Image# 12952566581 PAGE 1 / 39

# **FEC**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3A   F	For Other Than An Aut	horized Committe	ee		Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	ng, type	12FE4M5	Since due only
COMMITTEE (in full)		over the lines.	L		
FIRST COLONIES AN	IESTHESIA ASSOCI	ATES LLC POL	ITICAL A	CTION CO	OMMITTEE
ADDRESS (number and street)	7490 New Technology Way				
Check if different than previously reported. (ACC)	Frederick		1	MD	21703
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	ΓY <b>Δ</b>	S	TATE A	ZIP CODE ▲
C C00416305			NEW N) <b>OR</b>	× AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:			` '		(Non-Election Year Only)
April 15 Quarterly Report (C	01)	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(c) 12-Day	Primary (12F	)	General (	12G) Runoff (12R)
October 15	Report for the:	Convention (	12C)	Special (	12S)
Quarterly Report (C January 31 Year-End Report (Y	Flooris	on on		/	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day	General (300	G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Electic	on on	D D /	/	in the State of
5. Covering Period 07		through	09	/ 30 /	2011
I certify that I have examined th	is Report and to the best of	my knowledge and I	pelief it is true	, correct and	complete.
Type or Print Name of Treasure					·
Signature of Treasurer Dr. J	eremy Roth	[Electronically	Filed] Da	ate 07	/ D D / Y Y Y Y Y Y 2012
NOTE: Submission of false, erron	eous. or incomplete informatio	n may subject the per	son signing this	s Report to th	e penalties of 2 U.S.C. \$437a.
Office			5.99		FEC FORM 3X
Use Only					Rev. 12/2004

### 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, 2011		73226.83
(b) Cash on Hand at Beginning of Reporting Period	74169.13	
(c) Total Receipts (from Line 19)	13490.00	35490.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	87659.13	108716.83
. Total Disbursements (from Line 31)	6288.17	27345.87
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81370.96	81370.96
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 BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multican	didate committee. (see FEC FORM 1M)	

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)

Write or Type Committee Name

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

I. Receipts	I. Receipts COLUMN A Total This Period		
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees	12480.00	24780.00	
(i) Itemized (use Schedule A)	1240.00	21700.00	
(ii) Unitemized	1010.00	10710.00	
(iii) TOTAL (add	, 1010.00		
Lines 11(a)(i) and (ii)▶	13490.00	35490.00	
(2)() (2)			
(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	12400.00	35490.00	
Totals to Line 33, page 5)	13490.00	33490.00	
Transfers From Affiliated/Other	0.00	0.00	
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
All Loans Neceiveu			
Lean Denoumente Dessived	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	
Refunds of Contributions Made			
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts	7		
(Dividends, Interest, etc.)	0.00	0.00	
. 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	
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	13490.00	35490.00	
. Total Federal Receipts			
	13490.00	35490.00	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
Operating Expenditures: —	Total Tillo I Gliod	Calendar Year-to-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	4000.47	47545.07		
(ii) Non-Federal Share	4288.17	17545.87		
(b) Other Federal Operating  Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	4288.17	17545.87		
Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	500.00	1500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	7	0.00		
(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	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00		
(434 2.1100 20(4), (5), 4.14 (6))				
Other Disbursements	1500.00	8300.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	222		
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))	6288.17	27345.87		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	2000.00	9800.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5** 

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13490.00	35490.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13490.00	35490.00
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 LIN	<b>NUMBER</b>	: PAGE	6 OF	39			
(check only one)							
<b>X</b> 11a	11b	11c	12				
13	14	15	16	17			

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. Maksim Barkinskiy  Mailing Address 10021 Dickens Avenue		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 20814  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Transaction ID : SA11AI.5824  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Marc Beck  Mailing Address 16 Norris Run Court  City Reisterstown  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code MD 21136  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  09 25 2011  Transaction ID: SA11Al.5843  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. John Bunker  Mailing Address 15229 National Pike  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 ▼  400.00	Date of Receipt  109
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	450.00
TOTAL This Period (last page this line numb	er only)	

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

1 OIT LINE HOMBLIN					PAGE		7	OF	39
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or for commercial purposes, other than using the	he 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. Donald Charney  Mailing Address 3707 Meadowhill Court	nald Charney	
City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:  Primary  General	State Zip Code MD 21131  C  Occupation Physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.5844  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	400.00	Date of Receipt  09 25 2011
City Owings Mill  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Other (specify) ▼	State Zip Code MD 21117  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Transaction ID : SA11AI.5845  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Thomas Chau  Mailing Address 7204 Loch Edin Court  City Potomac  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	State Zip Code MD 20854  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  09 25 2011  Transaction ID : SA11AI.5858  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	er only)	

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

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<u> </u>	NAME OF COMMITTEE (In Full)	name and address of any political committee to	
/	, ,	A ASSOCIATES LLC POLITICAL	ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen	Date of Receipt	
	Mailing Address 12808 Spring Drive	09 25 2011	
	City	State Zip Code	Transaction ID : SA11AI.5861
	Rockville	MD 20850	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 ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Edward Chen		Date of Receipt
	Mailing Address 10209 Fleming Avenue		09 25 _ 2011 _
	City	State Zip Code	Transaction ID : SA11AI.5859
	Bethesda	MD 20814	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 ▼ 400.00	
С.	Full Name (Last, First, Middle Initial) Dr. Jen Chen		Date of Receipt
	Mailing Address 1104 Mill Ridge Road		09 25 2011
	City	State Zip Code	Transaction ID : SA11AI.5860
	McLean	VA 22102	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:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	400.00	
S	SUBTOTAL of Receipts This Page (optional)		450.00
1	TOTAL This Period (last page this line number of	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 ANESTHES	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  Dr. William Chester  Mailing Address 13771 Lambertina Place	Dr. William Chester				
City Rockville  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General Other (specify) ▼	State Zip Code MD 20850  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Transaction ID : SA11AI.5862  Amount of Each Receipt this Period  150.00  Payroll deduction			
Full Name (Last, First, Middle Initial)  3. Dr. Lincoln Coore  Mailing Address 11546 Fox River Road		Date of Receipt  09 25 2011			
City Ellicott City  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthsia	State Zip Code MD 21042  C Occupation Physician	Transaction ID : SA11AI.5846  Amount of Each Receipt this Period  225.00  Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial) Dr. Melvin Coursey  Mailing Address 18720 Shremor Drive  City Derwood  FEC ID number of contributing federal political committee.	State Zip Code MD 20855	Date of Receipt    M			
Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  400.00	Payroll deduction			
SUBTOTAL of Receipts This Page (optional)		525.00			
TOTAL This Period (last page this line number	r only)				

