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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE 1901 RESEARCH BOULEVARD SUITE 350 ADDRESS (number and street) Check if different than previously **ROCKVILLE** MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00416305 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Jeremy Roth Type or Print Name of Treasurer Electronically Filed by Dr. Jeremy Roth 0 1 05 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/34

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
6.	(a) Cash on Hand January 1 2010 Y Y Y		65435.53
	(b) Cash on Hand at Begining of Reporting Period	62443.59]
	(c) Total Receipts (from Line 19)	12860.00	49815.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75303.59	115250.53
7.	Total Disbursements (from Line 31)	2076.76	42023.70
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73226.83	73226.83
	Debte and Obligations aread TO		
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	

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) 3 / 34

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

м м 1 1 23 м°м 12 3 1 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 12365.00 39630.00 (i) Itemized (use Schedule A) 495.00 10185.00 (ii) Unitemized (iii) TOTAL (add 12860.00 49815.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 12860.00 49815.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 12860.00 49815.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 12860.00 49815.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 34

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
4	Federal Candidates/Committees	0.00	28225.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)		
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	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	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	2076.76	13798.70
0.	Federal Election Activity (2 U.S.C 431(20))		
v.	(a) Shared 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	2.22	
	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))	2076.76	42023.70
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 34

III. Net Contributions/Oper Expenditures	ating COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loar from Line 11(d), page 3)	' I I I I I I I I I I I I I I I I I I I	49815.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans (subtract Line 34 from Line 33) 	10000 00	49815.00
Total Federal Operating Expenditu (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
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16		
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.		
FIRST COLONIES ANESTHESIA A Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy Mailing Address 4170 Bethesda Ave. #719 City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso	State Zip Code MD 20814 C Occupation physician	Date of Receipt 12		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Court	Date of Receipt 1 2			
City	Transaction ID: SA11AI.5450			
Reisterstown	MD 21136	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	payroll deduction		
Name of Employer First Colonies Anesthesia	Occupation Physician	payron deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) Dr. John Bunker	Date of Receipt			
Mailing Address 15229 National Pike	Mailing Address 15229 National Pike			
City	State Zip Code	Transaction ID: SA11AI.5476		
Hagerstown FEC ID number of contributing federal political committee.	MD 21740	Amount of Each Receipt this Period 150.00		
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			
SUBTOTAL of Receipts This Page (optional		450.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/34 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill C City Phoenix FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Ourt State Zip Code MD 21131 C Occupation Physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Stayam Chary Mailing Address 9 Alterwood Lane 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 600.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Co 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 600.00	Date of Receipt M M 3 1 2 0 1 0
SUBTOTAL of Receipts This Page (optional	July	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dwayn Chen Mailing Address 11415 Commonweal #204 City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Aven City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M M 2 0 1 0
Full Name (Last, First, Middle Initial) Dr. Jen Chen Mailing Address 1104 Mill Ridge Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State VA C Occupatio Physicia		Date of Receipt M
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
FIRST COLONIES ANESTHESIA A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. William Chester			Date of Receipt
Mailing Address 5801 Nicholon Lane #1915			12 31 2010
City	State	Zip Code	Transaction ID: SA11AI.5406
North Bethesda	MD	20852	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:		Year-to-Date ▼	
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) Dr. Lincoln Coore			Date of Receipt
Mailing Address 4846 Lee Hollow Place			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State	Zip Code	Transaction ID: SA11AI.5458
Ellicott City	MD	21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer First Colonies Anesthsia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Melvin Coursey			Date of Receipt
Mailing Address 18720 Shremor Driv	е		12 31 2010
City	State	Zip Code	Transaction ID: SA11AI.5407
Derwood	MD	20855	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) ▼		600.00	
SUBTOTAL of Receipts This Page (optional)			525.00

TOTAL This Period (last page this line number only)

