

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 7490 New Technology Way

Check if different than previously reported. (ACC) Frederick MD 21703

2. **FEC IDENTIFICATION NUMBER ▼** C00416305 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of MD

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2012 through M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012

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 Dr. Jeremy Roth *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 03 / 07 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		89717.90
(b) Cash on Hand at Beginning of Reporting Period.....	104165.27	
(c) Total Receipts (from Line 19)	9460.00	45750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	113625.27	135467.90
7. Total Disbursements (from Line 31).....	7500.00	29342.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	106125.27	106125.27
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).....	8770.00	34000.00
(ii) Unitemized	690.00	11750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9460.00	45750.00
(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)	9460.00	45750.00
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 Transfers (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))..... ▶	9460.00	45750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9460.00	45750.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	13492.63
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	13492.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	8350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	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)) ..	7500.00	29342.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	15850.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9460.00	45750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9460.00	45750.00
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: (check only one)	PAGE 6 OF 64
<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. Dr. Maksim Barkinskiy
Full Name (Last, First, Middle Initial)
Mailing Address 10021 Dickens Avenue

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6635

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Maksim Barkinskiy
Full Name (Last, First, Middle Initial)
Mailing Address 10021 Dickens Avenue

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6731

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Marc Beck
Full Name (Last, First, Middle Initial)
Mailing Address 16 Norris Run Court

City Reisterstown	State MD	Zip Code 21136
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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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6657

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 OF 64
(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. Dr. Marc Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Norris Run Court
 City Reisterstown State MD Zip Code 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6753
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Jeffrey Briggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 14952 Finegan Farm Rd.
 City Germantown State MD Zip Code 20874
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6612
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Jeffrey Briggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 14952 Finegan Farm Rd.
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6707
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 OF 64
	<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. Dr. John Bunker
Full Name (Last, First, Middle Initial)

Mailing Address 15229 National Pike

City Hagerstown State MD Zip Code 21740

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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.6686

Amount of Each Receipt this Period 50.00

Payroll deduction

B. Dr. John Bunker
Full Name (Last, First, Middle Initial)

Mailing Address 15229 National Pike

City Hagerstown State MD Zip Code 21740

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period 50.00

Payroll deduction

C. Dr. Rachel Cappuccino
Full Name (Last, First, Middle Initial)

Mailing Address 2811 Sommersby Rd.

City Mt. Airy State MD Zip Code 21771

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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.6680

Amount of Each Receipt this Period 25.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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 9 OF 64
(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. Dr. Rachel Cappuccino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2811 Sommersby Rd.
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6776
 Amount of Each Receipt this Period
 250.00
 Payroll deduction

B. Dr. Donald Charney
 Full Name (Last, First, Middle Initial)
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6658
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Donald Charney
 Full Name (Last, First, Middle Initial)
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6754
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
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 10 OF 64
<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. Dr. Satyam Chary
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6659

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6755

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 7204 Loch Edin Court

City Potomac State MD Zip Code 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6613

Amount of Each Receipt this Period
 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 11 OF 64
(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. Dr. Thomas Chau
Full Name (Last, First, Middle Initial)
Mailing Address 7204 Loch Edin Court
City Potomac State MD Zip Code 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 **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6708
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)
Mailing Address 12808 Spring Drive
City Rockville State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6634
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)
Mailing Address 12808 Spring Drive
City Rockville State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6730
Amount of Each Receipt this Period **50.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 64
<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. Dr. Edward Chen
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

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 ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6614

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. Dr. Edward Chen
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6710

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. William Chester
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6615

Amount of Each Receipt this Period **50.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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 13 OF 64
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	<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. Dr. William Chester
Full Name (Last, First, Middle Initial)

Mailing Address 13771 Lambertina Place

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6711

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. Dr. Lincoln Coore
Full Name (Last, First, Middle Initial)

Mailing Address 11546 Fox River Road

City Ellicott City State MD Zip Code 21042

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 ▼ **675.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6666

Amount of Each Receipt this Period **75.00**

Payroll deduction

C. Dr. Lincoln Coore
Full Name (Last, First, Middle Initial)

Mailing Address 11546 Fox River Road

City Ellicott City State MD Zip Code 21042

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 ▼ **750.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6762

Amount of Each Receipt this Period **75.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **200.00**