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

FOR LINE NUMBER:					PAGE	 10	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	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	09 25 2011 Transaction ID : SA11AI.5789
Bowie	MD 20721	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 ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Karen Dugan  Mailing Address 4107 Vickie Lynn Court	Date of Receipt	
	09 25 2011	
City Mt. Airy	State Zip Code MD 21771	Transaction ID : SA11AI.5804  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 Anesthsia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Ali Emamhosseini		Date of Receipt
Mailing Address 306 Prettyman Dr. Apt. 8409		09 25 2011
City Rockville	State Zip Code MD 20850	Transaction ID : SA11AI.5864  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	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
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 th	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. Todd Epstein  Mailing Address 11305 Struttman Terrace	Dr. Todd Epstein				
City  North Bethesda  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	State Zip Code MD 20852  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Transaction ID : SA11Al.5829  Amount of Each Receipt this Period  150.00  Payroll deduction			
Full Name (Last, First, Middle Initial)  Dr. Richard Evans  Mailing Address 6436 West Langley Lane  City	Date of Receipt  09 25 2011				
McLean  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General	State Zip Code VA 22101  C Occupation Physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.5825  Amount of Each Receipt this Period  150.00  Payroll deduction			
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Philip Ferkler  Mailing Address 4107 Vickie Lynn Court  City  Mt. Airy	State Zip Code MD 21771	Date of Receipt    M			
FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	C Occupation Physician Aggregate Year-to-Date ▼	90.00 Payroll deduction			
SUBTOTAL of Receipts This Page (optional)		390.00			
TOTAL This Period (last page this line number					

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. Tamara Gabrielli  Mailing Address 504 Reserve Champion Drive		Date of Receipt			
·		09 25 2011			
City Rockville	State Zip Code MD 20850	Transaction ID : SA11AI.5807  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 ▼ 400.00				
Full Name (Last, First, Middle Initial)  Thomas Gambon  Mailing Address 7700 Charleston Dr.	Date of Receipt				
City	y State Zip Code				
Bethesda	MD 20817	Transaction ID : SA11AI.5808  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 Pate 7				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial)  Dr. James Glass		Date of Receipt			
Mailing Address 1221 T Street, N.W.		09 25 2011			
City Washington	State Zip Code DC 20009	Transaction ID : SA11AI.5826  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	Aggregate Year-to-Date ▼				
Other (specify)	400.00				
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

	R LINE	PAGE	 13	OF	39		
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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.				
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSOCIATES LLC POLITICAL	ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Steven Grube  Mailing Address 13895 Foxtower Road		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Thurmont	State Zip Code MD 21788	09 25 2011  Transaction ID : SA11AI.5809  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	150.00				
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Payroll deduction				
	Primary General Other (specify) ▼	400.00					
В.	Full Name (Last, First, Middle Initial)  Dr. Keith Hairston  Mailing Address 12312 Highstakes 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 Reisterstown	State Zip Code MD 21136	Transaction ID : SA11AI.5848  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	150.00 Payroll deduction				
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician	r ayron deddenor				
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  400.00					
c.			Date of Receipt				
	Mailing Address 8101 Ruxton Crossing Road  City	State Zip Code	09 25 2011				
	Towson	MD 21204	Transaction ID: SA11AI.5849  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	150.00 Payroll deduction				
	Name of Employer  First Colonies Anesthesia  Receipt For:	Occupation Physician	r dyron doddonon				
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  400.00					
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	450.00				
Т	OTAL This Period (last page this line number of	only)					