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	ne name and add	dress of any political committee to	o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge D	Prive		Date of Receipt 1 2 3 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5467
	Bowie FEC ID number of contributing federal political committee.	C	20721	Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupatio Physician Aggregate		payroll deduction
 3.	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan Mailing Address 104 Ellingwood Lane			Date of Receipt 1 2 3 1 2 0 1 0
	City	Transaction ID: SA11AI.5478		
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia	1	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court			Date of Receipt 1 2 3 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.5477
	Mt. Airy	MD	21771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthsia	Occupatio Physicial	1	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			360.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 34 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using t	Statements ma he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SSOCIATES I	LC POLITICAL ACTION CO	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Todd Epstein			Date of Receipt
	Mailing Address 11305 Struttman Ter	race		12 31 2010
	City North Bethesda	State MD	Zip Code 20852	Transaction ID: SA11AI.5437 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	LOUGE	150.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify)	'	e Year-to-Date ▼ 600.00	
_	Full Name (Last, First, Middle Initial) Dr. Richard Evans	Date of Receipt		
	Mailing Address 6436 West Langley I	1 2 3 1 2 0 1 0		
	City	Transaction ID: SA11Al.5433		
	McLean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia Asso	Occupation physicial		payroll deduction
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		600.00	
_	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler	Date of Receipt		
	Mailing Address 4107 Vickie Lynn Co	12 31 2010		
	City	State	Zip Code	Transaction ID: SA11AI.5481
	Mt. Airy FEC ID number of contributing federal political committee.	C	21771	Amount of Each Receipt this Period 90.00
	Name of Employer First Colonies Anesthesia Physician			payroll deduction
	Receipt For: Primary General Other (specify)	_ , 	e Year-to-Date ▼ 360.00	
	SUBTOTAL of Receipts This Page (optional)			390.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CC	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli Mailing Address 504 Reserve Cham City Rockvillem FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State Zip Code MD 20850 C Occupation Physician Aggregate Year-to-Date	Date of Receipt 1 2
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. James Glass Mailing Address 1441 Rhode Island #410 City Washington	600.00 Ave., N.W. State Zip Code DC 20005	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 600.00	150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Steven Grube Mailing Address 13895 Foxtower Ro City Thurmont FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State Zip Code MD 21788 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M
Primary General Other (specify)	600.00 al)	450.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	gory of the X 11a 11b 11c 12 13 14 15 16
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any polition	sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITICAL	L ACTION COMMITTEE
۷.	Full Name (Last, First, Middle Initial) Dr. Keith Hairston	Date of Receipt	
	Mailing Address 12312 Highstakes Dri	12 31 2010	
	City	State Zip Code	Transaction ID: SA11AI.5454
	Reisterstown	MD 21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
	Receipt For:	Aggregate Year-to-Date ▼	'
	Primary General Other (specify) ▼		600.00
_	Full Name (Last, First, Middle Initial) Dr. Glen Hessinger	Date of Receipt	
	Mailing Address 8101 Ruston Crossing	1 2	
	City	Transaction ID: SA11AI.5455	
	Towson	MD 21204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroli deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
_	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt	
	Mailing Address 1614 Randallwood Co	urt	1 2 3 1 Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.5456
	Jarretsville	MD 21084	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 ▼	600.00
	SUBTOTAL of Receipts This Page (optional) .		450.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one) X
or for o	formation copied from such Reports and Stommercial purposes, other than using the ME OF COMMITTEE (In Full) RST COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. DMMITTEE
A. Dr. Mai	Name (Last, First, Middle Initial) Sung Hong ling Address 8525 Huntspring Drive therville C ID number of contributing eral political committee. me of Employer st Colonies Anesthesia ceipt For: Primary General Other (specify)	State MD C Occupatio Physician Aggregate		Date of Receipt M
B. Dr. Mai	Name (Last, First, Middle Initial) Steven Hopper ling Address 4550 N. Park Avenue #101 evy Chase C ID number of contributing eral political committee. me of Employer st Colonies Anesthesia ceipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate		Date of Receipt M
City Free Fed Nar	Name (Last, First, Middle Initial) Stuart Hough ling Address 9110 Travener Circle dederick C ID number of contributing eral political committee. me of Employer st Colonies Anesthesia ceipt For: Primary General Other (specify)	State MD C Occupatio Physician Aggregate		Date of Receipt M
SUBT	OTAL of Receipts This Page (optional)			525.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
or for	information copied from such Reports and r commercial purposes, other than using the AME OF COMMITTEE (In Full) IRST COLONIES ANESTHESIA AS	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Fit Di M Ci B FE	ull Name (Last, First, Middle Initial) r. Sean Isaac lailing Address 920 Newington Ave. ity Saltimore EC ID number of contributing	State MD	Zip Code 21217	Date of Receipt M M
Na Fi As	ame of Employer irst Colonies Anesthesia sso eceipt For: Primary General Other (specify)	Occupation physicial		payroll deduction
Di M Ci F	ull Name (Last, First, Middle Initial) In. Supriya Jagannath Iailing Address 6260 Glen Vally Terra Unit G Ity Irederick EC ID number of contributing ederal political committee. Interior of the contribution of the contri	State MD C Occupatio	Zip Code 21701	Date of Receipt M
A: Re	rist Colonies Anestnesia sso eceipt For: Primary General Other (specify) ▼ ull Name (Last, First, Middle Initial) r. David Johnson lailing Address 5506 Bootjack Drive	physicial Aggregate	n e Year-to-Date ▼ 300.00	Date of Receipt
Ci <u>F</u>	rity Frederick EC ID number of contributing ederal political committee.	State MD	Zip Code 21702	Transaction ID: SA11AI.5484 Amount of Each Receipt this Period 150.00
_	ame of Employer irst Colonies Anesthesia eceipt For: Primary General Other (specify)	Occupation Physicia Aggregate		payroll deduction
SUB	BTOTAL of Receipts This Page (optional).	1	_	375.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 34 (check only one) X
Any information copi or for commercial pu	ed from such Reports and Stat irposes, other than using the na	tements may ame and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COM	, ,	OCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, Dr. Christina John	First, Middle Initial) ston			Date of Receipt
	3458 Holland Cliffs Road			11 24 2010
