

**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="2014"/> | | 111353.40 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 118142.47 | |
| (c) Total Receipts (from Line 19) | 13925.00 | 55825.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 132067.47 | 167178.40 |
| 7. Total Disbursements (from Line 31)..... | 14750.00 | 49860.93 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 117317.47 | 117317.47 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 13750.00 | 37475.00 |
| (ii) Unitemized | 175.00 | 18350.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 13925.00 | 55825.00 |
| (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) | 13925.00 | 55825.00 |
| 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))..... ▶ | 13925.00 | 55825.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 13925.00 | 55825.00 |

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..... | 1250.00 | 16865.93 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1250.00 | 16865.93 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 500.00 |
| 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 | 13500.00 | 32495.00 |
| 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)) .. | 14750.00 | 49860.93 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13500.00 | 32995.00 |

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) | 13925.00 | 55825.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13925.00 | 55825.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 100 |
| | <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 | |

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. Hasan Abed
Full Name (Last, First, Middle Initial)

Mailing Address 15 Waterbird Court

City Cockeyesville State MD Zip Code 21030

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.9288

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Hasan Abed
Full Name (Last, First, Middle Initial)

Mailing Address 15 Waterbird Court

City Cockeyesville State MD Zip Code 21030

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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.9382

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 15 Waterbird Court

City Cockeyesville State MD Zip Code 21030

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SA11AI.9473

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Marc Azran | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014 Transaction ID : SA11AI.9251 |
| Mailing Address 800 Hillsboro Drive | | Amount of Each Receipt this Period 50.00 |
| City Silver Spring | State MD | Zip Code 20902 |
| FEC ID number of contributing federal political committee. C | Name of Employer First Colonies Anesthesia | Occupation Physician |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Payroll deduction | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Marc Azran | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2014 Transaction ID : SA11AI.9347 |
| Mailing Address 800 Hillsboro Drive | | Amount of Each Receipt this Period 50.00 |
| City Silver Spring | State MD | Zip Code 20902 |
| FEC ID number of contributing federal political committee. C | 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 ▼ 550.00 | |
| Payroll deduction | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Marc Azran | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : SA11AI.9440 |
| Mailing Address 800 Hillsboro Drive | | Amount of Each Receipt this Period 50.00 |
| City Silver Spring | State MD | Zip Code 20902 |
| FEC ID number of contributing federal political committee. C | 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 ▼ 600.00 | |
| Payroll deduction | | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 100 |
| | <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. Maksim Barkinskiy
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9245

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Dr. Maksim Barkinskiy
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9341

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Maksim Barkinskiy
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9434

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 100 |
| | <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. Marc Beck
Full Name (Last, First, Middle Initial)
Mailing Address 16 Norris Run Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9272

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9365

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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 ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9458

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 10 OF 100
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

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

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9223
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Jeffrey Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 14952 Finegan Farm Rd.
City Germantown State MD Zip Code 20874
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9316
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Jeffrey Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 14952 Finegan Farm Rd.
City Germantown State MD Zip Code 20874
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9414
Amount of Each Receipt this Period **50.00**
Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 100 |
| | <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"/> | <input type="checkbox"/> 17 |

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

A. Dr. John Bunker
Full Name (Last, First, Middle Initial)
Mailing Address 15229 National Pike

| | | |
|--------------------|-------------|-------------------|
| City Hagerstown | State MD | Zip Code 21740 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9301

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. John Bunker
Full Name (Last, First, Middle Initial)
Mailing Address 15229 National Pike

| | | |
|--------------------|-------------|-------------------|
| City Hagerstown | State MD | Zip Code 21740 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9395

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. John Bunker
Full Name (Last, First, Middle Initial)
Mailing Address 15229 National Pike

| | | |
|--------------------|-------------|-------------------|
| City Hagerstown | State MD | Zip Code 21740 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9486

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 100 |
| | <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. Rachel Cappuccino
Full Name (Last, First, Middle Initial)
Mailing Address 2811 Sommersby Rd.
City Mt. Airy State MD Zip Code 21771
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anestheisa Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9296
Amount of Each Receipt this Period **250.00**
Payroll deduction