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

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or for commercial purposes, other than using t	ne name and address of any political committee to	5 SOUCH COMMIDUATIONS FROM SUCH COMMINUTE.					
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  Dr. Jean-Max Hogarth  Mailing Address 1614 Randallwood Court  City	State Zip Code	Date of Receipt  09 25 2011  Transaction ID: SA11Al.5850					
Jarretsville	MD 21084	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary  General	Occupation Physician Aggregate Year-to-Date ▼	150.00 Payroll deduction					
Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	400.00						
Dr. Sung Hong  Mailing Address 8525 Huntspring Drive	Date of Receipt  09 25 2011						
City Lutherville	State Zip Code MD 21093	Transaction ID : SA11AI.5794  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name (Last, First, Middle Initial)  Dr. Steven Hopper		Date of Receipt					
Mailing Address 4550 N. Park Avenue #101		09 25 2011					
City Chevy Chase	State Zip Code MD 20815	Transaction ID : SA11AI.5831  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	150.00					
Name of Employer	Occupation	Payroll deduction					
First Colonies Anesthesia Receipt For:	Physician						
Primary General  Other (specify) ▼	Primary General Aggregate real-to-Date V						
SUBTOTAL of Receipts This Page (optional).		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 ANESTHI	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Stuart Hough  Mailing Address 9110 Travener Circle		Date of Receipt
City Frederick  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code MD 21704  C  Occupation Physician  Aggregate Year-to-Date ▼  600.00	Transaction ID : SA11AI.5865  Amount of Each Receipt this Period  225.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Sean Isaac  Mailing Address 7 Starlight Farm Drive  City Phoenix	State Zip Code MD 21131	Date of Receipt    M
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 ▼  400.00	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.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code MD 21702  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  09 25 2011  Transaction ID : SA11AI.5811  Amount of Each Receipt this Period  150.00  Payroll deduction
SUBTOTAL of Receipts This Page (optional)	<b></b>	525.00
TOTAL This Period (last page this line numb	per 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 POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. James Kaufman  Mailing Address 7514 Arrowwood Road		Date of Receipt
City Bethesda  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code MD 20817  C	O9 25 2011  Transaction ID : SA11AI.5832  Amount of Each Receipt this Period  150.00  Payroll deduction
First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	Physician  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Dr. Cynthia Kenol  Mailing Address 6579 Prestwick Drive  City	State Zip Code	Date of Receipt  09 25 2011
Highland  FEC ID number of contributing federal political committee.	MD 20777	Transaction ID : SA11AI.5812  Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  400.00	Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Del Kirkpatrick  Mailing Address 3004 Hollow Crest Place  City	State Zip Code	Date of Receipt    M = M
Brookeville  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary  General  Other (specify)	MD 20833  C Occupation Physician  Aggregate Year-to-Date ▼  400.00	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	only)	

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NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Richard Ko  Mailing Address 6795 Stockwell Manor Drive		Date of Receipt
City	State Zip Code	09 25 2011 Transaction ID : SA11AI.5867
Falls Church	VA 22043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	- Payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  Dr. Harkisan Laheri		Date of Receipt
Mailing Address 11722 Split Tree Circle	09 25 2011	
City	State Zip Code	Transaction ID : SA11AI.5868
Potomac	MD 20854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation	Payroll deduction
Receipt For:	Physician	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Kathleen Leavitt		Date of Receipt
Mailing Address 3467 North Venice Street		09 25 2011
City	State Zip Code	Transaction ID : SA11AI.5833
Arlington	VA 22207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Payroll deduction	
First Colonies Anesthesia	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		450.00
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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 POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Thomas Malone  Mailing Address 11667 Fairmont Place		Date of Receipt
City  Ijamsville  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code MD 21754  C  Occupation Physician  Aggregate Year-to-Date ▼  600.00	Transaction ID : SA11AI.5813  Amount of Each Receipt this Period  225.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Mollyann March  Mailing Address 6504 Greentree Road  City	Date of Receipt  09 25 2011  Transaction ID: SA11AI.5795	
Bethesda  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:	State Zip Code MD 20817  C Occupation Physician	Amount of Each Receipt this Period  225.00  Payroll deduction
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Dr. Stephen Martin  Mailing Address 3336 O 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 20007  C Occupation Physician  Aggregate Year-to-Date ▼ 400.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	600.00
TOTAL This Period (last page this line number	r 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. Thomas Munro  Mailing Address 15310 Forest Lake Court		Date of Receipt
City	State Zip Code	09 25 2011 Transaction ID : SA11AI.5814
Darnestown	MD 20874	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 Receipt For:	Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Anna Noriega-Nalls  Mailing Address 603 Queen Street		Date of Receipt
#4	09 25 2011	
City  Alexandria	State Zip Code VA 22314	Transaction ID : SA11AI.5870
Alexandria FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	300.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Denis O'Fallon		Date of Receipt
Mailing Address 12123 Merricks Court		09 25 2011
City Monrovia	State Zip Code MD 21770	Transaction ID : SA11AI.5815  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	Aggregate Year-to-Date ▼	
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optional)	····	675.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	HESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  Dr. Philip Owens  Mailing Address 141 Adams Street, NW		Date of Receipt			
	7. 2	09 25 2011			
City Washington	State Zip Code DC 20001	Transaction ID : SA11AI.5871			
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 ▼ 400.00				
Full Name (Last, First, Middle Initial)  Dr. Kent Ozkum  Mailing Address (1979)	<u>'</u>	Date of Receipt			
Mailing Address 10720 Dern Road  City  Emmitsburg	State Zip Code MD 21727	09 25 2011  Transaction ID : SA11AI.5816  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	EC ID number of contributing				
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial)  Dr. Paul Park		Date of Receipt			
Mailing Address 510 Golden Oak Terrace	9	09 25 2011			
City Rockville	State Zip Code MD 20850	Transaction ID : SA11AI.5872  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 ▼ 400.00				
SUBTOTAL of Receipts This Page (option	al)	450.00			
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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 ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis  Mailing Address 1813 Solitaire Lane	Chaha Zin Cada	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McLean  FEC ID number of contributing federal political committee.	State Zip Code VA 22101	Transaction ID : SA11AI.5873  Amount of Each Receipt this Period  150.00
Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  400.00	- Payroll deduction
Full Name (Last, First, Middle Initial)  B. Dr. Michael Peck  Mailing Address 4 Farm Haven Court		Date of Receipt  09 25 2011
City Rockville  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For: Primary General Other (specify)	State Zip Code MD 20852  C  Occupation Physician  Aggregate Year-to-Date ▼  600.00	Transaction ID : SA11AI.5834  Amount of Each Receipt this Period  225.00  Payroll deduction
Full Name (Last, First, Middle Initial)  C. Dr. Ramani Peruvemba  Mailing Address 8302 Fox Haven Drive  City  McLean  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General	State Zip Code VA 22102  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number)	<u> </u>	525.00