City Huntingtown		State MD	Zip Code 20639	Transaction ID: SA11AI.5465 Amount of Each Receipt this Period
FEC ID number of federal political control		C		50.00
Name of Employe First Colonies Ar	er iesthesia	Occupation Physician		payroll deduction
Receipt For: Primary Other (spec	General oify) ▼		Year-to-Date ▼ 500.00	
B. Dr. James Kaufma				Date of Receipt
walling Address	Mailing Address 7514 Arrowwood Road			12 31 2010
City		State	Zip Code	Transaction ID: SA11AI.5439
Bethesda FEC ID number of federal political controls.		C	20817	Amount of Each Receipt this Period 150.00
Name of Employe First Colonies Ar	er lesthesia	Occupation Physician		payroll deduction
Receipt For: Primary Other (spec	General Gify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, Dr. Cynthia Kenol	First, Middle Initial)			Date of Receipt
Mailing Address	6579 Prestwick Drive			1 2 3 1 Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.5409
Highland FEC ID number of federal political controls.		MD C	20777	Amount of Each Receipt this Period 150.00
Name of Employe First Colonies Ar	er nesthesia	Occupation Physician		payroll deduction
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Rec	eipts This Page (optional)		I	350.00
	d (last page this line number on		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 34 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick Mailing Address 3004 Hollow Cres	t Place	Date of Receipt
City Brookeville FEC ID number of contributing	State Zip Code MD 20833	Transaction ID: SA11AI.5431 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 600.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Richard Ko Mailing Address 4101 Hunt Road City	State Zip Code	Date of Receipt M
Fairfax FEC ID number of contributing federal political committee.	VA 22032	Amount of Each Receipt this Period 150.00 payroll deduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 600.00	
Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree (Circle	Date of Receipt
City Potomac	State Zip Code MD 20854	Transaction ID: SA11AI.5412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	Occupation	payroll deduction
Receipt For: Primary Other (specify)	Physician Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optio	nal)	450.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 34 (check only one) X 11a
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	e name and add	dress of any political committee to	o solicit contributions from such committee.
 Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt Mailing Address 3467 North Venice St			Date of Receipt 1 2 3 1 2 0 1 0
City	State VA	Zip Code	Transaction ID: SA11AI.5440
Arlington FEC ID number of contributing federal political committee.	C	22207	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place	e		Date of Receipt 1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.5485
<u>ljamsville</u>	MD	21754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Road	I		Date of Receipt 1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.5441
Bethesda	MD	20817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		225.00
Name of Employer First Colonies Anesthesia	Occupation Physician	1	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional)	1		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 34 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per- the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen Martin Mailing Address 3336 O Street, NW		Date of Receipt 1 2 3 1 2 2 0 1 0
City Washington FEC ID number of contributing	State Zip Code DC 20007	Transaction ID: SA11AI.5413 Amount of Each Receipt this Period 150.00
Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	payroll deduction
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Munro Mailing Address 311 Alderwood Dr.	600.00	Date of Receipt
City Gaithersburg FEC ID number of contributing federal political committee.	State Zip Code MD 20878	Transaction ID: SA11AI.5493 Amount of Each Receipt this Period 225.00
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 300.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls Mailing Address 603 Queen Street #4		Date of Receipt 1 2 3 1 2 0 1 0
City Alexandria FEC ID number of contributing federal political committee.	State Zip Code VA 22314	Transaction ID: SA11AI.5414 Amount of Each Receipt this Period 300.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1200.00	payroll deduction
SUBTOTAL of Receipts This Page (optional	l J)	675.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		erson for the purpose of soliciting contributions to solicit contributions from such committee.
FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITICAL ACTION (COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon		Date of Receipt
Mailing Address 12123 Merricks Court City	State Zip Code	1 2 3 1 2 0 1 0 Transaction ID: SA11AI.5486
Monrovia	MD 21770	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 ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Philip Owens		Date of Receipt
Mailing Address 141 Adams Street, N	N	12 31 7 2010
City	State Zip Code	Transaction ID: SA11AI.5416
Washington	DC 20001	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 ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Kent Ozkum		Date of Receipt
Mailing Address 10720 Dern Road		12 31 7 9 9 9
City Emmisburg	State Zip Code MD 21727	Transaction ID: SA11AI.5494 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	1	450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 34 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
∠ A.	Full Name (Last, First, Middle Initial) Dr. Paul Park			Date of Receipt
	Mailing Address 821 Oak Knoll Terrace)		12 31 2010
	City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.5417
	FEC ID number of contributing federal political committee.	C	20030	Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 600.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis	1		Date of Receipt
	Mailing Address 1813 Solitaire Lane			12 31 2010
	City	State	Zip Code	Transaction ID: SA11AI.5418
	McLean	VA	22101	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	Occupation Physician		payroli deduction
	Receipt For:	, ' ' ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Michael Peck	1		Date of Receipt
	Mailing Address 4 Farm Haven Court			12 31 2010
	City	State	Zip Code	Transaction ID: SA11AI.5442
	Rockville	MD	20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00 payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroli deduction
	Receipt For:	,	e Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		525.00
-			<u> </u>	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 34 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8400 Tysons Trace	e Court	Date of Receipt
City Vienna FEC ID number of contributing	State Zip Code VA 22182	Transaction ID: SA11AI.5419 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. Eugen Pirovic Mailing Address 3912 Calverton Dri	600.00	Date of Receipt
City Hyattsville FEC ID number of contributing federal political committee.	State Zip Code MD 20782	Transaction ID: SA11AI.5449 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 600.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Clyde Pray Mailing Address 908 Oak Knoll Terr	race	Date of Receipt
City Rockville FEC ID number of contributing federal political committee.	State Zip Code MD 20850	Transaction ID: SA11AI.5420 Amount of Each Receipt this Period 75.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 425.00	payroll deduction
