

**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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		73226.83
(b) Cash on Hand at Beginning of Reporting Period.....	76310.36	
(c) Total Receipts (from Line 19)	13240.00	22000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	89550.36	95226.83
7. Total Disbursements (from Line 31).....	15381.23	21057.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74169.13	74169.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12300.00	12300.00
(ii) Unitemized	940.00	9700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13240.00	22000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13240.00	22000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13240.00	22000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13240.00	22000.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	8831.23	13257.70
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8831.23	13257.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	5550.00	6800.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15381.23	21057.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6550.00	7800.00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13240.00	22000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13240.00	22000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

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

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

A. Dr. Maksim Barkinskiy
 Full Name (Last, First, Middle Initial)
 Mailing Address 10021 Dickens Avenue
 City State Zip Code
 Bethesda MD 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 24 / 2011
Transaction ID : SA11AI.5712
 Amount of Each Receipt this Period
 150.00
 payroll deduction

B. Dr. Marc Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Norris Run Court
 City State Zip Code
 Reisterstown MD 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 24 / 2011
Transaction ID : SA11AI.5682
 Amount of Each Receipt this Period
 150.00
 payroll deduction

C. Dr. John Bunker
 Full Name (Last, First, Middle Initial)
 Mailing Address 15229 National Pike
 City State Zip Code
 Hagerstown MD 21740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 24 / 2011
Transaction ID : SA11AI.5632
 Amount of Each Receipt this Period
 150.00
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3707 Meadowhill Court

City Phoenix State MD Zip Code 21131

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5683

Amount of Each Receipt this Period 150.00
payroll deduction

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

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5684

Amount of Each Receipt this Period 150.00
payroll deduction

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

Mailing Address 7204 Loch Edin Court

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5657

Amount of Each Receipt this Period 150.00
payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)

Mailing Address 12808 Spring Drive

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.5660

Amount of Each Receipt this Period
 150.00
 payroll deduction

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

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.5658

Amount of Each Receipt this Period
 150.00
 payroll deduction

C. Dr. Jen Chen
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Mill Ridge Road

City McLean State VA Zip Code 22102

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.5659

Amount of Each Receipt this Period
 150.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 13771 Lambertina Place

City Rockville	State MD	Zip Code 20850
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period

150.00

 payroll deduction

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

Mailing Address 11546 Fox River Road

City Ellicott City	State MD	Zip Code 21042
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5685

Amount of Each Receipt this Period

225.00

 payroll deduction

C. Dr. Melvin Coursey
Full Name (Last, First, Middle Initial)

Mailing Address 18720 Shremor Drive

City Derwood	State MD	Zip Code 20855
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5662

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 number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Lauren Deloach
 Full Name (Last, First, Middle Initial)
 Mailing Address 15114 Pepperridge Drive
 City State Zip Code
 Bowie MD 20721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.5621
 Amount of Each Receipt this Period
 150.00
 payroll deduction

B. Dr. Karen Dugan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4107 Vickie Lynn Court
 City State Zip Code
 Mt. Airy MD 21771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.5633
 Amount of Each Receipt this Period
 150.00
 payroll deduction

C. Dr. Ali Emamhosseini
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Prettyman Dr.
 Apt. 8409
 City State Zip Code
 Rockville MD 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011
Transaction ID : SA11AI.5663
 Amount of Each Receipt this Period
 150.00
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5697

Amount of Each Receipt this Period 150.00
payroll deduction

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

Mailing Address 6436 West Langley Lane

City McLean State VA Zip Code 22101

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5713

Amount of Each Receipt this Period 150.00
payroll deduction

C. Dr. Tamara Gabrielli
Full Name (Last, First, Middle Initial)

Mailing Address 504 Reserve Champion Drive

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5636

Amount of Each Receipt this Period 150.00
payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas Gambon
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 Charleston Dr.
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5637
 Amount of Each Receipt this Period **150.00**
 payroll deduction

B. Dr. James Glass
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 T Street, N.W.
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5714
 Amount of Each Receipt this Period **150.00**
 payroll deduction

C. Dr. Steven Grube
 Full Name (Last, First, Middle Initial)
 Mailing Address 13895 Foxtower Road
 City Thurmont State MD Zip Code 21788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5638
 Amount of Each Receipt this Period **150.00**
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Keith Hairston
 Full Name (Last, First, Middle Initial)
 Mailing Address 12312 Highstakes Drive
 City Reisterstown State MD Zip Code 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5687
 Amount of Each Receipt this Period **150.00**
 payroll deduction

