Image# 12971703560 PAGE 1 / 39

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man	All Authorized	Committee		Office Use Only				
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5				
FIRST COLONIES AND	ESTHESIA AS	SSOCIATES	LLC POL	ITICAL A	CTION C	OMMITTEE			
ADDRESS (number and street)	7490 New Techno	ology Way							
Check if different									
than previously reported. (ACC)	Frederick				MD	21703			
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		S	STATE A	ZIP CC	DDE 🛦		
C C00416305		3. IS THIS REPORT		IEW N) <b>OR</b>	X AN (A)	ENDED			
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q2  July 15 Quarterly Report (Q2  October 15 Quarterly Report (Q2  January 31 Year-End Report (YE  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-Ele Report	Flection on		12C)	Sep	in the	Special (30S)		
5. Covering Period 04	0,1	2012	through	06	/ D D /	2012			
I certify that I have examined this Type or Print Name of Treasurer	•	e best of my kno	wledge and b	pelief it is true	e, correct and	l complete.			
Signature of Treasurer Dr. Je	remy Roth		[Electronically	Filed]	ate 07	/ 19 /	2012		
NOTE: Submission of false, errone	ous, or incomplete i	information may su	bject the pers	son signing th	is Report to th	e penalties of 2	U.S.C. §437g.		
Office Use Only						FEC FOF Rev. 12/2			

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2012		90145.75
(b) Cash on Hand at Beginning of Reporting Period	94771.44	
(c) Total Receipts (from Line 19)	13415.00	22525.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108186.44	112670.75
Total Disbursements (from Line 31)	7108.32	11592.63
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101078.12	101078.12
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
D. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	didata assessita a (asa EEO EODM 4M)	

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

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

Write or Type Committee Name

#### FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04	01 / 2012 To:	06 30 / 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	12600.00	12600.00
(ii) Unitemized(iii) TOTAL (add	815.00	9925.00
Lines 11(a)(i) and (ii)▶	13415.00	22525.00
(b) Palitical Parts Committees	0.00	0.00
(b) Political Party Committees	3	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	13415.00	22525.00
Totals to Line 33, page 5)▶  . Transfers From Affiliated/Other	10 110.00	
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
_		
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
(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
(b) Levin Funds (from Schedule H5)	0.00	
otal Federal Receipts subtract Line 18(c) from Line 19)▶	13415.00	22525.00
(Subtract Line 18(c) from Line 19)	13415.00	22525.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: - (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calcindar Tear to Bute		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	5508.32	5508.32		
(b) Other Federal Operating				
Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	5508.32	5508.32		
Transfers to Affiliated/Other Party	33333	7		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	1500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(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		
(add Lines 20(a), (b), and (c))				
Other Disbursements	1600.00	4584.31		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7108.32	11592.63		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	1600.00	6084.31		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13415.00	22525.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13415.00	22525.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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

FOR LINE NUMBER:					PAGE		6	OF		39
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Maksim Barkinskiy  Mailing Address 10021 Dickens Avenue		Date of Receipt
City Bethesda FEC ID number of contributing federal political committee.	State Zip Code MD 20814	Transaction ID : SA11Al.6223  Amount of Each Receipt this Period  150.00
Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Marc Beck  Mailing Address 16 Norris Run Court  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Reisterstown  FEC ID number of contributing federal political committee.	MD 21136	Transaction ID : SA11Al.6196  Amount of Each Receipt this Period  150.00  Payroll deduction
Name of Employer  First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Jeffrey Briggs  Mailing Address 14952 Finegan Farm Rd.  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Germantown  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	Occupation Physician Aggregate Year-to-Date  250.00	Transaction ID : SA11AI.6171  Amount of Each Receipt this Period  150.00  Payroll deduction
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	only)	1 1 40 1 1 40 1 1 40 1

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

FOR LINE NUMBER:					PAGE		7	OF	39
(check only one)									
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or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. John Bunker  Mailing Address 15229 National Pike		Date of Receipt
City Hagerstown  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:  Primary General Other (specify)	State Zip Code MD 21740  C  Occupation Physician  Aggregate Year-to-Date  250.00	Transaction ID : SA11Al.6149  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Donald Charney  Mailing Address 3707 Meadowhill Court  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Phoenix  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General	MD 21131  C Occupation Physician  Aggregate Year-to-Date ▼	Transaction ID : SA11Al.6197  Amount of Each Receipt this Period  150.00  Payroll deduction
Other (specify)  Full Name (Last, First, Middle Initial) Dr. Satyam Chary Mailing Address 9 Alterwood Lane City	State Zip Code	Date of Receipt  06 30 2012  Transaction ID : SA11Al.6198
Owings Mill  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	MD 21117  C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period  150.00  Payroll deduction
SUBTOTAL of Receipts This Page (optional)	·····	450.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE	NUMBER	: PAG	E 8 OF	39					
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or for commercial purposes, other than using t	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas Chau  Mailing Address 7204 Loch Edin Court		Date of Receipt
City Potomac  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General Other (specify) ▼	State Zip Code MD 20854  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11Al.6172  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Dwayne Chen  Mailing Address 12808 Spring Drive  City	State Zip Code	Date of Receipt  06 30 2012
Rockville  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.6174  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Avenue  City Bethesda  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:	State Zip Code MD 20814  C Occupation Physician	Date of Receipt  06 30 2012  Transaction ID : SA11AI.6173  Amount of Each Receipt this Period  150.00  Payroll deduction
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	450.00
TOTAL This Period (last page this line number	<u> </u>	
IUIAL ITIIS Period (last page this line numbe	ər only) 🕨	