B. Dr. Rachel Cappuccino
Full Name (Last, First, Middle Initial)
Mailing Address 2811 Sommersby Rd.
City Mt. Airy State MD Zip Code 21771
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anestheisa Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9390
Amount of Each Receipt this Period **25.00**
Payroll deduction

C. Dr. Rachel Cappuccino
Full Name (Last, First, Middle Initial)
Mailing Address 2811 Sommersby Rd.
City Mt. Airy State MD Zip Code 21771
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anestheisa Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9481
Amount of Each Receipt this Period **25.00**
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **75.00**
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 100 |
| | <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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9273

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9368

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 3707 Meadowhill Court

City 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9459

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 14 OF 100
(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. Satyam Chary
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Alterwood Lane
 City Owings Mill State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9274
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Satyam Chary
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Alterwood Lane
 City Owings Mill State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9369
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9460
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 100 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Thomas Chau | | Date of Receipt MM / DD / YYYY 11 / 25 / 2014 Transaction ID : SA11AI.9224 |
| Mailing Address 7204 Loch Edin Court | | Amount of Each Receipt this Period 50.00 |
| City Potomac | State MD | Zip Code 20854 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction |
| Name of Employer First Colonies Anesthesia | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Thomas Chau | | Date of Receipt MM / DD / YYYY 12 / 24 / 2014 Transaction ID : SA11AI.9318 |
| Mailing Address 7204 Loch Edin Court | | Amount of Each Receipt this Period 50.00 |
| City Potomac | State MD | Zip Code 20854 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction |
| Name of Employer First Colonies Anesthesia | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Thomas Chau | | Date of Receipt MM / DD / YYYY 12 / 31 / 2014 Transaction ID : SA11AI.9415 |
| Mailing Address 7204 Loch Edin Court | | Amount of Each Receipt this Period 50.00 |
| City Potomac | State MD | Zip Code 20854 |
| FEC ID number of contributing federal political committee. C | | Payroll deduction |
| Name of Employer First Colonies Anesthesia | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 100 |
| <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. Dwayne Chen
Full Name (Last, First, Middle Initial)
Mailing Address 12808 Spring Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9244

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)
Mailing Address 12808 Spring Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9340

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)
Mailing Address 12808 Spring Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9433

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 17 OF 100
(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. Edward Chen
 Full Name (Last, First, Middle Initial)
 Mailing Address 10209 Fleming Avenue
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9225
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Edward Chen
 Full Name (Last, First, Middle Initial)
 Mailing Address 10209 Fleming Avenue
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9320
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9416
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 18 OF 100
(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. William Chester
 Full Name (Last, First, Middle Initial)
 Mailing Address 13771 Lambertina Place
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9226
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. William Chester
 Full Name (Last, First, Middle Initial)
 Mailing Address 13771 Lambertina Place
 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9322
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. William Chester
 Full Name (Last, First, Middle Initial)
 Mailing Address 13771 Lambertina Place
 City 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9417
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Charles Ciolino
Full Name (Last, First, Middle Initial)

Mailing Address 11008 South Glen 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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.9246

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 11008 South Glen 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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.9342

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 11008 South Glen 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SA11AI.9435

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 100 |
| | <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. Lincoln Coore
Full Name (Last, First, Middle Initial)
Mailing Address 11546 Fox River Road

| | | |
|-----------------------|-------------|-------------------|
| City Ellicott City | State MD | Zip Code 21042 |
|-----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9282

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

B. Dr. Lincoln Coore
Full Name (Last, First, Middle Initial)
Mailing Address 11546 Fox River Road

| | | |
|-----------------------|-------------|-------------------|
| City Ellicott City | State MD | Zip Code 21042 |
|-----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9376

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

C. Dr. Lincoln Coore
Full Name (Last, First, Middle Initial)
Mailing Address 11546 Fox River Road

| | | |
|-----------------------|-------------|-------------------|
| City Ellicott City | State MD | Zip Code 21042 |
|-----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9467

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 225.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Dr. Melvin Coursey
Full Name (Last, First, Middle Initial)
Mailing Address 18720 Shremor Drive

| | | |
|-----------------|-------------|-------------------|
| City Derwood | State MD | Zip Code 20855 |
|-----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9227