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 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Melvin Coursey
 Full Name (Last, First, Middle Initial)
 Mailing Address 18720 Shremor Drive
 City Derwood State MD Zip Code 20855
 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 **450.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6616
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

B. Dr. Melvin Coursey
 Full Name (Last, First, Middle Initial)
 Mailing Address 18720 Shremor Drive
 City Derwood State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6712
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Lauren Deloach
 Full Name (Last, First, Middle Initial)
 Mailing Address 15114 Pepperridge Drive
 City Bowie State MD Zip Code 20721
 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 **450.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6676
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....	150.00
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 15 OF 64
(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. Dr. Lauren Deloach
Full Name (Last, First, Middle Initial)
Mailing Address 15114 Pepperridge Drive
City Bowie State MD Zip Code 20721
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6772
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Patrick Dono
Full Name (Last, First, Middle Initial)
Mailing Address 17136 Wesley Chapel Rd.
City Monkton State MD Zip Code 21111
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 **225.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6660
Amount of Each Receipt this Period **25.00**
Payroll deduction

C. Patrick Dono
Full Name (Last, First, Middle Initial)
Mailing Address 17136 Wesley Chapel Rd.
City Monkton State MD Zip Code 21111
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6756
Amount of Each Receipt this Period **25.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **100.00**
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 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Ali Emamhosseini
 Full Name (Last, First, Middle Initial)
 Mailing Address 8370 Greensboro Drive
 Apt #208
 City McLean State VA Zip Code 22102
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6641
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Ali Emamhosseini
 Full Name (Last, First, Middle Initial)
 Mailing Address 8370 Greensboro Drive
 Apt #208
 City McLean State VA Zip Code 22102
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6737
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Todd Epstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 11305 Struttman Terrace
 City North Bethesda State MD Zip Code 20852
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6644
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 OF 64
(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. Dr. Todd Epstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 11305 Struttman Terrace
 City North Bethesda State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6740
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Richard Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 6436 West Langley Lane
 City McLean State VA Zip Code 22101
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6639
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Richard Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 6436 West Langley Lane
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6735
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 18 OF 64
	<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. Dr. Philip Ferkler
Full Name (Last, First, Middle Initial)

Mailing Address 4107 Vickie Lynn Court

City Mt. Airy State MD Zip Code 21771

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 ▼ **270.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6689

Amount of Each Receipt this Period **30.00**

Payroll deduction

B. Dr. Philip Ferkler
Full Name (Last, First, Middle Initial)

Mailing Address 4107 Vickie Lynn Court

City Mt. Airy State MD Zip Code 21771

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 ▼ **300.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6785

Amount of Each Receipt this Period **30.00**

Payroll deduction

C. Ronald Flax
Full Name (Last, First, Middle Initial)

Mailing Address 3715 Birchmere Ct.

City Owings Mills State MD Zip Code 21117

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 ▼ **225.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6661

Amount of Each Receipt this Period **25.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **85.00**

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 19 OF 64
(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. Ronald Flax
 Full Name (Last, First, Middle Initial)
 Mailing Address 3715 Birchmere Ct.
 City Owings Mills State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6757
 Amount of Each Receipt this Period 250.00
 Payroll deduction

B. Dr. Tamara Gabrielli
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Reserve Champion Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6690
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Tamara Gabrielli
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Reserve Champion Drive
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6786
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 OF 64
	<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. Thomas Gambon
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Charleston Dr.

City Bethesda State MD Zip Code 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.6701

Amount of Each Receipt this Period 50.00

Payroll deduction

B. Thomas Gambon
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Charleston Dr.

City Bethesda State MD Zip Code 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 1221 T Street, N.W.

City Washington State DC Zip Code 20009

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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.6640

Amount of Each Receipt this Period 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 OF 64
	<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. Dr. James Glass
Full Name (Last, First, Middle Initial)
Mailing Address 1221 T Street, N.W.
City Washington State DC Zip Code 20009
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6736
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Steven Grube
Full Name (Last, First, Middle Initial)
Mailing Address 13895 Foxtower Road
City Thurmont State MD Zip Code 21788
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 **450.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6691
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Steven Grube
Full Name (Last, First, Middle Initial)
Mailing Address 13895 Foxtower Road
City Thurmont State MD Zip Code 21788
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6787
Amount of Each Receipt this Period **50.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 22 OF 64
	<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