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

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or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. William Chester  Mailing Address 13771 Lambertina Place		Date of Receipt
City Rockville  FEC ID number of contributing federal political committee.	State Zip Code MD 20850	Transaction ID : SA11Al.6175  Amount of Each Receipt this Period  150.00
Name of Employer  First Colonies Anesthesia  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Lincoln Coore  Mailing Address 11546 Fox River Road	State Zip Code	Date of Receipt  06 30 2012
City  Ellicott City  FEC ID number of contributing federal political committee.	State Zip Code MD 21042	Transaction ID : SA11AI.6199  Amount of Each Receipt this Period  225.00
Name of Employer First Colonies Anesthsia  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  375.00	- Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Melvin Coursey  Mailing Address 18720 Shremor Drive  City	State Zip Code	Date of Receipt  M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Derwood  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	MD 20855  C Occupation Physician  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  150.00  Payroll deduction
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line numbe	r only)	

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

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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 th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAI	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Lauren Deloach  Mailing Address 15114 Pepperridge Drive		Date of Receipt
City	State Zip Code	06 30 2012
Bowie	MD 20721	Transaction ID : SA11AI.6137  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Ali Emamhosseini  Mailing Address 306 Prettyman Dr.  Apt. 8409		Date of Receipt  06 30 2012
City Rockville	State Zip Code MD 20850	Transaction ID : SA11AI.6178  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 25555	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Todd Epstein		Date of Receipt
Mailing Address 11305 Struttman Terrace		06 30 2012 _
City North Bethesda	State Zip Code MD 20852	Transaction ID : SA11AI.6210  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	only)	

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

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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 ANESTHE	ESIA ASSOCIATES LLC POLITICA	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Richard Evans  Mailing Address 6436 West Langley Lane		Date of Receipt
City McLean	State Zip Code VA 22101	06 30 2012  Transaction ID : SA11Al.6224  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	150.00  Payroll deduction
Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General	Occupation  Physician  Aggregate Year-to-Date ▼  250.00	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Tamara Gabrielli  Mailing Address 504 Reserve Champion Dr		Date of Receipt
City  Rockville  FEC ID number of contributing federal political committee.	State Zip Code MD 20850	06 30 2012  Transaction ID : SA11AI.6153  Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Payroll deduction
Full Name (Last, First, Middle Initial) Thomas Gambon Mailing Address 7700 Charleston Dr.  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	MD 20817	Amount of Each Receipt this Period  150.00  Payroll deduction
Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	450.00
TOTAL This Period (last page this line numb	per only)	

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. James Glass		Date of Receipt
Mailing Address 1221 T Street, N.W.		06 30 2012
City Washington	State Zip Code DC 20009	Transaction ID : SA11AI.6225  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Steven Grube  Mailing Address 13895 Foxtower Road		Date of Receipt  06 30 2012
City Thurmont	State Zip Code MD 21788	Transaction ID : SA11AI.6155  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Dr. Keith Hairston		Date of Receipt
Mailing Address 12312 Highstakes Drive		06 30 2012
City Reisterstown	State Zip Code MD 21136	Transaction ID : SA11AI.6201  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	only)	

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

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(c	(check only one)									
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		13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHI	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. John Hanna  Mailing Address 9310 Leigh Mill Ct.		Date of Receipt
City	State Zip Code VA 22066	06 30 2012 Transaction ID : SA11AI.6211
Great Falls  FEC ID number of contributing federal political committee.	C 22066	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Glen Hessinger  Mailing Address 8101 Ruxton Crossing Roa	ad	Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City Towson	State Zip Code MD 21204	Transaction ID : SA11AI.6202  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Jean-Max Hogarth	-	Date of Receipt
Mailing Address 1614 Randallwood Court		06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jarretsville	State Zip Code MD 21084	Transaction ID : SA11AI.6203  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	····	450.00
TOTAL This Period (last page this line number	per only)	

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

	FOR LINE NUMBER:						PAGE	. ′	14	OF		39
(check only one)												
		X	11a		11b		11c		12			
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAI	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Sung Hong  Mailing Address 8525 Huntspring Drive		Date of Receipt
City	State Zip Code	06 30 2012 Transaction ID : SA11Al.6139
Lutherville	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Steven Hopper  Mailing Address 4550 N. Park Avenue		Date of Receipt
#101		06 30 2012
City Chevy Chase	State Zip Code MD 20815	Transaction ID : SA11AI.6212
FEC ID number of contributing federal political committee.	C 20815	Amount of Each Receipt this Period
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Stuart Hough		Date of Receipt
Mailing Address 9110 Travener Circle		06 30 2012
City Frederick	State Zip Code MD 21704	Transaction ID : SA11AI.6179  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	525.00
TOTAL This Period (last page this line number	only)	

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

	FOR LINE	-	: PAGE	15 OF	39			
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHI	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Sean Isaac  Mailing Address 7 Starlight Farm Drive		Date of Receipt
City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code MD 21131  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI.6204  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. David Johnson  Mailing Address 5506 Bootjack Drive  City Frederick  FEC ID number of contributing federal political committee.	State Zip Code MD 21702	Date of Receipt  06 30 2012  Transaction ID : SA11Al.6157  Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. James Kaufman  Mailing Address 7514 Arrowwood Road  City Bethesda  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code MD 20817  C Occupation	Date of Receipt    Mark
First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  250.00	-
SUBTOTAL of Receipts This Page (optional)	<u> </u>	450.00
TOTAL This Period (last page this line numb	per only)	

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAI	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Cynthia Kenol  Mailing Address 6579 Prestwick Drive		Date of Receipt
City	State Zip Code	06 30 2012
Highland	MD 20777	Transaction ID : SA11AI.6158  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Richard Ko  Mailing Address 6795 Stockwell Manor Drive		Date of Receipt  06 30 2012
City Falls Church	State Zip Code VA 22043	Transaction ID : SA11AI.6180
FEC ID number of contributing federal political committee.	C 22043	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Harkisan Laheri		Date of Receipt
Mailing Address 11722 Split Tree Circle		06 30 2012
City Potomac	State Zip Code MD 20854	Transaction ID : SA11Al.6181  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary  Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	450.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Kathleen Leavitt  Mailing Address 3467 North Venice Street		Date of Receipt
City Arlington  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code VA 22207  C Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI.6214  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Thomas Malone  Mailing Address 11667 Fairmont Place  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ijamsville  FEC ID number of contributing federal political committee.	MD 21754	Transaction ID : SA11AI.6159  Amount of Each Receipt this Period  225.00
Name of Employer First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  375.00	Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Road  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bethesda  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	MD 20817  C Occupation Physician  Aggregate Year-to-Date ▼  375.00	Amount of Each Receipt this Period  225.00  Payroll deduction
SUBTOTAL of Receipts This Page (optional).		600.00
TOTAL This Period (last page this line numb	er only)	