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NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHI	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic  Mailing Address 3912 Calverton Drive  City Hyattsville  FEC ID number of contributing	State Zip Code MD 20782	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  400.00	Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman  Mailing Address 6906 Granite Ridge Ct.  City Baltimore	State Zip Code MD 21209	Date of Receipt    M
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 ▼  400.00	Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Charles Rizzuto  Mailing Address 6409 Pinehurst Road  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer  First Colonis Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code MD 21212  C Occupation Physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M J 25 2011  Transaction ID: SA11AI.5853  Amount of Each Receipt this Period  150.00  Payroll deduction
SUBTOTAL of Receipts This Page (optional		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. Timothy Robinson  Mailing Address 2212 Dalewood Road		Date of Receipt
City Timonium  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code MD 21093  C Occupation Physician  Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.5854  Amount of Each Receipt this Period  150.00  Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Jeremy Roth  Mailing Address 913 Hillstead Drive  City  Lutherville  FEC ID number of contributing federal political committee.	State Zip Code MD 21093	Date of Receipt    M
Name of Employer First Colonies Anesthesia  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  240.00	Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Alexander Rubin  Mailing Address 6611 Hunter Trail Way  City Frederick  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthesia	State Zip Code MD 21702  C Occupation Physician	Date of Receipt  09 25 2011  Transaction ID: SA11AI.5817  Amount of Each Receipt this Period  150.00  Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  400.00	390.00
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. Suzanne Scattergood  Mailing Address 14700 Crossway Road		Date of Receipt
City	State Zip Code	09 25 2011 Transaction ID : SA11AI.5818
Rockville	MD 20853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  3. Dr. Gerald Scheinman  Mailing Address 8010 Summer Mill Court	Date of Receipt	
City	09 25 2011 Transaction ID : SA11AI.5875	
Bethesda	State Zip Code MD 20817	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 ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Mark Seymour		Date of Receipt
Mailing Address 2932 Thurston Rd.		09 25 2011
City Frederick	State Zip Code MD 21704	Transaction ID : SA11AI.5819  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	Aggregate Year-to-Date ▼	
Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	600.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  Dr. Nader Soliman  Mailing Address 22905 David Mill Road		Date of Receipt				
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 ▼	09 25 2011  Transaction ID : SA11AI.5876  Amount of Each Receipt this Period  150.00  Payroll deduction				
Full Name (Last, First, Middle Initial)  3. Dr. Robert Study  Mailing Address 6 Beall Spring Court  City	State Zip Code	Date of Receipt  09 25 2011				
Potomac  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia  Receipt For:  Primary  General	MD 20854  C  Occupation Physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.5836  Amount of Each Receipt this Period  150.00  Payroll deduction				
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Lisa Sullivan  Mailing Address 4639 Teen Barnes Road  City  Fraderick	State Zip Code MD 21703	Date of Receipt  09 25 2011  Transaction ID : SA11AI.5820				
Frederick  FEC ID number of contributing federal political committee.  Name of Employer  First Colonies Anesthsia  Receipt For:  Primary  General  Other (specify)	MD 21703  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	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 number	<u> </u>					

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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.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSOCIATES LLC POLITICAL	ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan Mailing Address 4639 Teen Barnes Road		Date of Receipt
	City Frederick	State Zip Code MD 21703	09 25 2011  Transaction ID : SA11AI.5821  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Payroll deduction
	Primary General Other (specify) ▼	400.00	
В.	Full Name (Last, First, Middle Initial)  Dr. Louis Swann  Mailing Address PO Box 6081		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McLean	State Zip Code VA 22106	Transaction ID : SA11AI.5837  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00 Payroll deduction
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician	Tayron deddenon
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  400.00	
C.	Full Name (Last, First, Middle Initial) Dr. John Tam		Date of Receipt
	Mailing Address 10905 Cripplegate Road  City	State Zip Code	09 25 2011
	Potomac	MD 20854	Transaction ID: SA11AI.5877  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00 Payroll deduction
	Name of Employer  First Colonies Anesthesia  Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	. syron coulons
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
S	UBTOTAL of Receipts This Page (optional)		450.00
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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. Rojack Tan  Mailing Address 507 Goodland Place		Date of Receipt
City	State Zip Code	09 25 2011 Transaction ID : SA11AI.5838
Rockville	MD 20850	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  Other (specify)	Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Dr. Bernard Tsai  Mailing Address 10013 New London Drive	Date of Receipt  09 25 2011	
City	State Zip Code	Transaction ID : SA11AI.5878
Potomac  FEC ID number of contributing federal political committee.	MD 20854	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician	Payroll deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Reed Underwood		Date of Receipt
Mailing Address 1518 T Street, NW		09 25 2011
City Washington	State Zip Code DC 20009	Transaction ID : SA11AI.5828  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	Payroll deduction
First Colonies Anesthesia Receipt For:	Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
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

FOR LINE NUMBER:				PAGE	2	28 (	)F		39	
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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. Arnaldo Valedon  Mailing Address 22 Woodfield Court		Date of Receipt
City Reisterstown  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code MD 21136  C Occupation	O9 25 2011  Transaction ID : SA11AI.5798  Amount of Each Receipt this Period  150.00  Payroll deduction
First Colonies Anesthesia  Receipt For:  Primary  Other (specify)	Physician  Aggregate Year-to-Date ▼  400.00	_
Full Name (Last, First, Middle Initial)  Dr. Martha Van Clief  Mailing Address 405 Apple Grove Road		Date of Receipt  09 25 2011
City Silver Spring FEC ID number of contributing federal political committee.	State Zip Code MD 20904	Transaction ID : SA11AI.5799  Amount of Each Receipt this Period  150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician  Aggregate Year-to-Date ▼	Payroll deduction
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Paul Van Nice	400.00	Date of Receipt
Mailing Address 7101 Meadow Lane  City Chevy Chase	State Zip Code MD 20815	09 25 2011  Transaction ID : SA11AI.5879  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 ▼  400.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</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