Full Name (Last, First, Middle Initial) A. Dr. Keith Hairston		Date of Receipt
Mailing Address 12312 Highstakes Drive		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City State Zip Code Reisterstown MD 21136		Transaction ID : SA11AI.6662
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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 ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Keith Hairston		Date of Receipt
Mailing Address 12312 Highstakes Drive		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Reisterstown MD 21136		Transaction ID : SA11AI.6758
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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 ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Shelly Hairston		Date of Receipt
Mailing Address 12312 Highstakes Drive		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City State Zip Code Reisterstown MD 21136		Transaction ID : SA11AI.6685
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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 ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
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 23 OF 64
(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. Shelly Hairston
 Full Name (Last, First, Middle Initial)
 Mailing Address 12312 Highstakes Drive
 City Reisterstown State MD Zip Code 21136
 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 ▼ 350.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6781
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. John Hanna
 Full Name (Last, First, Middle Initial)
 Mailing Address 9310 Leigh Mill Ct.
 City Great Falls State VA Zip Code 22066
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6645
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. John Hanna
 Full Name (Last, First, Middle Initial)
 Mailing Address 9310 Leigh Mill Ct.
 City Great Falls State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6741
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 OF 64
(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

Full Name (Last, First, Middle Initial)
A. Dr. Glen Hessinger

Mailing Address 8101 Ruxton Crossing Road

City Towson	State MD	Zip Code 21204
----------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6663

Amount of Each Receipt this Period
50.00

Payroll deduction

Full Name (Last, First, Middle Initial)
B. Dr. Glen Hessinger

Mailing Address 8101 Ruxton Crossing Road

City Towson	State MD	Zip Code 21204
----------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6759

Amount of Each Receipt this Period
50.00

Payroll deduction

Full Name (Last, First, Middle Initial)
C. Dr. Jean-Max Hogarth

Mailing Address 1614 Randallwood Court

City Jarrettsville	State MD	Zip Code 21084
-----------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6664

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 25 OF 64
	<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. Dr. Jean-Max Hogarth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Randallwood Court
 City Jarrettsville State MD Zip Code 21084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6760
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Sung Hong
 Full Name (Last, First, Middle Initial)
 Mailing Address 8525 Huntspring Drive
 City Lutherville State MD Zip Code 21093
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6665
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Sung Hong
 Full Name (Last, First, Middle Initial)
 Mailing Address 8525 Huntspring Drive
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6761
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 OF 64
	<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. Dr. Steven Hopper
Full Name (Last, First, Middle Initial)

Mailing Address 4550 N. Park Avenue #101

City Chevy Chase State MD Zip Code 20815

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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6646

Amount of Each Receipt this Period 50.00

Payroll deduction

B. Dr. Steven Hopper
Full Name (Last, First, Middle Initial)

Mailing Address 4550 N. Park Avenue #101

City Chevy Chase State MD Zip Code 20815

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6742

Amount of Each Receipt this Period 50.00

Payroll deduction

c. Dr. Stuart Hough
Full Name (Last, First, Middle Initial)

Mailing Address 9110 Travener Circle

City Frederick State MD Zip Code 21704

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 ▼ 675.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6617

Amount of Each Receipt this Period 75.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 175.00

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 27 OF 64
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	<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. Dr. Stuart Hough
 Full Name (Last, First, Middle Initial)
 Mailing Address 9110 Travener Circle
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6713
 Amount of Each Receipt this Period
 750.00
 Payroll deduction

B. Dr. Sean Isaac
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Starlight Farm Drive
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6672
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Sean Isaac
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Starlight Farm Drive
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6768
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 OF 64
(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. Dr. David Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 5506 Bootjack Drive

City Frederick	State MD	Zip Code 21702
-------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6692

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. David Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 5506 Bootjack Drive

City Frederick	State MD	Zip Code 21702
-------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6788

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. James Kaufman
Full Name (Last, First, Middle Initial)
Mailing Address 7514 Arrowwood Road

City Bethesda	State MD	Zip Code 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6647

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
<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