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

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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	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAL	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Stephen Martin  Mailing Address 3336 O Street, NW		Date of Receipt
City	State Zip Code	06 30 2012 Transaction ID : SA11AI.6182
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Danielle Mossman  Mailing Address, 2700 Falling Groon Way	Date of Receipt	
Mailing Address 3709 Falling Green Way	06 30 2012	
City Mt. Airy	State Zip Code MD 21771	Transaction ID : SA11AI.6151  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Thomas Munro		Date of Receipt
Mailing Address 15310 Forest Lake Court		06 30 2012
City Darnestown	State Zip Code MD 20874	Transaction ID : SA11AI.6160  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	375.00	
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line number	only)	

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

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Anna Noriega-Nalls  Mailing Address 603 Queen Street  #4  City Alexandria  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code VA 22314  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address O'Fallon  Mailing Address 12123 Merricks Court  City  Monrovia  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	State Zip Code MD 21770  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 30 2012  Transaction ID: SA11AI.6161  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Philip Owens  Mailing Address 141 Adams Street, NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code DC 20001  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	600.00
TOTAL This Period (last page this line number	er only)	

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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 ANESTHES	IA ASSOCIATES LLC POLITICAL	_ ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Kent Ozkum  Mailing Address 40730 Perp Reed		Date of Receipt
Mailing Address 10720 Dern Road		06 30 2012
City Emmitsburg	State Zip Code MD 21727	Transaction ID : SA11AI.6162  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia Receipt For:	Physician	
Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Paul Park		Date of Receipt
Mailing Address 510 Golden Oak Terrace	06 30 2012	
City Rockville	State Zip Code MD 20850	Transaction ID : SA11AI.6185  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation	Payroll deduction
Receipt For:	Physician Access to Name to Na	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis		Date of Receipt
Mailing Address 1813 Solitaire Lane		06 30 _ 2012 _
City McLean	State Zip Code VA 22101	Transaction ID : SA11AI.6186  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of	<u> </u>	450.00

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAI	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Michael Peck		Date of Receipt
Mailing Address 4 Farm Haven Court		06 30 2012
City Rockville	State Zip Code MD 20852	Transaction ID : SA11AI.6215  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer	Occupation Physician	Payroll deduction
First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial)  3. Dr. Ramani Peruvemba  Mailing Address 8302 Fox Haven Drive		Date of Receipt  06 30 2012
City McLean	State Zip Code VA 22102	Transaction ID : SA11AI.6187
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Eugen Pirovic		Date of Receipt
Mailing Address 3912 Calverton Drive		06 30 2012
City Hyattsville	State Zip Code MD 20782	Transaction ID : SA11AI.6216  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	·····	525.00
TOTAL This Period (last page this line number	only)	

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

	FOR LINE NUMBER:						PAGE	: 2	22	OF		39
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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	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dr. Jeffrey Richman		Date of Receipt
Mailing Address 6906 Granite Ridge Ct.		06 30 2012
City Baltimore	State Zip Code MD 21209	Transaction ID : SA11AI.6205  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Charles Rizzuto  Mailing Address 6409 Pinehurst Road		Date of Receipt  06 30 2012
City Baltimore	State Zip Code MD 21212	Transaction ID : SA11Al.6206  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonis Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Robinson		Date of Receipt
Mailing Address 2212 Dalewood Road		06 30 2012
City Timonium	State Zip Code MD 21093	Transaction ID : SA11AI.6207  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line numbe	r only)	

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

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	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Alexander Rubin  Mailing Address 6611 Hunter Trail Way		Date of Receipt
City	State Zip Code	06 30 2012 Transaction ID : SA11AI.6163
Frederick	MD 21702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia Receipt For:	Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Leudvig Sardarian	•	Date of Receipt
Mailing Address 11601 Brandy Hall Lane		06 30 _2012 _
City	State Zip Code	Transaction ID : SA11AI.6164
North Potomac	MD 20878	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation	- Payroll deduction
Receipt For:	Physician	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Suzanne Scattergood		Date of Receipt
Mailing Address 14700 Crossway Road		06 30 _2012
City Rockville	State Zip Code MD 20853	Transaction ID : SA11Al.6165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Gerald Scheinman  Mailing Address 8010 Summer Mill Court		Date of Receipt
City Bethesda  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code MD 20817  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI.6188  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Mark Seymour  Mailing Address 2932 Thurston Rd.  City Frederick  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 21704  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Dr. Nader Soliman  Mailing Address 22905 David Mill Road  City  Germantown  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 20876  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 30 2012  Transaction ID: SA11AI.6189  Amount of Each Receipt this Period  150.00  Payroll deduction
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	450.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAI	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Robert Study  Mailing Address 6 Beall Spring Court		Date of Receipt
City	State Zip Code	06 30 2012
Potomac	MD 20854	Transaction ID : SA11AI.6217  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia Receipt For:	Physician  Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Lisa Sullivan		Date of Receipt
Mailing Address 4639 Teen Barnes Road  City	State Zip Code	06 30 2012
Frederick	MD 21703	Transaction ID : SA11AI.6167  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer First Colonies Anesthsia	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Dr. Robert Sullivan		Date of Receipt
Mailing Address 4639 Teen Barnes Road		06 30 2012
City Frederick	State Zip Code MD 21703	Transaction ID : SA11AI.6168  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia Receipt For:	Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	450.00
TOTAL This Period (last page this line number	only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Louis Swann  Mailing Address PO Box 6081		Date of Receipt
City  McLean  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	State Zip Code VA 22106  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI.6218  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. John Tam  Mailing Address 10905 Cripplegate Road	Ctoto 7:- Codo	Date of Receipt  06 30 2012
City Potomac  FEC ID number of contributing federal political committee.	State Zip Code MD 20854	Transaction ID : SA11AI.6191 Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	- Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Rojack Tan  Mailing Address 507 Goodland Place  City Rockville  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:	State Zip Code MD 20850  C Occupation Physician	Date of Receipt  06 30 2012  Transaction ID : SA11AI.6219  Amount of Each Receipt this Period  150.00  Payroll deduction
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	450.00
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  Dr. Bernard Tsai  Mailing Address 10013 New London Drive	Dr. Bernard Tsai						
City Potomac  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia	State Zip Code MD 20854  C Occupation Physician	Transaction ID : SA11AI.6192  Amount of Each Receipt this Period  150.00  Payroll deduction					
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  250.00	-					
Full Name (Last, First, Middle Initial)  Dr. Reed Underwood  Mailing Address 1518 T Street, NW	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y						
City Washington FEC ID number of contributing	State Zip Code DC 20009	Transaction ID : SA11AI.6226  Amount of Each Receipt this Period					
federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	Payroll deduction					
Full Name (Last, First, Middle Initial)  Dr. Arnaldo Valedon  Mailing Address 22 Woodfield Court		Date of Receipt					
City Reisterstown	State Zip Code MD 21136	Transaction ID : SA11AI.6143  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	150.00 Payroll deduction					
First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  250.00						
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	450.00					
TOTAL This Period (last page this line numb	er only)						