FOR LINE NUMBER:				PAGE	: 2	29	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	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)  Or. Mark Vogt  Mailing Address 1149 Colonial Road		Date of Receipt			
City	State Zip Code	09 25 2011 Transaction ID : SA11AI.5840			
McLean  FEC ID number of contributing federal political committee.	VA 22101	Amount of Each Receipt this Period			
Name of Employer  First Colonies Anesthesia  Receipt For:	Occupation Physician	Payroll deduction			
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial)  Dr. Christopher Wahlgren  Mailing Address 1200 Colvin Meadows Lane	Date of Receipt  09 25 2011				
City Great Falls	State Zip Code VA 22066	Transaction ID : SA11AI.5880  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) Dr. Timothy Wex		Date of Receipt			
Mailing Address 11429 Cedar Ridge Drive		09 25 2011			
City Potomac	State Zip Code VA 20854	Transaction ID : SA11AI.5841  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer First Colonies Anesthesia	Occupation Physician	Payroll deduction			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
SUBTOTAL of Receipts This Page (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. David Wheeler  Mailing Address 7108 Collingwood Court		Date of Receipt
City Elkridge  FEC ID number of contributing federal political committee.  Name of Employer First Colonies Anesthesia Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code MD 21075  C  Occupation Physician  Aggregate Year-to-Date ▼  400.00	Transaction ID : SA11AI.5855  Amount of Each Receipt this Period  150.00  Paryoll deduction
Full Name (Last, First, Middle Initial) Dr. Thomas Wherry  Mailing Address 611 W. 2nd Street  City Frederick  FEC ID number of contributing	State Zip Code MD 21701	Date of Receipt    M
Receipt For:  Primary  Other (specify) ▼  Name of Employer  First Colonies Anesthesia  Receipt For:  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  400.00	Payroll deduction
Full Name (Last, First, Middle Initial)  Dr. Howard Wilpon  Mailing Address 18212 Wickham Road  City Olney  FEC ID number of contributing	State Zip Code MD 20832	Date of Receipt    M
federal political committee.  Name of Employer  First Colonies Anesthesia  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  400.00	Payroll deduction
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</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

	FOR LIN	PAGE	3	31	OF	39			
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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 ANESTH	ESIA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Dr. Monfold Wolf  Mailing Address 4822 Tilly Dr.		Date of Receipt
City Sykesville	State Zip Code MD 21784	09 25 2011  Transaction ID : SA11AI.5802  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 ▼  400.00	
Full Name (Last, First, Middle Initial)  You Wu  Mailing Address 910 Dunlavin Ct.		Date of Receipt  09 25 2011
City Timonium	State Zip Code MD 21093	Transaction ID : SA11AI.5856  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00 Payroll deduction
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate real-to-Date •	
Full Name (Last, First, Middle Initial)  Dr. Aiqin Yu	·	Date of Receipt
Mailing Address 13508 Gumspring Road  City	State Zip Code	09 25 2011 Transaction ID : SA11Al.5881
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00 Payroll deduction
Name of Employer  First Colonies Anesthesia  Receipt For:	Occupation Physician	- ayron deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	)	450.00
TOTAL This Period (last page this line num	ber only)	

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

	FOR LINE NUMBER:				PAGE	: 3	32	OF	39	
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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 ANESTHI	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	State Zip Code MD 21704	09 25 2011  Transaction ID : SA11AI.5823  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 ▼  400.00						
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt					
City	City State Zip Code						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer	Occupation						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name (Last, First, Middle Initial)		Date of Receipt					
Mailing Address  City	State Zip Code	M = M / D = D / Y = Y = Y					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer	Occupation						
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 number	per only)	12480.00					

### S 17

SCHEDULE B (FEC Form 3X)		EOD LINE	LINE NUMBER: PAGE 33 OF 39				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check o		TE NOMBER.				
THE DISCOUNTERING	for each category of the Detailed Summary Page	` 21b	22 🗙 23 24 25 26				
	Detailed Sulfilliary Page	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Stater							
or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	ne and address of any polit	cai committee to	Solicit contributions from such committee.				
FIRST COLONIES ANESTHESIA	ASSOCIATES II C		ACTION COMMITTEE				
TINGT COLONIES ANEST IESIA	ASSOCIATES ELC	FULITIOAI	LACTION COMMITTEE				
Full Name (Last, First, Middle Initial)							
A. Friends of Robert Gargiola			Date of Disbursement				
Mailing Address 11 Balden Street			08 04 2011				
Room 104							
,	State Zip Code		Transaction ID : SB23.5768				
Annapolis Purpose of Disbursement	MD 21401						
Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	500.00				
		Туре	500.00				
Office Sought: House Disburser	ment For: 2011						
President	Primary General Other (specify) ▼						
State: MD District:	<b>(</b>						
Full Name (Last, First, Middle Initial)							
B.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
Fulpose of Disbursement			Amount of Each Disbursement this Period				
Candidate Name		Category/					
		Type					
Office Sought: House Disburser							
Senate President	Primary General Other (specify) ▼						
State: District:	Other (specify)						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
- A			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
r dipose of Biobardement			Amount of Each Disbursement this Period				
Candidate Name	Amount of Each Bioducement this Feriod						
		Category/ Type					
Office Sought: House Disburser							
Senate   President	Primary General Other (specify) ▼						
State: District:	(opoony) ▼						
SUBTOTAL of Disbursements This Page (optional)		·····•	500.00				
			500.00				
TOTAL This Period (last page this line number only)			500.00				