Full Name (Last, First, Middle Initial) A. Dr. James Kaufman		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2012 Transaction ID : SA11AI.6743
Mailing Address 7514 Arrowwood Road		Amount of Each Receipt this Period 500.00
City Bethesda	State MD	Zip Code 20817
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Cynthia Kenol		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2012 Transaction ID : SA11AI.6618
Mailing Address 6579 Prestwick Drive		Amount of Each Receipt this Period 50.00
City Highland	State MD	Zip Code 20777
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. Cynthia Kenol		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2012 Transaction ID : SA11AI.6714
Mailing Address 6579 Prestwick Drive		Amount of Each Receipt this Period 50.00
City Highland	State MD	Zip Code 20777
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 30 OF 64
	<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. Dr. Richard Ko
Full Name (Last, First, Middle Initial)

Mailing Address 6795 Stockwell Manor Drive

City Falls Church State VA Zip Code 22043

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 ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6619

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 6795 Stockwell Manor Drive

City Falls Church State VA Zip Code 22043

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6715

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 11722 Split Tree Circle

City Potomac State MD Zip Code 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 ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6620

Amount of Each Receipt this Period **50.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ► **150.00**

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 31 OF 64
(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. Dr. Harkisan Laheri
Full Name (Last, First, Middle Initial)
Mailing Address 11722 Split Tree Circle
City Potomac State MD Zip Code 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 **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6716
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Kathleen Leavitt
Full Name (Last, First, Middle Initial)
Mailing Address 3467 North Venice Street
City Arlington State VA Zip Code 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 **450.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6648
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Kathleen Leavitt
Full Name (Last, First, Middle Initial)
Mailing Address 3467 North Venice Street
City Arlington State VA Zip Code 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 **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6744
Amount of Each Receipt this Period **50.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 32 OF 64
	<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. Dr. Thomas Malone
Full Name (Last, First, Middle Initial)

Mailing Address 11667 Fairmont Place

City Ijamsville State MD Zip Code 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 ▼ **675.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : **SA11AI.6693**

Amount of Each Receipt this Period **75.00**

Payroll deduction

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

Mailing Address 11667 Fairmont Place

City Ijamsville State MD Zip Code 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 ▼ **750.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : **SA11AI.6789**

Amount of Each Receipt this Period **75.00**

Payroll deduction

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

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 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 ▼ **675.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : **SA11AI.6649**

Amount of Each Receipt this Period **75.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **225.00**

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 33 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Mollyann March
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 Greentree Road
 City Bethesda State MD Zip Code 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 **750.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6745
 Amount of Each Receipt this Period **750.00**
 Payroll deduction

B. Dr. Stephen Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3336 O Street, NW
 City Washington State DC Zip Code 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 **450.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6621
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Stephen Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3336 O Street, NW
 City Washington State DC Zip Code 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 **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6717
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....	175.00
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 34 OF 64
	<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. Omid Moayed
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 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 ▼ **250.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6729

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. Dr. Danielle Mossman
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy State MD Zip Code 21771

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 ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6687

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. Danielle Mossman
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy State MD Zip Code 21771

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6783

Amount of Each Receipt this Period **50.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 35 OF 64
	<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. Dr. Thomas Munro
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

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 ▼ **675.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6702

Amount of Each Receipt this Period **75.00**

Payroll deduction

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

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

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 ▼ **750.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6798

Amount of Each Receipt this Period **75.00**

Payroll deduction

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

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6622

Amount of Each Receipt this Period **100.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **250.00**

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 36 OF 64
	<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. Dr. Anna Noriega-Nalls
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 Queen Street #4
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6718
 Amount of Each Receipt this Period 100.00
 Payroll deduction

B. Dr. Denis O'Fallon
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 Merricks Court
 City Monrovia State MD Zip Code 21770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6694
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Denis O'Fallon
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 Merricks Court
 City Monrovia State MD Zip Code 21770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6790
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 37 OF 64
	<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. Dr. Philip Owens
Full Name (Last, First, Middle Initial)
Mailing Address 141 Adams Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6623
Amount of Each Receipt this Period 50.00
Payroll deduction

B. Dr. Philip Owens
Full Name (Last, First, Middle Initial)
Mailing Address 141 Adams Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6719
Amount of Each Receipt this Period 50.00
Payroll deduction

C. Dr. Kent Ozkum
Full Name (Last, First, Middle Initial)
Mailing Address 10720 Dern Road
City Emmitsburg State MD Zip Code 21727
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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6703
Amount of Each Receipt this Period 50.00
Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 38 OF 64
	<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. Dr. Kent Ozkum
Full Name (Last, First, Middle Initial)