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Melvin Coursey
Full Name (Last, First, Middle Initial)
Mailing Address 18720 Shremor Drive

| | | |
|-----------------|-------------|-------------------|
| City Derwood | State MD | Zip Code 20855 |
|-----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9324

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Melvin Coursey
Full Name (Last, First, Middle Initial)
Mailing Address 18720 Shremor Drive

| | | |
|-----------------|-------------|-------------------|
| City Derwood | State MD | Zip Code 20855 |
|-----------------|-------------|-------------------|

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 ▼
600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9418

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Dr. Lauren Deloach
Full Name (Last, First, Middle Initial)

Mailing Address 15114 Pepperridge Drive

City Bowie State MD Zip Code 20721

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9293

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Dr. Lauren Deloach
Full Name (Last, First, Middle Initial)

Mailing Address 15114 Pepperridge Drive

City Bowie State MD Zip Code 20721

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9387

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Lauren Deloach
Full Name (Last, First, Middle Initial)

Mailing Address 15114 Pepperridge Drive

City Bowie State MD Zip Code 20721

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9478

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 100 |
| | <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. Patrick Dono
Full Name (Last, First, Middle Initial)

Mailing Address 17136 Wesley Chapel Rd.

| | | |
|-----------------|-------------|-------------------|
| City Monkton | State MD | Zip Code 21111 |
|-----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9275

Amount of Each Receipt this Period
25.00

Payroll deduction

B. Patrick Dono
Full Name (Last, First, Middle Initial)

Mailing Address 17136 Wesley Chapel Rd.

| | | |
|-----------------|-------------|-------------------|
| City Monkton | State MD | Zip Code 21111 |
|-----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9370

Amount of Each Receipt this Period
25.00

Payroll deduction

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

Mailing Address 17136 Wesley Chapel Rd.

| | | |
|-----------------|-------------|-------------------|
| City Monkton | State MD | Zip Code 21111 |
|-----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9461

Amount of Each Receipt this Period
25.00

Payroll deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| 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 100 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Dr. Ali Emamhosseini
Full Name (Last, First, Middle Initial)

Mailing Address 8370 Greensboro Drive
Apt #208

City McLean State VA Zip Code 22102

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 25 / 2014
Transaction ID : SA11AI.9250

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Ali Emamhosseini
Full Name (Last, First, Middle Initial)

Mailing Address 8370 Greensboro Drive
Apt #208

City McLean State VA Zip Code 22102

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 ▼
550.00

Date of Receipt
12 / 24 / 2014
Transaction ID : SA11AI.9346

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Ali Emamhosseini
Full Name (Last, First, Middle Initial)

Mailing Address 8370 Greensboro Drive
Apt #208

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 ▼
600.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.9439

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 100 |
| | <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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9256

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9352

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9445

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 OF 100 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Dr. Richard Evans | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014 |
| Mailing Address 6436 West Langley Lane | | Transaction ID : SA11AI.9249 |
| City McLean | State VA | Zip Code 22101 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Richard Evans | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2014 |
| Mailing Address 6436 West Langley Lane | | Transaction ID : SA11AI.9345 |
| City McLean | State VA | Zip Code 22101 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Richard Evans | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 |
| Mailing Address 6436 West Langley Lane | | Transaction ID : SA11AI.9438 |
| City McLean | State VA | Zip Code 22101 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 100 |
| | <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. Ronald Flax
 Full Name (Last, First, Middle Initial)
 Mailing Address 3715 Birchmere Ct.
 City Owings Mills State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9276
 Amount of Each Receipt this Period **250.00**
 Payroll deduction

B. Ronald Flax
 Full Name (Last, First, Middle Initial)
 Mailing Address 3715 Birchmere Ct.
 City Owings Mills State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9371
 Amount of Each Receipt this Period **25.00**
 Payroll deduction

C. Ronald Flax
 Full Name (Last, First, Middle Initial)
 Mailing Address 3715 Birchmere Ct.
 City Owings Mills State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9462
 Amount of Each Receipt this Period **25.00**
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **75.00**
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 100 |
| | <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 | <input type="checkbox"/> 17 |

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

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

Mailing Address 504 Reserve Champion Drive

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9303

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 504 Reserve Champion Drive

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9397

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 504 Reserve Champion Drive

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9488

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 7700 Charleston Dr.