B. Dr. Glen Hessinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 8101 Ruxton Crossing Road
 City Towson State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5688
 Amount of Each Receipt this Period **150.00**
 payroll deduction

C. Dr. Jean-Max Hogarth
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Randallwood Court
 City Jarrettsville State MD Zip Code 21084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5689
 Amount of Each Receipt this Period **150.00**
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Sung Hong
Full Name (Last, First, Middle Initial)
Mailing Address 8525 Huntspring Drive
City Lutherville State MD Zip Code 21093
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5690
Amount of Each Receipt this Period **150.00**
payroll deduction

B. Dr. Steven Hopper
Full Name (Last, First, Middle Initial)
Mailing Address 4550 N. Park Avenue #101
City Chevy Chase State MD Zip Code 20815
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5700
Amount of Each Receipt this Period **150.00**
payroll deduction

C. Dr. Stuart Hough
Full Name (Last, First, Middle Initial)
Mailing Address 9110 Travener Circle
City Frederick State MD Zip Code 21704
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5664
Amount of Each Receipt this Period **225.00**
payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Sean Isaac
Full Name (Last, First, Middle Initial)

Mailing Address 7 Starlight Farm Drive

City Phoenix State MD Zip Code 21131

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5691

Amount of Each Receipt this Period 150.00
payroll deduction

B. Dr. David Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Bootjack Drive

City Frederick State MD Zip Code 21702

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5640

Amount of Each Receipt this Period 150.00
payroll deduction

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

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5701

Amount of Each Receipt this Period 150.00
payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Dr. Cynthia Kenol
 Full Name (Last, First, Middle Initial)
 Mailing Address 6579 Prestwick Drive
 City Highland State MD Zip Code 20777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5641
 Amount of Each Receipt this Period **150.00**
 payroll deduction

B. Dr. Del Kirkpatrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 3004 Hollow Crest Place
 City Brookeville State MD Zip Code 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5665
 Amount of Each Receipt this Period **150.00**
 payroll deduction

C. Dr. Richard Ko
 Full Name (Last, First, Middle Initial)
 Mailing Address 6795 Stockwell Manor Drive
 City Falls Church State VA Zip Code 22043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5666
 Amount of Each Receipt this Period **150.00**
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 11722 Split Tree Circle

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 24 / 2011**

Transaction ID : SA11AI.5667

Amount of Each Receipt this Period **150.00**

payroll deduction

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

Mailing Address 3467 North Venice Street

City Arlington State VA Zip Code 22207

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 24 / 2011**

Transaction ID : SA11AI.5702

Amount of Each Receipt this Period **150.00**

payroll deduction

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

Mailing Address 11667 Fairmont Place

City Ijamsville State MD Zip Code 21754

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 24 / 2011**

Transaction ID : SA11AI.5642

Amount of Each Receipt this Period **225.00**

payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period
225.00

payroll deduction

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

Mailing Address 3336 O Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011

Transaction ID : SA11AI.5668

Amount of Each Receipt this Period
150.00

payroll deduction

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

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011

Transaction ID : SA11AI.5643

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 number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Anna Noriega-Nalls
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 Queen Street #4
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5669
 Amount of Each Receipt this Period **300.00**
 payroll deduction

B. Dr. Denis O'Fallon
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 Merricks Court
 City Monrovia State MD Zip Code 21770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5644
 Amount of Each Receipt this Period **150.00**
 payroll deduction

C. Dr. Philip Owens
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Adams Street, NW
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5670
 Amount of Each Receipt this Period **150.00**
 payroll deduction

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Kent Ozkum
Full Name (Last, First, Middle Initial)
Mailing Address 10720 Dern Road
City Emmitsburg State MD Zip Code 21727
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5645
Amount of Each Receipt this Period **150.00**
payroll deduction

B. Dr. Paul Park
Full Name (Last, First, Middle Initial)
Mailing Address 510 Golden Oak Terrace
City Rockville State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5672
Amount of Each Receipt this Period **150.00**
payroll deduction

C. Dr. Kestutis Pauliukonis
Full Name (Last, First, Middle Initial)
Mailing Address 1813 Solitaire Lane
City McLean State VA Zip Code 22101
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 24 / 2011**
Transaction ID : SA11AI.5673
Amount of Each Receipt this Period **150.00**
payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Michael Peck
Full Name (Last, First, Middle Initial)