SUBTOTAL of Receipts This Page (option	al)	375.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 34 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Ro 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 600.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood R 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 ▼ 600.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Jeremy Roth Mailing Address 913 Hillstead Drive City Lutherville 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 360.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (option	nal)	390.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/34 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Alexander Rubin			Date of Receipt
Mailing Address 6611 Hunter Trail V	Vay		1 2 3 1 2 0 1 0
City Frederick	State MD	Zip Code 21702	Transaction ID: SA11AI.5487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood			Date of Receipt
Mailing Address 14700 Crossway R	oad		12 31 2010
City Rockville	State MD	Zip Code 20853	Transaction ID: SA11AI.5488 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman			Date of Receipt
Mailing Address 8010 Summer Mill	Court		1 2 3 1 2 0 1 0
City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.5421 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) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	al)		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 34 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark Seymour Mailing Address 2932 Thurston Rd.		Date of Receipt
City Frederick FEC ID number of contributing	State Zip Code MD 21704	Transaction ID: SA11AI.5489 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesai Asso Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 600.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill R	load	Date of Receipt 1 2
City Germantown FEC ID number of contributing federal political committee.	State Zip Code MD 20876	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 ▼ 600.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. James Sowry Mailing Address 9589 Norfolk Ave		Date of Receipt
City Laurel FEC ID number of contributing federal political committee.	State Zip Code MD 20723	Transaction ID: SA11AI.5471 Amount of Each Receipt this Period 75.00
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	payroll deduction
SUBTOTAL of Receipts This Page (options	al)	375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/34 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Robert Study			Date of Receipt
Mailing Address 6 Beall Spring Cou	rt		1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.5443
Potomac FEC ID number of contributing federal political committee.	C	20854	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan	I		Date of Receipt
Mailing Address 2454 Five Schilling	Mailing Address 2454 Five Schillings Road		
City Frederick	State MD	Zip Code 21701	Transaction ID: SA11AI.5490 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthsia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Robert Sullivan			Date of Receipt
Mailing Address 2454 Five Schilling	s Road		1 2 3 1 2 0 1 0
City Frederick	State MD	Zip Code 21701	Transaction ID: SA11AI.5491
FEC ID number of contributing federal political committee.	C	21701	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional			450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 27/34 (check only one) X		
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may not the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES LLO	C POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Louis Swann			Date of Receipt
Mailing Address PO Box 6081			12 31 2010
City McLean	State VA	Zip Code 22106	Transaction ID: SA11AI.5444 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) ▼		ear-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. John Tam			Date of Receipt
Mailing Address 10905 Cripplegate	Road		12 31 2010
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.5423 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify)		ear-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Rojack Tan			Date of Receipt
Mailing Address 507 Goodland Place	e		1 2 3 1 2 0 1 0
City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.5445 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) ▼		ear-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	al)		450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London	Drive	Date of Receipt
City Potomac FEC ID number of contributing	State Zip Code MD 20854	Transaction ID: SA11AI.5424 Amount of Each Receipt this Period
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. Reed Underwood Mailing Address 1518 T Street, NW	600.00	Date of Receipt
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20009	Transaction ID: SA11AI.5432 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 600.00	payroll deduction
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.	State Zip Code MD 21136	Transaction ID: SA11AI.5470 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 600.00	payroll deduction
SUBTOTAL of Receipts This Page (optiona	l)	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	he name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Ro	ad		Date of Receipt 1 2 3 1 2 0 1 0
City Silver Spring FEC ID number of contributing	State MD	Zip Code 20904	Transaction ID: SA11AI.5474 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician		payroll deduction
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Sanjay Vanguri Mailing Address 6260 Glen Valley Te	rrace	600.00	Date of Receipt
Unit G City Frederick FEC ID number of contributing federal political committee.	State MD	Zip Code 21701	Transaction ID: SA11AI.5496 Amount of Each Receipt this Period 75.00
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Paul Van Nice Mailing Address 71401 Meadow Lane)		Date of Receipt
City Chevy Chase FEC ID number of contributing federal political committee.	State MD	Zip Code 20815	Transaction ID: SA11AI.5425 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		payroll deduction
SUBTOTAL of Receipts This Page (optional)	0 0		375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16						
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.						
Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich, Jr. Mailing Address 10816 Willow Run City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	Circle State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M						
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Mark Vogt	300.00	Date of Receipt						
Mailing Address 1149 Colonial Roa City McLean FEC ID number of contributing federal political committee.	State Zip Code VA 22101	Transaction ID: SA11AI.5446 Amount of Each Receipt this Period 150.00 payroll deduction						
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 600.00	payron deddenon						
Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meado	ows Lane	Date of Receipt 1 2 3 1 2 0 1 0						
City Great Falls FEC ID number of contributing federal political committee.	State Zip Code VA 22066 C Occupation	Transaction ID: SA11AI.5427 Amount of Each Receipt this Period 150.00 payroll deduction						
Name of Employer First Colonies Anesthesia Receipt For: Primary Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 600.00							
SUBTOTAL of Receipts This Page (option	al)	375.00						