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9313

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 7700 Charleston Dr.

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9407

Amount of Each Receipt this Period 50.00

Payroll deduction

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9498

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 30 OF 100
(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. Steven Grube
 Full Name (Last, First, Middle Initial)
 Mailing Address 13895 Foxtower Road
 City Thurmont State MD Zip Code 21788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9304
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Steven Grube
 Full Name (Last, First, Middle Initial)
 Mailing Address 13895 Foxtower Road
 City Thurmont State MD Zip Code 21788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9398
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Steven Grube
 Full Name (Last, First, Middle Initial)
 Mailing Address 13895 Foxtower Road
 City Thurmont State MD Zip Code 21788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9489
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 31 OF 100
(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. 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 ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9277
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. 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 ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9372
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9463
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Shelly Hairston | | Date of Receipt |
| Mailing Address 12312 Highstakes Drive | | <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/> |
| City State Zip Code Reisterstown MD 21136 | | Transaction ID : SA11AI.9300 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="50.00"/> |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="500.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Shelly Hairston | | Date of Receipt |
| Mailing Address 12312 Highstakes Drive | | <input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City State Zip Code Reisterstown MD 21136 | | Transaction ID : SA11AI.9394 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="50.00"/> |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="550.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Shelly Hairston | | Date of Receipt |
| Mailing Address 12312 Highstakes Drive | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City State Zip Code Reisterstown MD 21136 | | Transaction ID : SA11AI.9485 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="50.00"/> |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="600.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="150.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 100 |
| | <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 Hanna
Full Name (Last, First, Middle Initial)
Mailing Address 9310 Leigh Mill Ct.
City State Zip Code
Great Falls VA 22066
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
First Colonies Anesthesia Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014
Transaction ID : SA11AI.9257
Amount of Each Receipt this Period
50.00
Payroll deduction

B. Dr. John Hanna
Full Name (Last, First, Middle Initial)
Mailing Address 9310 Leigh Mill Ct.
City State Zip Code
Great Falls VA 22066
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
First Colonies Anesthesia Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2014
Transaction ID : SA11AI.9353
Amount of Each Receipt this Period
50.00
Payroll deduction

C. Dr. John Hanna
Full Name (Last, First, Middle Initial)
Mailing Address 9310 Leigh Mill Ct.
City State Zip Code
Great Falls VA 22066
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
First Colonies Anesthesia Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014
Transaction ID : SA11AI.9446
Amount of Each Receipt this Period
50.00
Payroll deduction

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 34 OF 100 |
| <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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9279

Amount of Each Receipt this Period
 50.00

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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9373

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9464

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Dr. Jean-Max Hogarth
Full Name (Last, First, Middle Initial)
Mailing Address 1614 Randallwood Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9280

Amount of Each Receipt this Period
50.00

Payroll deduction

B. 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 ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9374

Amount of Each Receipt this Period
50.00

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 ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9465

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 100 |
| | <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. Nashwa Holt
Full Name (Last, First, Middle Initial)
Mailing Address 5508 Oak Place

| | | |
|------------------|-------------|-------------------|
| City Bethesda | State MD | Zip Code 20817 |
|------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9254

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Nashwa Holt
Full Name (Last, First, Middle Initial)
Mailing Address 5508 Oak Place

| | | |
|------------------|-------------|-------------------|
| 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 ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9350

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Nashwa Holt
Full Name (Last, First, Middle Initial)
Mailing Address 5508 Oak Place

| | | |
|------------------|-------------|-------------------|
| 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 ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9443

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 100 |
| | <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. Sung Hong
Full Name (Last, First, Middle Initial)
Mailing Address 8525 Huntspring Drive

| | | |
|---------------------|-------------|-------------------|
| City Lutherville | State MD | Zip Code 21093 |
|---------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9281

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Sung Hong
Full Name (Last, First, Middle Initial)
Mailing Address 8525 Huntspring Drive

| | | |
|---------------------|-------------|-------------------|
| City Lutherville | State MD | Zip Code 21093 |
|---------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9375