Mailing Address 4 Farm Haven Court

City Rockville State MD Zip Code 20852

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period
225.00

payroll deduction

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

Mailing Address 8302 Fox Haven Drive

City McLean State VA Zip Code 22102

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011

Transaction ID : SA11AI.5674

Amount of Each Receipt this Period
150.00

payroll deduction

C. Dr. Eugen Pirovic
Full Name (Last, First, Middle Initial)

Mailing Address 3912 Calverton Drive

City Hyattsville State MD Zip Code 20782

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2011

Transaction ID : SA11AI.5705

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 number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jeffrey Richman
Full Name (Last, First, Middle Initial)

Mailing Address 6906 Granite Ridge Ct.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5692

Amount of Each Receipt this Period

150.00

 payroll deduction

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

Mailing Address 6409 Pinehurst Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5693

Amount of Each Receipt this Period

150.00

 payroll deduction

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

Mailing Address 2212 Dalewood Road

City Timonium	State MD	Zip Code 21093
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5694

Amount of Each Receipt this Period

150.00

 payroll deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6611 Hunter Trail Way

City Frederick State MD Zip Code 21702

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5646

Amount of Each Receipt this Period 150.00
payroll deduction

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

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5647

Amount of Each Receipt this Period 300.00
payroll deduction

C. Dr. Gerald Scheinman
Full Name (Last, First, Middle Initial)

Mailing Address 8010 Summer Mill Court

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5675

Amount of Each Receipt this Period 150.00
payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2932 Thurston Rd.

City Frederick	State MD	Zip Code 21704
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5648

Amount of Each Receipt this Period

150.00

 payroll deduction

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

Mailing Address 22905 David Mill Road

City Germantown	State MD	Zip Code 20876
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5676

Amount of Each Receipt this Period

150.00

 payroll deduction

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

Mailing Address 6 Beall Spring Court

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5706

Amount of Each Receipt this Period

150.00

 payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 25 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4639 Teen Barnes Road

City State Zip Code
Frederick MD 21703

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011
Transaction ID : SA11AI.5649

Amount of Each Receipt this Period
150.00
payroll deduction

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

Mailing Address 4639 Teen Barnes Road

City State Zip Code
Frederick MD 21703

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011
Transaction ID : SA11AI.5650

Amount of Each Receipt this Period
150.00
payroll deduction

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

Mailing Address PO Box 6081

City State Zip Code
McLean VA 22106

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011
Transaction ID : SA11AI.5707

Amount of Each Receipt this Period
150.00
payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. John Tam
Full Name (Last, First, Middle Initial)

Mailing Address 10905 Cripplegate Road

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5677

Amount of Each Receipt this Period

150.00

 payroll deduction

B. Dr. Rojack Tan
Full Name (Last, First, Middle Initial)

Mailing Address 507 Goodland Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5708

Amount of Each Receipt this Period

150.00

 payroll deduction

C. Dr. Bernard Tsai
Full Name (Last, First, Middle Initial)

Mailing Address 10013 New London Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5678

Amount of Each Receipt this Period

150.00

 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Reed Underwood
Full Name (Last, First, Middle Initial)

Mailing Address 1518 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5651

Amount of Each Receipt this Period

150.00

 payroll deduction

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

Mailing Address 22 Woodfield Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5627

Amount of Each Receipt this Period

150.00

 payroll deduction

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

Mailing Address 405 Apple Grove Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2011

Transaction ID : SA11AI.5628

Amount of Each Receipt this Period

150.00

 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7101 Meadow Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2011
Transaction ID : SA11AI.5679

Amount of Each Receipt this Period
150.00
payroll deduction

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

Mailing Address 1149 Colonial Road

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2011
Transaction ID : SA11AI.5710

Amount of Each Receipt this Period
150.00
payroll deduction

C. Dr. Christopher Wahlgren
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City Great Falls	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2011
Transaction ID : SA11AI.5680

Amount of Each Receipt this Period
150.00
payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Timothy Wex
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Cedar Ridge Drive

City Potomac State VA Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5711

Amount of Each Receipt this Period 150.00
payroll deduction

B. Dr. David Wheeler
Full Name (Last, First, Middle Initial)

Mailing Address 7108 Collingwood Court

City Elkridge State MD Zip Code 21075

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5695

Amount of Each Receipt this Period 150.00
payroll deduction

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

Mailing Address 611 W. 2nd Street

City Frederick State MD Zip Code 21701

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2011
Transaction ID : SA11AI.5629

Amount of Each Receipt this Period 150.00
payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 18212 Wickham Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2011
Transaction ID : SA11AI.5630

Amount of Each Receipt this Period
150.00
payroll deduction

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

Mailing Address 4822 Tilly Dr.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2011
Transaction ID : SA11AI.5631

Amount of Each Receipt this Period
150.00
payroll deduction

C. You Wu
Full Name (Last, First, Middle Initial)

Mailing Address 910 Dunlavin Ct.