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 34 (check only one)	
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	<u>- </u>		
Full Name (Last, First, Middle Initial) Dr. Timothy Wex			Date of Receipt
Mailing Address 11429 Cedar Ridg	e Drive		1 2 3 1 2 0 1 0
City Potomac	State VA	Zip Code 20854	Transaction ID: SA11AI.5448 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) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. David Wheeler			Date of Receipt
Mailing Address 7108 Collingwood	Court		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Elkridge	State MD	Zip Code 21075	Transaction ID: SA11AI.5461 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) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Wherry			Date of Receipt
Mailing Address 611 W. 2nd Street			1 2 3 1 2 0 1 0
City Frederick	State MD	Zip Code 21701	Transaction ID: SA11AI.5475 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) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (option	al)		450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumi	gory of the
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	the name and address of any polition	sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee. L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon Mailing Address 18212 Wickham Ro	ad	Date of Receipt
City Olney FEC ID number of contributing	State Zip Code MD 20832	Transaction ID: SA11Al.5466 Amount of Each Receipt this Period
federal political committee. Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	600.00
Full Name (Last, First, Middle Initial) You Wu Mailing Address 910 Dunlavin Ct.		Date of Receipt 1 2 3 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.5462
Timonium	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia Asso Receipt For:	Occupation Physician	payroll deduction
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00
Full Name (Last, First, Middle Initial) Dr. Aiqin Yu	l	Date of Receipt
Mailing Address 13508 Gumspring F	oad	12 31 2010
City	State Zip Code	Transaction ID: SA11AI.5428
Rockville FEC ID number of contributing federal political committee.	MD 20850	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	600.00
SUBTOTAL of Receipts This Page (optional	· · · · · · · · · · · · · · · · · · ·	450.00