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S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 34 OF 39
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	
П	LIVIIZED DISDUNSEIVIEN IS		category of the	21b	22 23 24 25 26
		Detailed S	Summary Page	27	28a 28b 28c X 29 30b
۸۰	ly information copied from such Reports and Staten	nante may r	not he sold or w	and hy any paras	
	for commercial purposes, other than using the nam				
$\mid$	NAME OF COMMITTEE (In Full)		31		
$ \rangle$	FIRST COLONIES ANESTHESIA	اعجمرا	ATESTIC	POLITICAL	ACTION COMMITTEE
/	TINOT COLONIES AND THE SIA	.00000	, (ILO LLO	CLITICAL	- ACTION COMMITTEE
	Full Name (Last, First, Middle Initial)				
A.	Citizens for Dan Morhaim				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 8 Park Center Court				09 21 2011
	211				
	,	State MD	Zip Code		Transaction ID : SB29.6417
	Owings Mills Purpose of Disbursement	טוא	21117		
	Contributions			011	Amount of Each Disbursement this Period
	Candidate Name				dan di Ladi Biodificini tilid i cilidi
				Category/ Type	500.00
	Office Sought: House Disbursen	nent For:		Турс	
		Primary	General		
		Other (spec			
	State: MD District: 14		•		
	Full Name (Last, First, Middle Initial)				
В.	Citizens for Dan Morhaim				Date of Disbursement
					M - M / D - D / Y - Y - Y
	Mailing Address 8 Park Center Court				09 30 2011
		State	Zip Code		Transaction ID : SB29.6421
	Owings Mills Purpose of Disbursement	MD	21117		
	Void check #1110 (05/13/2010)			011	Amount of Each Disbursement this Period
	Candidate Name				Amount of Each Biobardement this Feriod
				Category/ Type	-2000.00
	Office Sought: House Disbursen	nent For:		.,,,,	
		Primary	General		
	President	Other (spec	cify) 🔻		
	State: MD District: 14				
	Full Name (Last, First, Middle Initial)				
C.	Committee to Elect Bobby Zirkin				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 10995 Owings Mill Blvd., Suite 220				07 11 2011
	0"	<u> </u>	7' 6 '		
		State MD	Zip Code 21117		Transaction ID : SB29.6383
	Owings Mills Purpose of Disbursement	טועו	Z111 <i>1</i>		
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name				Amount of Lacif Disbursement this Penod
				Category/ Type	250.00
	Office Sought: House Disbursen	nent For:			
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		
	State: District:				
s	UBTOTAL of Disbursements This Page (optional)				-1250.00
Г					
Iτ	OTAL This Period (last nage this line number only)				

SCHE	DULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 35 OF 39
	ZED DISBURSEMENTS	Use separate s for each categ Detailed Sumn	ory of the	(check only	one) 22 23 24 25 26
				27	28a 28b 28c X 29 30b
	mation copied from such Reports and Stater mmercial purposes, other than using the nan				
k	E OF COMMITTEE (In Full)	le and address d	i arry political	Committee to	solicit contributions from such committee.
I \	ST COLONIES ANESTHESIA	ASSOCIATE	ES LLC P	OLITICAL	ACTION COMMITTEE
/					
_	lame (Last, First, Middle Initial)  nmittee to Elect Eric Bromwell				Date of Disbursement
	minitiee to Liect Life Bronnweil				M M / D D / Y Y Y Y
Mailin	g Address 1 Minte Drive				09 12 2011
City			Code		Transaction ID : SB29.6400
Baltim		MD 212	36		11a115action ID . 3B23.0400
	se of Disbursement ribution		- 1	011	Amount of Each Disbursement this Period
Candi	date Name			Category/	
				Type	500.00
Office	Sought: House Disburser		0 1		
	Senate President	Other (specify)	General		
State:		Other (specify)	•		
Full N	lame (Last, First, Middle Initial)				
B. Frie	ends of Anthony G. Brown				Date of Disbursement
Mailin	g Address 1010 Hull Street Suite 202				09 14 2011
City Baltim	nore	State Zip MD 212	Code 30		Transaction ID : SB29.6410
	se of Disbursement ribution		l l	011	Amount of Each Disbursement this Period
Candi	date Name			Category/	Amount of Each Dispursement this Feriod
				Type	250.00
Office	Sought: House Disburser Senate President	Primary	General		
State:		Other (specify)	•		
_	lame (Last, First, Middle Initial)				5. (5.)
C. Frie	ends of JB Jennings				Date of Disbursement
Mailin	g Address 6 Bladen St. Room 326				07 11 7 2011
City		State Zip	Code		Transaction ID ODGG 6007
Annap		MD 214	01		Transaction ID : SB29.6387
	se of Disbursement ribution		l l	011	
Candi	date Name			Category/	Amount of Each Disbursement this Period 250.00
Office	Sought: House Disburser	nent For:		Туре	
0.1100	Senate Disburser	Primary	General		
	President	Other (specify)	▼		
State:	District:				
					1000.00
SUBTO	TAL of Disbursements This Page (optional)			······	1000.00
TOTAL	This Period (last page this line number only)				