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Sung Hong
Full Name (Last, First, Middle Initial)
Mailing Address 8525 Huntspring Drive

| | | |
|---------------------|-------------|-------------------|
| City Lutherville | State MD | Zip Code 21093 |
|---------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9466

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 4550 N. Park Avenue #101

City Chevy Chase State MD Zip Code 20815

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9258

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 4550 N. Park Avenue #101

City Chevy Chase State MD Zip Code 20815

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9354

Amount of Each Receipt this Period 50.00

Payroll deduction

C. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9447

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 100 |
| | <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. 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 ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9228

Amount of Each Receipt this Period
75.00

Payroll deduction

B. 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 ▼
825.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9326

Amount of Each Receipt this Period
75.00

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 ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9419

Amount of Each Receipt this Period
75.00

Payroll deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 225.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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

A. Leo Hsiao
Full Name (Last, First, Middle Initial)

Mailing Address 212 Washington Ave
Apt. #1217

City Towson State MD Zip Code 21204

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 25 / 2014
Transaction ID : SA11AI.9289

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Leo Hsiao
Full Name (Last, First, Middle Initial)

Mailing Address 212 Washington Ave
Apt. #1217

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 ▼
550.00

Date of Receipt
12 / 24 / 2014
Transaction ID : SA11AI.9383

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 212 Washington Ave
Apt. #1217

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 ▼
600.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.9474

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

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

FOR LINE NUMBER: PAGE 41 OF 100
(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. 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 ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9287
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. 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 ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9381
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Sean Isaac
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Starlight Farm Drive
 City 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9472
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 42 OF 100
(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. Supriya Jagannath
 Full Name (Last, First, Middle Initial)
 Mailing Address 9657 Atterbury Lane
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9271
 Amount of Each Receipt this Period
 25.00
 Payroll deduction

B. Dr. Supriya Jagannath
 Full Name (Last, First, Middle Initial)
 Mailing Address 9657 Atterbury Lane
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9411
 Amount of Each Receipt this Period
 25.00
 Payroll deduction

c. Dr. Supriya Jagannath
 Full Name (Last, First, Middle Initial)
 Mailing Address 9657 Atterbury Lane
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9501
 Amount of Each Receipt this Period
 25.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 100 |
| | <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. Devon Jeffers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 Crestfield Drive
 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 / D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9457
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. David Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5506 Bootjack Drive
 City State Zip Code
 Frederick MD 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9305
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. David Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5506 Bootjack Drive
 City State Zip Code
 Frederick MD 21702
 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 ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9399
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 100 |
| | <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. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9490

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9259

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9355

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dr. James 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 ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9448

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. 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 ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9229

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. 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 ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9327

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 100 |
| | <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. 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9420

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. HaengShik Kim
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Twining Lane

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9247

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 11429 Twining Lane

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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9343

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 100 |
| | <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. HaengShik Kim
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Twining Lane

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 ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9436

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. James Kim
Full Name (Last, First, Middle Initial)

Mailing Address 4808 Moorland Lane Apt. #803

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9253

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 4808 Moorland Lane Apt. #803

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 ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9349

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. James Kim | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 |
| Mailing Address 4808 Moorland Lane Apt. #803 | | Transaction ID : SA11AI.9442 |
| City Bethesda | State MD | Zip Code 20814 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Richard Ko | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014 |
| Mailing Address 6795 Stockwell Manor Drive | | Transaction ID : SA11AI.9230 |
| City Falls Church | State VA | Zip Code 22043 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Richard Ko | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2014 |
| Mailing Address 6795 Stockwell Manor Drive | | Transaction ID : SA11AI.9328 |
| City Falls Church | State VA | Zip Code 22043 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 6795 Stockwell Manor Drive

City Falls Church State VA Zip Code 22043

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9421

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 11722 Split Tree Circle

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9231

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 11722 Split Tree Circle

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9329

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 100 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Dr. 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 **600.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9422
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

B. Dr. Kathleen Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3467 North Venice Street
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9260
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Kathleen Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3467 North Venice Street
 City Arlington State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9356
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 100 |
| | <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. 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9449

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Zakiya Lockhart
Full Name (Last, First, Middle Initial)