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or for commercial purposes, other than using t	the name and address of any political committee t	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  Dr. Martha Van Clief  Mailing Address 405 Apple Grove Road	Dr. Martha Van Clief						
City Silver Spring  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Other (specify) ▼	State Zip Code MD 20904  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID: SA11AI.6144  Amount of Each Receipt this Period  150.00  Payroll deduction					
Full Name (Last, First, Middle Initial)  Dr. Paul Van Nice  Mailing Address 7101 Meadow Lane  City  Chevy Chase  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia	State Zip Code MD 20815  C Occupation	Date of Receipt    M					
Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  250.00	_					
Full Name (Last, First, Middle Initial)  Dr. Mark Vogt  Mailing Address 1149 Colonial Road  City  McLean  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify)	State Zip Code VA 22101  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 30 2012  Transaction ID : SA11AI.6221  Amount of Each Receipt this Period  150.00  Payroll deduction					
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	450.00					
TOTAL This Period (last page this line number	er only)						

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

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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	e name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICAI	L ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren  Mailing Address 1200 Colvin Meadows Lane		Date of Receipt			
City	State Zip Code	06 30 2012 Transaction ID : SA11AI.6194			
Great Falls  FEC ID number of contributing federal political committee.	VA 22066	Amount of Each Receipt this Period 150.00			
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial)  3. Dr. Timothy Wex  Mailing Address 11429 Cedar Ridge Drive	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Potomac	State Zip Code VA 20854	Transaction ID : SA11AI.6222  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	150.00			
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00				
Full Name (Last, First, Middle Initial)  Dr. David Wheeler		Date of Receipt			
Mailing Address 7108 Collingwood Court		06 30 2012			
City Elkridge	State Zip Code MD 21075	Transaction ID : SA11AI.6208  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00				
SUBTOTAL of Receipts This Page (optional)		450.00			
TOTAL This Period (last page this line number	only)				

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

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) Dr. Thomas Wherry  Mailing Address 611 W. 2nd Street	Dr. Thomas Wherry						
City Frederick  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code MD 21701  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI.6145  Amount of Each Receipt this Period  150.00  Payroll deduction					
Full Name (Last, First, Middle Initial)  Dr. Howard Wilpon  Mailing Address 18212 Wickham Road  City Olney  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary  General Other (specify)	State Zip Code MD 20832  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  06 30 2012  Transaction ID: SA11AI.6146  Amount of Each Receipt this Period  150.00  Payroll deduction					
Full Name (Last, First, Middle Initial)  Dr. Monfold Wolf  Mailing Address 4822 Tilly Dr.  City Sykesville  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:  Primary General Other (specify)	State Zip Code MD 21784  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  06 30 2012  Transaction ID: SA11AI.6147  Amount of Each Receipt this Period  150.00  Payroll deduction					
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	450.00					
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Use separate schedule(s) for each category of the Detailed Summary Page

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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 ANESTHES	IA ASSOCIATES LLC POLITICAL	_ ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  You Wu  Mailing Address 910 Dunlavin Ct.		Date of Receipt			
		06 30 2012			
City Timonium	State Zip Code MD 21093	Transaction ID : SA11AI.6209  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer	Occupation Physician	Payroll deduction			
First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  250.00				
Full Name (Last, First, Middle Initial)  3. David Wyler  Mailing Address 6912 Granite Ridge Court	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City Baltimore	State Zip Code MD 21209	Transaction ID : SA11AI.6148  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial)  Dr. Aiqin Yu		Date of Receipt			
Mailing Address 13508 Gumspring Road		06 30 2012			
City Rockville	State Zip Code MD 20850	Transaction ID : SA11AI.6195  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer	Occupation	Payroll deduction			
First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	Physician  Aggregate Year-to-Date ▼  250.00				
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of	<u></u>	450.00			

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

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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 ANESTH	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  Dr. Jungim Yun  Mailing Address 2057 Thurston Road	Dr. Jungim Yun						
City Frederick  FEC ID number of contributing federal political committee.	State Zip Code MD 21704	06 30 2012  Transaction ID : SA11Al.6170  Amount of Each Receipt this Period					
Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	- Payroll deduction					
Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt					
FEC ID number of contributing federal political committee.  Name of Employer	C Occupation	Amount of Each Receipt this Period					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each necespt this Period					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional	)	150.00					
TOTAL This Period (last page this line num	ber only)	12600.00					