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SC	CHEDULE B (FEC Form 3X)			FOD : 11:15	NUMBER: PAGE 36 OF 39
	EMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only	NOMBER:
111	INITED DISDOUSEMENTS		category of the	21b	22 23 24 25 26
		Detailed	Summary Page	27	28a 28b 28c X 29 30b
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	for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full)				
$ \rangle$	FIRST COLONIES ANESTHESIA	ASSOCI	ATES LLC	POLITICAL	_ ACTION COMMITTEE
$\angle$	Full Name (Last, First, Middle Initial)			-	
_	Friends of Kathy Klausmeier				Date of Disbursement
	Therias of Nathy Mausinelei				M M / D D / Y Y Y Y
	Mailing Address 4100 Walter Ave.				08 04 2011
	,	State MD	Zip Code		Transaction ID : SB29.6393
	Baltimore Purpose of Disbursement	טועו	21236		
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
				Type	250.00
	Office Sought: House Disbursen				
		Primary	General		
	State: MD District:	Other (spec	city) 🔻		
	Full Name (Last, First, Middle Initial)				
В.	Friends of Kirill Reznik				Date of Disbursement
	THEHAS OF KITHI INEZHIK				M M / D D / Y Y Y Y
	Mailing Address 18469 Stone Hollow Dr.				07 11 2011
	•	State MD	Zip Code		Transaction ID : SB29.6385
	Germantonw Purpose of Disbursement	טועו	20874		
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
				Type	250.00
	Office Sought: House Disbursen				
		Primary	General		
		Other (spec	city) 🔻		
_	State: MD District: 39  Full Name (Last, First, Middle Initial)				
	People for Pendergrass				Date of Disbursement
•	1 eople for 1 endergrass				M M / D D / Y Y Y Y
	Mailing Address PO Box 6711				07 11 2011
	,	State MD	Zip Code 21045		Transaction ID: SB29.6389
	Purpose of Disbursement	טועו	Z 1040		
	Contribution			011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
				Type	250.00
	Office Sought: House Disbursen				
	Senate	Primary	General		
	President State: MD District:	Other (spec	Jily) ▼		
г	Oldiot.				
S	UBTOTAL of Disbursements This Page (optional)				750.00
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S	CHEDULE B (FEC Form 3X)		FC	DR I	INF N	IUMBER	:		F	AGE 37	OF 39
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	only	y one)					
		Detailed Summary Page			21b 27	22 28a		23 28b	24	25 C <b>X</b> 29	
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or	for commercial purposes, other than using the nam	e and address of any politica	al com	nmitte	ee to	solicit co	ntrib	utions	from s	uch comn	nittee.
	NAME OF COMMITTEE (In Full)										
$ \rangle$	FIRST COLONIES ANESTHESIA	ASSOCIATES LLC F	POL	ITI	CAL	ACTI	ON	CO	MMI	TTEE	
<u></u>	Full Name (Last, First, Middle Initial)										
A.	Supports of Thomas Middleton					Date o	of Dis	burse	ment		
	Mailian Address 44 Bl. L. O.					M = M	/	D		Y   Y   Y	Y
	Mailing Address 11 Bladen Street					08	-	04	4	2011	
	•	State Zip Code				Trans	sacti	on ID	: SB29	6305	
	Annapolis Purpose of Disbursement	MD 21401				IIaii	Sacu	טוו ווט	. 3023	.0333	
	Contribution		0	11		Amour	nt of	Each	Disburs	ement thi	s Period
	Candidate Name		Cate	eaor\	//	-	-				
				/pe				7	7	5	00.00
	Office Sought: House Disbursen										
		Primary General Other (specify) ▼									
	State: MD District:	<b>\</b> 1 <b>&gt;</b> 7									
_	Full Name (Last, First, Middle Initial)										
В.						Date o			_		
	Mailing Address					M = M	/	D	D /	Y   Y   Y	Y
	City	State Zip Code									
	Purpose of Disbursement				-						
					Ш	Amour	nt of	Each	Disburs	ement thi	s Period
	Candidate Name		Cate		//						
	Office Sought: House Disbursem	nent For:	Ту	/pe				7	7		
		Primary General									
		Other (specify) ▼									
_	State: District:				$\rightarrow$						
C.	Full Name (Last, First, Middle Initial)					Date o	of Dis	burse	ment		
						M = M	_	D		Y	Y
	Mailing Address							L.			
	City	State Zip Code									
	Purpose of Disbursement	1.			_						
	,					Amour	nt of	Each	Disburs	ement thi	s Period
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	Office Sought: House Disbursen	nent For:	.,	,,,,	$\dashv$			7	7		
		Primary General									
	State: District:	Other (specify) ▼									
г	District.						-	_	_		
s	SUBTOTAL of Disbursements This Page (optional)				•			n 1		5	00.00
H					_		_		,	10	00.00
T	OTAL This Period (last page this line number only).				<b>•</b>			,		10	00.00

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

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	38	OF	39	
FOR LI	NE 2	1a OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)