City Timonium	State MD	Zip Code 21093
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 24 / 2011
Transaction ID : SA11AI.5696

Amount of Each Receipt this Period
150.00
payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Aiqin Yu		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 13508 Gumspring Road		Transaction ID : SA11AI.5681
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00 payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jungim Yun		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 2057 Thurston Road		Transaction ID : SA11AI.5654
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00 payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	12300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Citizens for Dan Morhaim

Mailing Address 8 Park Center Court

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2011

Transaction ID : SB29.6360

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Karen Montgomery

Mailing Address 211 Market St.

City Brookeville State MD Zip Code 20833

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 14

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2011

Transaction ID : SB29.6356

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Catherine E. Pugh

Mailing Address 819 E. Baltimore St.

City Baltimore State MD Zip Code 21202

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB29.6368

Amount of Each Disbursement this Period

250.00

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

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

2300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Barry Glassman

Mailing Address 401 Miller Office Building

City Annapolis State MD Zip Code 21401

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2011

Transaction ID : SB29.6354

Amount of Each Disbursement this Period

250.00

B. Friends of Bill Frank Committee

Full Name (Last, First, Middle Initial)

Mailing Address 211 Felton Rd.

City Lutherville State MD Zip Code 21093

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB29.6366

Amount of Each Disbursement this Period

250.00

C. Friends of C. Anthony Muse

Full Name (Last, First, Middle Initial)

Mailing Address James Senate Office Building, Rm 3
11 Balden St.

City Annapolis State MD Zip Code 21401

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB29.6372

Amount of Each Disbursement this Period

250.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of John Astle

Mailing Address 51 Fleet St.

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: MD District: 30

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB29.6362

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Kathy Szeliga

Mailing Address PO Box 40

City Kingsville State MD Zip Code 21087

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2011

Transaction ID : SB29.6350

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Nic Kipke

Mailing Address 209 S. Carolina Ave.

City Pasadena State MD Zip Code 21122

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : SB29.6364

Amount of Each Disbursement this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Pete Hammen

Mailing Address 188 Main Street
Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : **SB29.6374**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Ron Young

Mailing Address 253 E. Church St.
Suite 100

City Frederick State MD Zip Code 21701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

Transaction ID : **SB29.6369**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Shawn Tarrant

Mailing Address PO Box 67047

City Baltimore State MD Zip Code 21215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 40

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2011

Transaction ID : **SB29.6352**

Amount of Each Disbursement this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Shirley Nathan Pulliam

Mailing Address PO Box 31785

City Baltimore State MD Zip Code 21207

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 13 / 2011

Transaction ID : SB29.6376

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

250.00

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

5300.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.6342
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying fee

Activity or Event Identifier:
Administrative

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
9426.47

Date M M M / D D D / Y Y Y Y Y Y
04 05 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		5000.00		5000.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6346
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying fees

Activity or Event Identifier:
Administrative

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
10676.47

Date M M M / D D D / Y Y Y Y Y Y
05 04 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1250.00		1250.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.6382
Dr. Ramani Peruvemba
Mailing Address 8302 Fox Haven Drive

City State Zip Code
McLean VA 22102

Purpose of Disbursement:
Expense reimbursement

Activity or Event Identifier:
Administrative

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
10757.70

Date M M M / D D D / Y Y Y Y Y Y
05 18 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		81.23		81.23

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		6331.23		6331.23

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.6361**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying fees

Activity or Event Identifier:
Administrative

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
12007.70

Date 05 / 31 / 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1250.00		1250.00

B. Full Name (Last, First, Middle Initial) **Transaction ID : H4.6378**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying fees

Activity or Event Identifier:
Administrative

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
13257.70

Date 06 / 29 / 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		1250.00		1250.00

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		2500.00		2500.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		8831.23		8831.23