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 OF 39			
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	ny information copied from such Reports and Staten						
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$  \setminus $	NAME OF COMMITTEE (In Full)			DOL 1710			
I/	FIRST COLONIES ANESTHESIA	ASSOCI	IATES LLC	POLITICA	AL ACTION COMMITTEE		
_	Full Name (Last, First, Middle Initial)						
Α.	Citizens for Adrienne Jones				Date of Disbursement		
					M M / D D / Y Y Y Y		
	Mailing Address 17 W. Courtland St.				06 06 2012		
	Suite 210	State	Zin Codo				
		MD	Zip Code 21014		Transaction ID : SB29.6306		
	Purpose of Disbursement				-		
	Contribution			011	Amount of Each Disbursement this Period		
	Candidate Name			Category/	250.00		
				Type	230.00		
	Office Sought: House Disbursen Senate	nent For: Primary	Canaral				
		Other (spec	General				
	State: MD District: 10	Cirior (opor	S.i.y) <b>▼</b>				
	Full Name (Last, First, Middle Initial)						
В.	Citizens for Delores Kelley	Date of Disbursement					
					M = M / D = D / Y = Y = Y		
	Mailing Address PO Box 21514				05 14 2012		
	City						
	•	State MD	Zip Code 21282		Transaction ID : SB29.6293		
	Purpose of Disbursement				-		
	Contribution	011			Amount of Each Disbursement this Period		
	Candidate Name			Category/	250.00		
	Office Sought: House Disbursen	oont For:		Туре			
		Primary	General				
		Other (spec					
	State: MD District: 10		•				
	Full Name (Last, First, Middle Initial)						
C.	Citizens for Karen Montgomery				Date of Disbursement		
					M M / D D / Y Y Y Y		
	Mailing Address 211 Market St.				05 11 2012		
	City	State	Zip Code				
	Brookeville	MD	20833		Transaction ID : SB29.6289		
	Purpose of Disbursement Contribution			244			
	Candidate Name			011	Amount of Each Disbursement this Period		
	Candidate Name			Category/ Type	250.00		
	Office Sought: House Disbursen	nent For:		1,900			
		Primary	General				
	President	Other (spec	cify) 🔻				
_	State: MD District: 14						
					750.00		
S	SUBTOTAL of Disbursements This Page (optional)			·····•	750.00		
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	SBURSEMENTS	Use separate schedule(s) for each category of the		(check only	NOMBER.		
	v	for each category of Detailed Summary		21b	22 23 24 25 26		
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					on for the purpose of soliciting contributions		
		ne and address of any	y political	committee to	solicit contributions from such committee.		
NAME OF COM	, ,	A 000014 TEC		OL IT! O 4 :	A OTION CON 48 41 TTTT		
/ FIRST COL	LONIES ANESTHESIA	ASSOCIATES	LLC P	JLITICAL	ACTION COMMITTEE		
Full Name (Last,	First, Middle Initial)						
_	to Elect Catherine E. P	ugh			Date of Disbursement		
					M M / D D / Y Y Y Y		
Mailing Address	819 E. Baltimore St.				05 11 2012		
City		State Zip Code	<u> </u>				
Baltimore		MD 21202			Transaction ID : SB29.6285		
Purpose of Disbu	ursement						
Contribution			[_	011	Amount of Each Disbursement this Period		
Candidate Name	<b>)</b>			Category/	250.00		
Office Sought:	House Disburser	ment For:		Туре	7		
2oo oougiiii	Senate		neral				
	President	Other (specify)					
State: MD	District:						
_	First, Middle Initial)				B		
B. Friends of	C. Anthony Muse				Date of Disbursement		
Mailing Address	James Senate Office Building, Rm	. 3			05 31 2012		
maining madicos	11 Balden St.	10			2012		
City		State Zip Code	е		Transaction ID : SB29.6317		
Annapolis  Purpose of Disbu	ursement	MD 21401	I				
Void check #118				011	Amount of Each Disbursement this Period		
Candidate Name	)			Category/			
			'	Type	-250.00		
Office Sought:	House Disburser		•				
	Senate	,	neral				
State: MD	President District:	Other (specify) ▼					
	First, Middle Initial)						
C. Friends of	,				Date of Disbursement		
					M - M / D - D / Y - Y - Y		
Mailing Address	51 Fleet St.				06 06 2012		
City		State Zip Code	Δ				
Annapolis	•	MD 21401	•		Transaction ID : SB29.6296		
Purpose of Disbu	ursement						
Contribution				011	Amount of Each Disbursement this Period		
Candidate Name	<b>)</b>			Category/	250.00		
Office Sought:	House Disburser	ment For:		Туре			
20 <b>ug</b>	Senate		neral				
	President	Other (specify)					
State: MD	District: 30						
					050.00		
SUBTOTAL of Dis	bursements This Page (optional)			···········	250.00		
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S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 35 OF 39
	EMIZED DISBURSEMENTS		rate schedule(s)	(check only	NOMBER:
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		Detailed S	Summary Page	27	28a 28b 28c X 29 30b
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	NAME OF COMMITTEE (In Full)		21		
$ \rangle$	FIRST COLONIES ANESTHESIA	۸۶۶۸۲۱	ATESTIC	POLITICAL	ACTION COMMITTEE
/	TINOT COLONIES ANEST ILSIA	A00001	ATLO LLO	I OLITICAL	ACTION COMMITTEE
_	Full Name (Last, First, Middle Initial)			Ī	
A.	Friends of Justin Ready				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address PO Box 402				06 06 2012
	-				
	,	State	Zip Code		Transaction ID : SB29.6298
	Westminster Purpose of Disbursement	MD	21158		
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name				A THOUSE OF LACT DISSUISEMENT UITS I CHOU
	Carragio Harrio			Category/ Type	250.00
	Office Sought: House Disburser	nent For:		туре	