	RST COLONIES ANESTHESIA					d Activity			
۱.	Full Name (Last, First, Middle Initial)		on ID : H4.6391			-			
	Barbara Marx Brocato & Assoc	ciales			_ X Adı	ministrative	Fundra	aising	Exemp
	Mailing Address 18 Pinkney Street				Vot	ter Drive	Direct	Candidate	Suppor
	City	State	Zip Code		Pul	blic Comm	(ref to part	y only) by	PAC
	Annapolis	MD	21401	T	Alloca	ted Activit	y or Event \	/ear-To-Dat	е
	Purpose of Disbursement: Lobbying fee			003				14507.70	
	Activity or Event Identifier:								
	Administrative			Category/ Type	Date	08	01	201	
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	=		TOTAL AMO	UNT	
	0.00		7	1250.00	] [:	,	,	1250.0	0
3.	Full Name (Last, First, Middle Initial)	Transactio	n ID : H4.6398		Allocate	d Activity	or Event:		
	LaTanya Lowe				X Adı	ministrative	e Fundra	aising	Exemp
	Mailing Address 7490 New Technology Way				Vot	ter Drive	Direct	Candidate	Suppo
	City	State	Zip Code		Pul	blic Comm	(ref to part	y only) by	PAC
	Frederick	MD	21703	I	Alloca	ted Activit	y or Event \	/ear-To-Dat	e
	Purpose of Disbursement: Expense reimbursement			001				14528.67	7
	Activity or Event Identifier:								
	Administrative			Category/ Type	Date	09	01	2011	
				Турс	Date				
	FEDERAL SHARE	+	NONFEDERAL		=	-	TOTAL AMO	UNT	
	FEDERAL SHARE	+	NONFEDERAL			.,	TOTAL AMC	UNT 20.9	7
•			NONFEDERAL	. SHARE	= Allocate	d Activity	or Event:	20.97	
	0.00  Full Name (Last, First, Middle Initial)		7 7	. SHARE	Allocated Adı		or Event:	20.97	Exemp
-	Full Name (Last, First, Middle Initial)  MCMS  Mailing Address 15855 Crabbs Branch Way  City	Transactio	on ID : H4.6413  Zip Code	. SHARE	Allocated Allocated Allocated Vot	d Activity of ministrative ser Drive	or Event:	20.97 aising Candidate	Exemp
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	Full Name (Last, First, Middle Initial)  MCMS  Mailing Address 15855 Crabbs Branch Way  City  Rockville  Purpose of Disbursement:  Membership dues	Transactio	on ID : H4.6413  Zip Code	. SHARE	Allocated Adu	d Activity of ministrative er Drive	or Event:  E Fundra  Direct  (ref to part	20.9	Exemp Suppor PAC e
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-	Full Name (Last, First, Middle Initial)  MCMS  Mailing Address 15855 Crabbs Branch Way  City Rockville  Purpose of Disbursement: Membership dues  Activity or Event Identifier: Administrative	State MD	Zip Code 20855	. SHARE 20.97  001  Category/ Type	Allocated  Addi  Vot  Pull  Alloca  Date	d Activity of ministrative per Drive blic Commuted Activity	or Event:  Fundra  Direct  (ref to part  y or Event )	20.93  aising Candidate y only) by /ear-To-Date 14613.67	Exempone Suppone PAC e
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-	Full Name (Last, First, Middle Initial)  MCMS  Mailing Address 15855 Crabbs Branch Way  City Rockville  Purpose of Disbursement: Membership dues  Activity or Event Identifier: Administrative  FEDERAL SHARE  0.00  BTOTAL of Allocated Federal and NonFederal	State MD	Zip Code 20855	O01 Category/Type SHARE 85.00	Allocated  Adli  Vot  Pull  Alloca  Date	d Activity of ministrative per Drive blic Commuted Activity	or Event:  Fundra  Direct  (ref to part  y or Event  19	20.99  aising Candidate y only) by Year-To-Date 14613.67  2011	Exemp Suppo PAC e
SU	Full Name (Last, First, Middle Initial)  MCMS  Mailing Address 15855 Crabbs Branch Way  City Rockville  Purpose of Disbursement: Membership dues  Activity or Event Identifier: Administrative  FEDERAL SHARE  0.00  BTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	State MD	Zip Code 20855 NONFEDERAL	O01 Category/Type SHARE 85.00 SHARE 1355.97	Allocated  Allocated  Vot Pul Alloca  Date  =	d Activity of ministrative ter Drive blic Commuted Activity	or Event:  Fundra  Direct  (ref to part  y or Event  19	20.93  aising Candidate y only) by Vear-To-Date 14613.67  2011  UNT  85.00	Exemp Support PAC e

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

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	39	OF	39	
FOR L	INE 2	1a OF	FORM	зх

NAME OF COMMITTEE (In Full)

F	IRST COLONIES ANESTHESI	A A3300		1 OLITIOA	L ACTION COMMITTEE
A.	Full Name (Last, First, Middle Initial)		on ID : H4.6415		Allocated Activity or Event:
	Barbara Marx Brocato & Asso	ociates			Administrative Fundraising Exempt
	Mailing Address 18 Pinkney Street				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Annapolis  Purpose of Disbursement:	MD	21401		Allocated Activity or Event Year-To-Date
	Lobbying fees			003	15863.67
	Activity or Event Identifier: Administrative			Category/ Type	Date 09 20 2011
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
	0.00		, ,	1250.00	1250.00
В.	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.6419		Allocated Activity or Event:
	PB Dye Golf Management				Administrative Fundraising Exempt
	Mailing Address 9526 Doctor Perry Road				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Ijamsville Purpose of Disbursement:	MD	21754		Allocated Activity or Event Year-To-Date
	Expense reimbursement			001	17545.87
	Activity or Event Identifier: Administrative			Category/ Type	Date 09 21 2011
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	FEDERAL SHARE 0.00	] [	NONFEDERAL	SHARE 1682.20	= TOTAL AMOUNT 1682.20
C.		· ] []	NONFEDERAL		Allocated Activity or Event:
C.	0.00 Full Name (Last, First, Middle Initial)	+	NONFEDERAL		Allocated Activity or Event: Administrative Fundraising Exempt
<u></u>	O.00  Full Name (Last, First, Middle Initial)  Mailing Address		7 7		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
C.	0.00 Full Name (Last, First, Middle Initial)	+ State	NONFEDERAL Zip Code		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC
<u></u>	O.00  Full Name (Last, First, Middle Initial)  Mailing Address		7 7		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
c.	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City		7 7	1682.20	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
c.	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 7		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC
c.	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 7	1682.20  Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
c.	O.00  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code	1682.20  Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State +	Zip Code  NONFEDERAL	1682.20  Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-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 Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal	State +	Zip Code  NONFEDERAL	Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT
SI	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFeder FEDERAL SHARE	State  +  ral Activity Th  +	Zip Code  NONFEDERAL  nis Page NONFEDERAL	Category/ Type  SHARE  2932.20	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  2932.20
SI	Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal SHARE  0.00	State  +  ral Activity Th  +	Zip Code  NONFEDERAL  nis Page NONFEDERAL	Category/ Type  SHARE  2932.20  NonFederal sh	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  2932.20