A.

FOR LINE NUMBER: PAGE 33/34 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 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 Full Name (Last, First, Middle Initial) Date of Receipt Dr. Jungim Yun Mailing Address 2057 Thurston Road 12 31 2010 City State Zip Code Transaction ID: SA11AI.5492 **Frederick** MD 21704 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 600.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	150.00
TOTAL This Period (last page this line number only)	→	12365.00

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,	SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s))	FOR LINE (check onl			NE NUMBER: PAGE 34 / 34									
	ITEMIZED DISBURSEMENTS	for each o	category of the		(cn												
		Detailed 9	Summary Page		Н	21b 27	Н	22 28a	Н	23 28b	ŀ	24 280	.	25 29	26	o Ob	
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ſ	NAME OF COMMITTEE (In Full)																
	FIRST COLONIES ANESTHESIA ASSOCI	IATES LLC	POLITICAL	ACT	ION	CON	ИМ	ITTEI	Ξ								
L	Full Name (Last, First, Middle Initial)						T	T		15	_	ODO		_			
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	Mailing Address 18 Pinkney Street							1 1			3 (0	2	0 1 ()		
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В.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates							Date		isburs	ser				V		
	Mailing Address 18 Pinkney Street							1 [™] 2	IM	′ 📙	2	7 /	Ž	0 Í (י נ		
	,	State MD	Zip Code 21401					Amou	ınt o	f Eacl	h [Disburs	-			1	
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	Senate President	Primary	General														
	State: District:	Other (spe	Giiy) ♥														

SUBTOTAL of Disbursements This Page (optional)	•	2076.76
TOTAL This Period (last page this line number only)	<u> </u>	2076.76