Mailing Address 8750 Polished Pebble Way

City Laurel State MD Zip Code 20723

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9255

Amount of Each Receipt this Period
75.00

Payroll deduction

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

Mailing Address 8750 Polished Pebble Way

City Laurel State MD Zip Code 20723

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9351

Amount of Each Receipt this Period
75.00

Payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 100 |
| | <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. Zakiya Lockhart
Full Name (Last, First, Middle Initial)

Mailing Address 8750 Polished Pebble Way

| | | |
|----------------|-------------|-------------------|
| City Laurel | State MD | Zip Code 20723 |
|----------------|-------------|-------------------|

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 ▼ **825.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9444

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

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

Mailing Address 11667 Fairmont Place

| | | |
|--------------------|-------------|-------------------|
| City Ijamsville | State MD | Zip Code 21754 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9306

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

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 ▼ **825.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9400

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 225.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 53 OF 100 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dr. Thomas 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 **900.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9491
Amount of Each Receipt this Period **75.00**
Payroll deduction

B. Dr. Mollyann March
Full Name (Last, First, Middle Initial)
Mailing Address 6504 Greentree Road
City Bethesda State MD Zip Code 20817
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9261
Amount of Each Receipt this Period **75.00**
Payroll deduction

C. Dr. Mollyann March
Full Name (Last, First, Middle Initial)
Mailing Address 6504 Greentree Road
City Bethesda State MD Zip Code 20817
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **825.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9357
Amount of Each Receipt this Period **75.00**
Payroll deduction

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 225.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 100 |
| | <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 ▼ **900.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9450

Amount of Each Receipt this Period **75.00**

Payroll deduction

B. Omid Moayed
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9243

Amount of Each Receipt this Period **50.00**

Payroll deduction

c. Omid Moayed
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9339

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Omid Moayed
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9432

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 3709 Falling Green Way

City Mt. Airy State MD Zip Code 21771

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9302

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 3709 Falling Green Way

City Mt. Airy State MD Zip Code 21771

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9396

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 100 |
| | <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. Danielle Mossman
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy State MD Zip Code 21771

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9487

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9314

Amount of Each Receipt this Period **75.00**

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 ▼ **825.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9408

Amount of Each Receipt this Period **75.00**

Payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 57 OF 100 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dr. Thomas 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 ▼ **900.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9499

Amount of Each Receipt this Period **75.00**

Payroll deduction

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

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9232

Amount of Each Receipt this Period **100.00**

Payroll deduction

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

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9330

Amount of Each Receipt this Period **100.00**

Payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 275.00 |
| 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 58 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Dr. Anna Noriega-Nalls
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 Queen Street #4
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9423
 Amount of Each Receipt this Period **100.00**
 Payroll deduction

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

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9307
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Denis O'Fallon
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 Merricks Court
 City Monrovia State MD Zip Code 21770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9401
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 100 |
| | <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. 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SA11AI.9492

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 141 Adams Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.9234

Amount of Each Receipt this Period
50.00

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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.9331

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dr. Philip Owens
Full Name (Last, First, Middle Initial)

Mailing Address 141 Adams Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9424

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. Dr. Kent Ozkum
Full Name (Last, First, Middle Initial)

Mailing Address 10720 Dern Road

City Emmitsburg State MD Zip Code 21727

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9315

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. Kent Ozkum
Full Name (Last, First, Middle Initial)

Mailing Address 10720 Dern Road

City Emmitsburg State MD Zip Code 21727

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9409

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 100 |
| | <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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9500

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 510 Golden Oak Terrace

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9235

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 510 Golden Oak Terrace

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9332

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 62 OF 100
(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. Paul Park
 Mailing Address 510 Golden Oak Terrace
 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 ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9425
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9236
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

Full Name (Last, First, Middle Initial)
C. Dr. Kestutis Pauliukonis
 Mailing Address 1813 Solitaire Lane
 City State Zip Code
 McLean VA 22101
 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9333
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 100 |
| | <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. 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 **600.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9426
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

B. Dr. Michael Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Farm Haven Court
 City Rockville State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9262
 Amount of Each Receipt this Period **75.00**
 Payroll deduction

C. Dr. Michael Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Farm Haven Court
 City Rockville State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **825.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9358
 Amount of Each Receipt this Period **75.00**
 Payroll deduction

