll deduction

C.

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

Mailing Address PO Box 6081

City State Zip Code
McLean VA 22106

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period
150.00

payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. John Tam		Date of Receipt
	Mailing Address 10905 Cripplegate Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.5190
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="150.00"/>
payroll deduction			

B.	Full Name (Last, First, Middle Initial) Dr. Rojack Tan		Date of Receipt
	Mailing Address 507 Goodland Place		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.5219
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="150.00"/>
payroll deduction			

C.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai		Date of Receipt
	Mailing Address 10013 New London Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.5191
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="150.00"/>
payroll deduction			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Reed Underwood		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 1518 T Street, NW		Transaction ID: SA11AI.5227
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 22 Woodfield Court		Transaction ID: SA11AI.5146
City Reisterstown	State MD	Zip Code 21136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Dr. Martha Van Clief		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 405 Apple Grove Road		Transaction ID: SA11AI.5147
City Silver Spring	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice		Date of Receipt
	Mailing Address 71401 Meadow Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Chevy Chase	MD	20815
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5192
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 150.00
payroll deduction			

B.	Full Name (Last, First, Middle Initial) Dr. Mark Vogt		Date of Receipt
	Mailing Address 1149 Colonial Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5221
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 150.00
payroll deduction			

C.	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren		Date of Receipt
	Mailing Address 1200 Colvin Meadows Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Great Falls	VA	22066
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5193
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 150.00
payroll deduction			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Timothy Wex		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 11429 Cedar Ridge Drive		Transaction ID: SA11AI.5222
City Potomac	State VA	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. David Wheeler		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 7108 Collingwood Court		Transaction ID: SA11AI.5208
City Elkridge	State MD	Zip Code 21075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Dr. Thomas Wherry		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 611 W. 2nd Street		Transaction ID: SA11AI.5148
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Howard Wilpon

Mailing Address 18212 Wickham Road

City State Zip Code
Olney MD 20832

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period
150.00

payroll deduction

B. Full Name (Last, First, Middle Initial)
Dr. Aiqin Yu

Mailing Address 13508 Gumspring Road

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5194

Amount of Each Receipt this Period
150.00

payroll deduction

C. Full Name (Last, First, Middle Initial)
Dr. Jungim Yun

Mailing Address 2057 Thurston Road

City State Zip Code
Frederick MD 21704

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5169

Amount of Each Receipt this Period
150.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 450.00

TOTAL This Period (last page this line number only) ► 11730.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Citizens for Colburn Committee <hr/> Mailing Address 5210 Heron Rd. <hr/> City Cambridge State MD Zip Code 21613 <hr/> Purpose of Disbursement contribution Candidate Name Citizens for Colburn Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5244 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to Elect Allan Kittleman <hr/> Mailing Address 3102 Fox Valley Dr. <hr/> City W. Friendship State MD Zip Code 21794 <hr/> Purpose of Disbursement contribution Candidate Name Committee to Elect Allan Kittleman Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5251 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Freinds of Wade Kach <hr/> Mailing Address 214 Ashland Rd. <hr/> City Cockeysville State MD Zip Code 21030 <hr/> Purpose of Disbursement contribution Candidate Name Freinds of Wade Kach Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.5247 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Barry Glassman	Transaction ID: SB23.5139 Date of Disbursement
	Mailing Address 401 Miller Office Building	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of Barry Glassman	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Doug Gansler	Transaction ID: SB23.5243 Date of Disbursement
	Mailing Address 200 St. Paul Place	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Baltimore State MD Zip Code 21202	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1000.00"/>
	Candidate Name Doug Gansler	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Kathy Klausmeier	Transaction ID: SB23.5240 Date of Disbursement
	Mailing Address 4100 Walter Ave.	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Baltimore State MD Zip Code 21236	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of Kathy Klausmeier	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Kirill Reznik</p> <p>Mailing Address 18469 Stone Hollow Dr.</p> <p>City Germantonw State MD Zip Code 20874</p> <p>Purpose of Disbursement contributions</p> <p>Candidate Name Friends of Kirill Reznik</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5228 Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Martin O'Malley</p> <p>Mailing Address 1010 Hull Street Suite 202</p> <p>City Baltimore State MD Zip Code 21230</p> <p>Purpose of Disbursement contributions</p> <p>Candidate Name Friends of Martin O'Malley</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5137 Date of Disbursement 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Pete Hammen</p> <p>Mailing Address 188 Main Street Suite 1</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement contributions</p> <p>Candidate Name Friends of Pete Hammen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5136 Date of Disbursement 07 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Shirley Nathan Pulliam	Transaction ID: SB23.5231 Date of Disbursement
	Mailing Address PO Box 31785	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Baltimore State MD Zip Code 21207	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="250.00"/>
	Candidate Name Friends of Shirley Nathan Pulliam	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Marylanders for Miller	Transaction ID: SB23.5237 Date of Disbursement
	Mailing Address 8808 Old Branch Ave.	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Clinton State MD Zip Code 20735	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="3000.00"/>
	Candidate Name Marylanders for Miller	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Supports of Thomas Middleton	Transaction ID: SB23.5138 Date of Disbursement
	Mailing Address 11 Bladen Street	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="3000.00"/>
	Candidate Name Supports of Thomas Middleton	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MD District:	

SUBTOTAL of Disbursements This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

The Exum Committee

Mailing Address PO Box 7502

City
Largo

State
MD

Zip Code
20770

Purpose of Disbursement
contribution

Candidate Name
The Exum Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5234

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

10250.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates <hr/> Mailing Address 18 Pinkney Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement lobbying fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5132 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates <hr/> Mailing Address 18 Pinkney Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement lobbying fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5133 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates <hr/> Mailing Address 18 Pinkney Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement lobbying fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5134 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Barbara Marx Brocato & Associates

Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement
lobbying fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)