Mailing Address 10720 Dern Road

City Emmitsburg State MD Zip Code 21727

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.6799

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Dr. Paul Park
Full Name (Last, First, Middle Initial)

Mailing Address 510 Golden Oak Terrace

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.6624

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Paul Park
Full Name (Last, First, Middle Initial)

Mailing Address 510 Golden Oak Terrace

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.6720

Amount of Each Receipt this Period
 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 39 OF 64
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A. Dr. Kestutis Pauliukonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 Solitaire Lane
 City McLean State VA Zip Code 22101
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6625
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Kestutis Pauliukonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 Solitaire Lane
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6721
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Michael Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Farm Haven Court
 City Rockville State MD Zip Code 20852
 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 ▼ 675.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6650
 Amount of Each Receipt this Period 75.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
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 40 OF 64
	<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. Dr. Michael Peck
Full Name (Last, First, Middle Initial)

Mailing Address 4 Farm Haven Court

City Rockville State MD Zip Code 20852

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 ▼ **750.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period **750.00**

Payroll deduction

B. Dr. Ramani Peruvemba
Full Name (Last, First, Middle Initial)

Mailing Address 8302 Fox Haven Drive

City McLean State VA Zip Code 22102

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 ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6626

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. Ramani Peruvemba
Full Name (Last, First, Middle Initial)

Mailing Address 8302 Fox Haven Drive

City McLean State VA Zip Code 22102

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6722

Amount of Each Receipt this Period **50.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **175.00**

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 41 OF 64
(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. Dr. Eugen Pirovic
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Calverton Drive
 City Hyattsville State MD Zip Code 20782
 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6656
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Eugen Pirovic
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Calverton Drive
 City Hyattsville State MD Zip Code 20782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6752
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Jeffrey Richman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6906 Granite Ridge Ct.
 City Baltimore State MD Zip Code 21209
 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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6671
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 42 OF 64
	<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. Dr. Jeffrey Richman
Full Name (Last, First, Middle Initial)

Mailing Address 6906 Granite Ridge Ct.

City Baltimore	State MD	Zip Code 21209
-------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6767

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Charles Rizzuto
Full Name (Last, First, Middle Initial)

Mailing Address 6409 Pinehurst Road

City Baltimore	State MD	Zip Code 21212
-------------------	-------------	-------------------

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

Name of Employer First Colonis Anesthesia	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6667

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Charles Rizzuto
Full Name (Last, First, Middle Initial)

Mailing Address 6409 Pinehurst Road

City Baltimore	State MD	Zip Code 21212
-------------------	-------------	-------------------

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

Name of Employer First Colonis Anesthesia	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6763

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....	150.00
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 43 OF 64
	<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. Dr. Timothy Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Dalewood Road

City Timonium State MD Zip Code 21093

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 ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6668

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. Dr. Timothy Robinson
Full Name (Last, First, Middle Initial)

Mailing Address 2212 Dalewood Road

City Timonium State MD Zip Code 21093

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6764

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. Jeremy Roth
Full Name (Last, First, Middle Initial)

Mailing Address 913 Hillstead Drive

City Lutherville State MD Zip Code 21093

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 ▼ **270.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6677

Amount of Each Receipt this Period **30.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **130.00**

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 44 OF 64
	<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. Dr. Jeremy Roth
Full Name (Last, First, Middle Initial)

Mailing Address 913 Hillstead Drive

City Lutherville State MD Zip Code 21093

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 ▼ **300.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6773

Amount of Each Receipt this Period **300.00**

Payroll deduction

B. Dr. Alexander Rubin
Full Name (Last, First, Middle Initial)

Mailing Address 6611 Hunter Trail Way

City Frederick State MD Zip Code 21702

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 ▼ **450.00**

Date of Receipt **10 / 25 / 2012**

Transaction ID : SA11AI.6695

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. Alexander Rubin
Full Name (Last, First, Middle Initial)

Mailing Address 6611 Hunter Trail Way

City Frederick State MD Zip Code 21702

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 23 / 2012**

Transaction ID : SA11AI.6791

Amount of Each Receipt this Period **50.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 45 OF 64
	<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. Leudvig Sardarian
Full Name (Last, First, Middle Initial)

Mailing Address 11601 Brandy Hall Lane

City North Potomac State MD Zip Code 20878

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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6705

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Leudvig Sardarian
Full Name (Last, First, Middle Initial)