		Primary	General		
	President	Other (spec			
	State: MD District:	` '	· ·		
_	Full Name (Last, First, Middle Initial)				
В.					Date of Disbursement
	r rieride er riimi riezimi				M M / D D / Y Y Y Y
	Mailing Address 18469 Stone Hollow Dr.				06 06 2012
	,	State	Zip Code		Transaction ID : SB29.6304
	Germantonw Purpose of Disbursement	MD	20874		
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name				Amount of Each Disbursement this I chou
	Canadate Name			Category/ Type	250.00
	Office Sought: House Disbursen	nent For:		Турс	, , , , , , , , , , , , , , , , , , , ,
		Primary	General		
		Other (spec	cify) 🔻		
	State: MD District: 39		·		
	Full Name (Last, First, Middle Initial)				
C.	Friends of Martin O'Malley				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 1010 Hull Street				05 31 2012
	Suite 202				
	,	State	Zip Code		Transaction ID : SB29.6313
	Baltimore Purpose of Disbursement	MD	21230		
	Void check #1108 (05/13/2010)			011	Amount of Fook Biokers and Mile D. 1.
	Candidate Name				Amount of Each Disbursement this Period
				Category/ Type	-250.00
	Office Sought: House Disburser	nent For:		.,,,,	
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		
	State: District:				
	'				
s	UBTOTAL of Disbursements This Page (optional)				250.00
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S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 36 OF 39
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		Detailed Summary Page	21b	22 23	24 25 26
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Ţ.	NAME OF COMMITTEE (In Full)	no and address of any point			
$ \rangle$	FIRST COLONIES ANESTHESIA	ASSOCIATES LLC	POLITICA	L ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial)				
A.	Friends of Martin O'Malley			Date of Disburseme	ent
	Mailing Address 1010 Hull Street			05 31	2012
	Suite 202			00 01	2012
	,	State Zip Code		Transaction ID : S	R20 6315
	241	MD 21230		. Transaction ib . c	5029.0313
	Purpose of Disbursement Void check #1123 (07/19/2010)		011	Amount of Each Dis	sbursement this Period
	Candidate Name		Category/		
			Type		-500.00
	Office Sought: House Disbursen				
		Primary General Other (specify) ▼			
	State: District:	Curior (opcomy)			
	Full Name (Last, First, Middle Initial)				
В.	Friends of Mary-Dulany James			Date of Disburseme	ent
				M M / D D	/ Y Y Y Y Y
	Mailing Address PO Box 417			05 11	2012
	•	State Zip Code		Transaction ID : \$	SB29.6287
	Havre de Grace Purpose of Disbursement	MD 21078			
	Contribution		011	Amount of Each Dis	sbursement this Period
	Candidate Name		Category/		250.00
	200		Type		250.00
	Office Sought: House Disbursen Senate	nent For:  Primary General			
		Other (specify)			
	State: MD District: 34	(-  <b>/</b> -			
	Full Name (Last, First, Middle Initial)				
C.	Friends of Nic Kipke			Date of Disburseme	ent
	Moiling Address 200 C. Court of Aug			M M / D D	/ Y Y Y Y Y
	Mailing Address 209 S. Carolina Ave.			06 06	2012
	City	State Zip Code		Transaction ID : S	SB20 6202
		MD 21122		Transaction ib . S	5629.0302
	Purpose of Disbursement Contribution		011		
	Candidate Name			Amount of Each Dis	sbursement this Period
			Category/ Type		250.00
	Office Sought: House Disbursen	ment For:		,	,
		Primary General			
	State: President State:	Other (specify) ▼			
г	District.				
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SCHEDULE B (I	FEC Form 3X)		FOR LINE	PAGE 37 OF 39
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NAME OF COMMITTE	E (In Full)			
⟩ FIRST COLON	IES ANESTHESIA	ASSOCIATES L	LC POLITICA	AL ACTION COMMITTEE
<u> </u>	NASSELLE LESS IN			
Full Name (Last, First,	,			Date of Disbursement
A. Friends of Shave	wn Tarrant			
Mailing Address PO Be	ox 67047			05 11 2012
J 11 111 . O D	<del>-</del>			
City		State Zip Code		Transaction ID : SB29.6282
Baltimore		MD 21215		1141154CHOH ID . 3D23.0202
Purpose of Disbursem Contribution	ent		011	Amount of Each Dichursoment this Deviced
Candidate Name				Amount of Each Disbursement this Period
Canadato Hamo			Category/ Type	250.00
Office Sought:	House Disbursen	nent For:	1,900	
		Primary Gene	eral	
	President	Other (specify) ▼		
State: MD Dist	rict: 40			
Full Name (Last, First,	,			
B. Supports of The	omas Middleton			Date of Disbursement
Mailing Address 11 Bl	adan Straat			05 31 Y Y Y Y Y
Mailing Address 11 Bl	auen Slieel			00 01 2012
City		State Zip Code		Transaction ID : SB29.6319
Annapolis		MD 21401		11aiisacuoii iD . 3D23.0319
Purpose of Disbursem Void check #1038 (12			044	Amount of Each Dichurgors and this Davied
Candidate Name			011	Amount of Each Disbursement this Period
Canadato Hamo			Category/ Type	-250.00
Office Sought:	House Disbursen	nent For:	1,400	
X	_	Primary Gene	eral	
	President	Other (specify)		
State: MD Dist	rict:			
Full Name (Last, First,	Middle Initial)			
C.				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y
Mailing Address				
City	Ş	State Zip Code		
Purpose of Disbursem	ent			
Candidate Name				Amount of Each Disbursement this Period
Candidate Name			Category/ Type	
Office Sought:	House Disbursen	nent For:	Туре	
<del> 9</del> · · · ·		Primary Gene	eral	
		Other (specify)		
State: Dist	rict:			
SUBTOTAL of Disburser	ments This Page (optional)		·····	0.00
				1250.00
TOTAL This Period (last	page this line number only)			1230.00

#### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	38	С	F	39	
FOR	LINE	21a	OF	FORM	зх

NAME OF COMMITTEE (In Full)

<u>_</u>	IRST COLONIES ANESTHESIA			1 OLITIO/ (I				
A.	Full Name (Last, First, Middle Initial)		n ID : H4.6274			ed Activity or		
	Barbara Marx Brocato & Assoc	ciates			X Ac	dministrative	Fundraisin	g Exempt
	Mailing Address 18 Pinkney Street				Vo	oter Drive	Direct Car	ndidate Support
	City	State	Zip Code		☐ Pı	ublic Comm (	ref to party or	nly) by PAC
	Annapolis	MD	21401		Alloc	ated Activity	or Event Year	-To-Date
	Purpose of Disbursement: Lobbying expense			003		. , .		1250.00
	Activity or Event Identifier:							
	Administrative			Category/ Type	Date	04	03	2012
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TC	OTAL AMOUN	Т
	0.00		7	1250.00			,	1250.00
— В.	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.6276		Allocate	ed Activity or	Event:	
	Maryland Socity of Anesthesiologists				$\times$	dministrative	Fundraisin	g Exempt
	Mailing Address 18 Pinkney St.					oter Drive	Direct Car	ndidate Support
	City	State	Zip Code		☐ Pı	ublic Comm (	ref to party or	nly) by PAC
	Annapolis	MD	21401		Alloc	ated Activity	or Event Year	-To-Date
	Purpose of Disbursement: Expense reimbursement			001				2069.08
	Activity or Event Identifier: Administrative							
	Administrative			Category/ Type	Date	04	03	2012
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TC	OTAL AMOUN	Т
	FEDERAL SHARE	+	NONFEDERAL	SHARE 819.08	] [	TC	OTAL AMOUN	T 819.08
			NONFEDERAL			To ed Activity or	7	
<u></u>	0.00		7 7		Allocate	ed Activity or	7	819.08
<u>c</u> .	0.00  Full Name (Last, First, Middle Initial)		7 7		Allocate		Event: Fundraisin	819.08 g Exempt
<u></u>	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City	Transactio	7 7		Allocate  Allocate  Vo	ed Activity or dministrative	Event: Fundraisin	819.08  g Exempted Ex
C.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis	Transactio	n ID : H4.6279		Allocate  According to the second sec	ed Activity or dministrative oter Drive	Event: Fundraisin Direct Car	819.08  g Exempted adidate Supported by PAC
<u>c.</u>	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City	Transactio	n ID : H4.6279  Zip Code		Allocate  According to the second sec	ed Activity or dministrative oter Drive	Event: Fundraisin Direct Car ref to party or or Event Year	819.08  g Exempted adidate Supported by PAC
<u></u> c.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement:	Transactio	n ID : H4.6279  Zip Code	819.08	Allocate  According to the second sec	ed Activity or dministrative oter Drive	Event: Fundraisin Direct Car ref to party or or Event Year	819.08  g Exempt adidate Support and Suppo
c.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement: Lobbying expense  Activity or Event Identifier:	Transactio	n ID : H4.6279  Zip Code	819.08	Allocate  According to the second sec	ed Activity or dministrative oter Drive ublic Comm ( ated Activity	Event: Fundraisin Direct Car ref to party or or Event Year	819.08  g Exempt adidate Support ally) by PAC -To-Date
<u>с</u> .	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement: Lobbying expense  Activity or Event Identifier:	Transactio	n ID : H4.6279  Zip Code	819.08  003  Category/ Type	Allocate  X Ac  Vc  Pt  Alloc	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event:  Fundraisin  Direct Car  ref to party or  or Event Year	819.08  g Exempte addidate Support and sup
c.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement: Lobbying expense  Activity or Event Identifier: Administrative	State MD	Zip Code 21401	819.08  003  Category/ Type	Allocate  Allocate  Vo  Pt  Alloc  Date	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Car ref to party or or Event Year	819.08  g Exempte addidate Support and sup
	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement: Lobbying expense  Activity or Event Identifier: Administrative  FEDERAL SHARE	State MD	Zip Code 21401	819.08  003  Category/ Type  SHARE	Allocate  Allocate  Vo  Pt  Alloc  Date	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Car ref to party or or Event Year	819.08  g Exempted Ex
	FEDERAL SHARE  0.00  Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates  Mailing Address 18 Pinkney Street  City Annapolis  Purpose of Disbursement: Lobbying expense  Activity or Event Identifier: Administrative	State MD +	n ID : H4.6279  Zip Code 21401  NONFEDERAL	003 Category/ Type SHARE 1250.00	Allocate  According to the second sec	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event:  Fundraisin  Direct Car  ref to party or  or Event Year  O1  OTAL AMOUN	819.08  g Exempted Ex
	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement: Lobbying expense  Activity or Event Identifier: Administrative  FEDERAL SHARE  0.00  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	State MD	Zip Code 21401	003 Category/ Type SHARE 1250.00	Allocate  Allocate  Vo  Pt  Alloc  Date	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event: Fundraisin Direct Car ref to party or or Event Year	819.08  g Exempted addidate Support of the support
SL	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement: Lobbying expense  Activity or Event Identifier: Administrative  FEDERAL SHARE  0.00  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  0.00	Transactio  State MD  +  Al Activity Th +	Zip Code 21401 NONFEDERAL is Page NONFEDERAL	003 Category/ Type SHARE 1250.00 SHARE 3319.08	Allocate    X   Ac   Vc   Pt   Alloc	ed Activity or dministrative oter Drive ublic Comm (ated Activity	Event:  Fundraisin  Direct Car  ref to party or  or Event Year  O1  OTAL AMOUN	819.08  g Exempted Ex
SL	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street  City Annapolis Purpose of Disbursement: Lobbying expense  Activity or Event Identifier: Administrative  FEDERAL SHARE  0.00  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Transactio  State MD  +  Al Activity Th +	Zip Code 21401 NONFEDERAL is Page NONFEDERAL	003 Category/ Type SHARE 1250.00 SHARE 3319.08 NonFederal sh	Allocate    X   Ac   Vc   Pt   Alloc	ed Activity or dministrative oter Drive blic Comm (ated Activity)  TO  T(a)(ii))	Event:  Fundraisin  Direct Car  ref to party or  or Event Year  O1  OTAL AMOUN	819.08  g Exempted addidate Support and Su

#### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	39	0	F	39	
			OF	FORM	зх

NAME OF COMMITTEE (In Full)

FI	RST COLONIES ANESTHES	A ASSOC		I OLITIO/		000	_
Α.	Full Name (Last, First, Middle Initial)	Transactio	n ID : H4.6295			d Activity or Event:	
	Dr. Timothy Robinson				X Adı	ministrative Fundraisi	ing Exempt
	Mailing Address 2212 Dalewood Road				U Vot	ter Drive Direct Ca	andidate Support
	City	State	Zip Code		Pul	blic Comm (ref to party of	only) by PAC
	Timonium	MD	21093		Alloca	ated Activity or Event Yea	ar-To-Date
	Purpose of Disbursement: Expense reimbursment			001	7 111000	and richting of Event fee	4258.32
	Activity or Event Identifier:					, , , , , , , , , , , , , , , , , , , ,	
	Administrative			Category/ Type	Date	05 14	2012
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUN	NT
	0.00		7 7	939.24			939.24
В.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates		n ID : H4.6311			d Activity or Event: ministrative Fundraisi	ing Tyamat
	Mailing Address 18 Pinkney Street	<u>'</u>					ing Exempt andidate Support
	City	State	Zip Code		Pul	blic Comm (ref to party of	only) by PAC
	Annapolis	MD	21401		Alloca	ated Activity or Event Yea	ar-To-Date
_	Purpose of Disbursement: Lobbying fee			003			5508.32
	Activity or Event Identifier: Administrative			Category/ Type	Date	M M / D D / 06 15	2012
	FEDERAL SHARE	+	NONFEDERAL	SHARE	=	TOTAL AMOUN	NT
	FEDERAL SHARE 0.00	]	NONFEDERAL	SHARE 1250.00		TOTAL AMOUN	NT 1250.00
C.		+	NONFEDERAL		Allocated	d Activity or Event:	1250.00
C.	0.00		NONFEDERAL		Allocated	d Activity or Event: ministrative Fundraisi	1250.00 ng Exempt
C.	0.00 Full Name (Last, First, Middle Initial)	+ State	NONFEDERAL Zip Code		Allocated Adr	d Activity or Event: ministrative Fundraisi	1250.00  ng Exempt andidate Support
C.	Full Name (Last, First, Middle Initial)  Mailing Address		7 1 7		Allocated Adr	d Activity or Event: ministrative Fundraisi er Drive Direct Ca	1250.00  Ing Exempt andidate Support only) by PAC
<b>c</b> .	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 1 7		Allocated Adr	d Activity or Event: ministrative Fundraisi er Drive Direct Ca	1250.00  Ing Exempt andidate Support only) by PAC
	0.00  Full Name (Last, First, Middle Initial)  Mailing Address  City		7 1 7		Allocated Adr	d Activity or Event: ministrative Fundraisi er Drive Direct Ca	1250.00  Ing Exempt andidate Support only) by PAC
<b>c</b> .	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 1 7	1250.00  Category/ Type	Allocated Adr Vot Put Alloca	d Activity or Event: ministrative Fundraisi er Drive Direct Ca blic Comm (ref to party o	1250.00  Ing Exempt andidate Support only) by PAC ar-To-Date
c.	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code	1250.00  Category/ Type	Allocated Adri Vot Put Alloca Date	d Activity or Event: ministrative Fundraisi er Drive Direct Ca blic Comm (ref to party co sted Activity or Event Yea	1250.00  Ing Exempt andidate Support only) by PAC ar-To-Date
-	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE	State +	Zip Code  NONFEDERAL	Category/ Type	Allocated Adri Vot Put Alloca Date	d Activity or Event: ministrative Fundraisi er Drive Direct Ca blic Comm (ref to party of sted Activity or Event Yea  TOTAL AMOUN	1250.00  Ing Exempt andidate Support only) by PAC ar-To-Date
-	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State +	Zip Code  NONFEDERAL	Category/ Type	Allocated Adr Vot Put Alloca  Date	d Activity or Event: ministrative Fundraisi er Drive Direct Ca blic Comm (ref to party co sted Activity or Event Yea	1250.00  Ing Exempt andidate Support only) by PAC ar-To-Date
su	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  BETOTAL of Allocated Federal and NonFederal SHARE  0.00	State  +  eral Activity Th  +	Zip Code  NONFEDERAL  iis Page NONFEDERAL	Category/ Type SHARE 2189.24	Allocated Adri Vot Put Alloca  Date =	d Activity or Event: ministrative Fundraisi er Drive Direct Ca blic Comm (ref to party co sted Activity or Event Yea  TOTAL AMOUN  TOTAL AMOUN	1250.00  Ing Exempt andidate Support only) by PAC ar-To-Date
SU	D.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  BTOTAL of Allocated Federal and NonFeder FEDERAL SHARE	State  +  eral Activity Th  +	Zip Code  NONFEDERAL  iis Page NONFEDERAL	Category/ Type SHARE 2189.24 NonFederal sh	Allocated Adri Vot Put Alloca  Date =	d Activity or Event: ministrative Fundraisi er Drive Direct Ca blic Comm (ref to party co sted Activity or Event Yea  TOTAL AMOUN  TOTAL AMOUN	1250.00  Ing Exempt andidate Support only) by PAC ar-To-Date  NT  2189.24