Mailing Address 11601 Brandy Hall Lane

City North Potomac State MD Zip Code 20878

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6801

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Suzanne Scattergood
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6696

Amount of Each Receipt this Period
 100.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 46 OF 64
	<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. Dr. Suzanne Scattergood
 Full Name (Last, First, Middle Initial)
 Mailing Address 14700 Crossway Road
 City State Zip Code
 Rockville MD 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6792
 Amount of Each Receipt this Period
 100.00
 Payroll deduction

B. Dr. Mark Seymour
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Thurston Rd.
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6697
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Mark Seymour
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Thurston Rd.
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6793
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 47 OF 64
	<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. Dr. Nader Soliman
Full Name (Last, First, Middle Initial)

Mailing Address 22905 David Mill Road

City Germantown State MD Zip Code 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.6627

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 22905 David Mill Road

City Germantown State MD Zip Code 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.6723

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 5008 Green Bridge Road

City Dayton State MD Zip Code 21036

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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : SA11AI.6679

Amount of Each Receipt this Period 25.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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 48 OF 64
(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. Dr. James Sowry
 Full Name (Last, First, Middle Initial)
 Mailing Address 5008 Green Bridge Road
 City State Zip Code
 Dayton MD 21036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6775
 Amount of Each Receipt this Period
 250.00
 Payroll deduction

B. Dr. Robert Study
 Full Name (Last, First, Middle Initial)
 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 Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6651
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Robert Study
 Full Name (Last, First, Middle Initial)
 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 Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6747
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 49 OF 64
(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. Dr. Lisa Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6698

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Lisa Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6794

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Robert Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6699

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 50 OF 64
	<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. Dr. Robert Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick	State MD	Zip Code 21703
-------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6795

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address PO Box 6081

City McLean	State VA	Zip Code 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6652

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address PO Box 6081

City McLean	State VA	Zip Code 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6748

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 51 OF 64
	<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. Dr. Rojack Tan
Full Name (Last, First, Middle Initial)
Mailing Address 507 Goodland Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Rojack Tan
Full Name (Last, First, Middle Initial)
Mailing Address 507 Goodland Place

City Rockville	State MD	Zip Code 20850
-------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6749

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Bernard Tsai
Full Name (Last, First, Middle Initial)
Mailing Address 10013 New London Drive

City Potomac	State MD	Zip Code 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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6628

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 52 OF 64
(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. Dr. Bernard Tsai
Full Name (Last, First, Middle Initial)
Mailing Address 10013 New London Drive
City Potomac State MD Zip Code 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 **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6724
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Reed Underwood
Full Name (Last, First, Middle Initial)
Mailing Address 1518 T Street, NW
City Washington State DC Zip Code 20009
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 **450.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6638
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Reed Underwood
Full Name (Last, First, Middle Initial)
Mailing Address 1518 T Street, NW
City Washington State DC Zip Code 20009
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6734
Amount of Each Receipt this Period **50.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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 53 OF 64
<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. Dr. Arnaldo Valedon
Full Name (Last, First, Middle Initial)

Mailing Address 22 Woodfield Court

City Reisterstown	State MD	Zip Code 21136
----------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6678

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Arnaldo Valedon
Full Name (Last, First, Middle Initial)

Mailing Address 22 Woodfield Court

City Reisterstown	State MD	Zip Code 21136
----------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Martha Van Clief
Full Name (Last, First, Middle Initial)

Mailing Address 405 Apple Grove Road

City Silver Spring	State MD	Zip Code 20904
-----------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6683

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 54 OF 64
(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. Dr. Martha Van Clief
Full Name (Last, First, Middle Initial)
Mailing Address 405 Apple Grove Road
City Silver Spring State MD Zip Code 20904
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6779
Amount of Each Receipt this Period **500.00**
Payroll deduction

B. Dr. Sanjay Vanguri
Full Name (Last, First, Middle Initial)
Mailing Address 9657 Atterbury Lane
City Frederick State MD Zip Code 21704
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 **225.00**

Date of Receipt **10 / 25 / 2012**
Transaction ID : SA11AI.6704
Amount of Each Receipt this Period **25.00**
Payroll deduction

C. Dr. Sanjay Vanguri
Full Name (Last, First, Middle Initial)
Mailing Address 9657 Atterbury Lane
City Frederick State MD Zip Code 21704
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 23 / 2012**
Transaction ID : SA11AI.6800
Amount of Each Receipt this Period **25.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **100.00**
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 55 OF 64
<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. Dr. Paul Van Nice
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Meadow Lane

City Chevy Chase	State MD	Zip Code 20815
---------------------	-------------	-------------------

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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6629

Amount of Each Receipt this Period

50.00

Payroll deduction

B. Dr. Paul Van Nice
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Meadow Lane

City Chevy Chase	State MD	Zip Code 20815
---------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period

50.00

Payroll deduction

C. Dr. Nicholas Visnich Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 10816 Willow Run Circle

City Potomac	State MD	Zip Code 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 ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6630

Amount of Each Receipt this Period

25.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 56 OF 64
<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. Dr. Nicholas Visnich Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10816 Willow Run Circle
 City Potomac State MD Zip Code 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 ▼ 250.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6726
 Amount of Each Receipt this Period 250.00
 Payroll deduction

B. Dr. Mark Vogt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1149 Colonial Road
 City McLean State VA Zip Code 22101
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6654
 Amount of Each Receipt this Period 50.00
 Payroll deduction

c. Dr. Mark Vogt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1149 Colonial Road
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6750
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 57 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr. Christopher Wahlgren
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Colvin Meadows Lane
 City State Zip Code
 Great Falls VA 22066
 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 ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6631
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. Christopher Wahlgren
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Colvin Meadows Lane
 City State Zip Code
 Great Falls VA 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6727
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Timothy Wex
 Full Name (Last, First, Middle Initial)
 Mailing Address 11429 Cedar Ridge Drive
 City State Zip Code
 Potomac VA 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 ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6655
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ► 150.00
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 58 OF 64
(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. Dr. Timothy Wex
 Full Name (Last, First, Middle Initial)
 Mailing Address 11429 Cedar Ridge Drive
 City Potomac State VA Zip Code 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 ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6751
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. David Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 7108 Collingwood Court
 City Elkridge State MD Zip Code 21075
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6669
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. David Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 7108 Collingwood Court
 City Elkridge State MD Zip Code 21075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6765
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 59 OF 64
(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. Dr. Thomas Wherry
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 W. 2nd Street
 City State Zip Code
 Frederick MD 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6684
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. Thomas Wherry
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 W. 2nd Street
 City State Zip Code
 Frederick MD 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6780
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Howard Wilpon
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6675
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 60 OF 64
	<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. Dr. Howard Wilpon
Full Name (Last, First, Middle Initial)

Mailing Address 18212 Wickham Road

City Olney	State MD	Zip Code 20832
---------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6771

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Monfold Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 4822 Tilly Dr.

City Sykesville	State MD	Zip Code 21784
--------------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2012

Transaction ID : SA11AI.6681

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Monfold Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 4822 Tilly Dr.

City Sykesville	State MD	Zip Code 21784
--------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : SA11AI.6777

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 61 OF 64
(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. You Wu
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Dunlavin Ct.
 City Timonium State MD Zip Code 21093
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6670
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. You Wu
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Dunlavin Ct.
 City Timonium State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6766
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. David Wyler
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 Granite Ridge Court
 City Baltimore State MD Zip Code 21209
 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 ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6682
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 62 OF 64
<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. David Wyler
Full Name (Last, First, Middle Initial)

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6778

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 13508 Gumspring Road

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : SA11AI.6632

Amount of Each Receipt this Period 50.00

Payroll deduction

C. Dr. Ai Qin Yu
Full Name (Last, First, Middle Initial)

Mailing Address 13508 Gumspring Road

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2012
Transaction ID : SA11AI.6728

Amount of Each Receipt this Period 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 150.00

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 63 OF 64
(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. Dr. Jungim Yun
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : SA11AI.6700
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. Jungim Yun
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.6796
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	8770.00

**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

Full Name (Last, First, Middle Initial)

A. CHESAPEAKE PAC

Mailing Address 170 OLD ENTERPRISE ROAD
PO BOX 5323

City UPPER MARLORO State MD Zip Code 20774

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2012

Transaction ID : SB23.6803

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Andy Harris

Mailing Address 301 W Pennsylvania Ave

City Towson State MD Zip Code 20214

Purpose of Disbursement
Political contribution

Candidate Name

Andy Harris

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2012

Transaction ID : SB23.6802

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

7500.00

7500.00