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 100 |
| | <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. 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 ▼ 900.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9451
 Amount of Each Receipt this Period 75.00
 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 ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9237
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Ramani Peruvemba
 Full Name (Last, First, Middle Initial)
 Mailing Address 8302 Fox Haven Drive
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9334
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 100 |
| | <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. 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 **600.00**

Date of Receipt **12 / 31 / 2014**
Transaction ID : SA11AI.9427
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

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

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.9267
 Amount of Each Receipt this Period **50.00**
 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 **550.00**

Date of Receipt **12 / 24 / 2014**
Transaction ID : SA11AI.9363
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 100 |
| | <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. 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 ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9456

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. Naeem Poursharif
Full Name (Last, First, Middle Initial)

Mailing Address 9506 Edgeley Rd

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9252

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 9506 Edgeley Rd

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 ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9348

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 100 |
| | <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. Naeem Poursharif
Full Name (Last, First, Middle Initial)

Mailing Address 9506 Edgeley Rd

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SA11AI.9441

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 6906 Granite Ridge Ct.

City Baltimore State MD Zip Code 21209

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.9286

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 6906 Granite Ridge Ct.

City Baltimore State MD Zip Code 21209

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2014

Transaction ID : SA11AI.9380

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 68 OF 100
(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. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9471
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Charles Rizzuto
 Full Name (Last, First, Middle Initial)
 Mailing Address 6409 Pinehurst Road
 City Baltimore State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonis Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9283
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Charles Rizzuto
 Full Name (Last, First, Middle Initial)
 Mailing Address 6409 Pinehurst Road
 City Baltimore State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonis Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9377
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 100 |
| | <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. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9468
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. James A Rothschild
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Woodlawn Road
 City Baltimore State MD Zip Code 21210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9290
 Amount of Each Receipt this Period 100.00
 Payroll deduction

C. James A Rothschild
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Woodlawn Road
 City Baltimore State MD Zip Code 21210
 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 ▼ 1100.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9384
 Amount of Each Receipt this Period 100.00
 Payroll deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 70 OF 100
(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. James A Rothschild
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Woodlawn Road
 City Baltimore State MD Zip Code 21210
 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9475
 Amount of Each Receipt this Period 100.00
 Payroll deduction

B. Leudvig Sardarian
 Full Name (Last, First, Middle Initial)
 Mailing Address 11601 Brandy Hall Lane
 City North Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9269
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Leudvig Sardarian
 Full Name (Last, First, Middle Initial)
 Mailing Address 11601 Brandy Hall Lane
 City North Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9366
 Amount of Each Receipt this Period 50.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 200.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 71 OF 100
(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. Leudvig Sardarian
 Full Name (Last, First, Middle Initial)
 Mailing Address 11601 Brandy Hall Lane
 City North Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9412
 Amount of Each Receipt this Period 50.00
 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 ▼ 1000.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9308
 Amount of Each Receipt this Period 100.00
 Payroll deduction

C. Dr. Suzanne Scattergood
 Full Name (Last, First, Middle Initial)
 Mailing Address 14700 Crossway Road
 City Rockville State MD Zip Code 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9402
 Amount of Each Receipt this Period 100.00
 Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 100 |
| | <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. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9493
 Amount of Each Receipt this Period 100.00
 Payroll deduction

B. Dr. Mark Seymour
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Thurston Rd.
 City 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9309
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Mark Seymour
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Thurston Rd.
 City 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9403
 Amount of Each Receipt this Period 50.00
 Payroll deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 100 |
| | <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. Mark Seymour
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Thurston Rd.
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9494
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. Nader Soliman
 Full Name (Last, First, Middle Initial)
 Mailing Address 22905 David Mill Road
 City State Zip Code
 Germantown MD 20876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9238
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9295
 Amount of Each Receipt this Period
 25.00
 Payroll deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 74 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. James Sowry
 Full Name (Last, First, Middle Initial)
 Mailing Address 5008 Green Bridge Road
 City State Zip Code
 Dayton MD 21036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9389
 Amount of Each Receipt this Period
 25.00
 Payroll deduction

B. Dr. James Sowry
 Full Name (Last, First, Middle Initial)
 Mailing Address 5008 Green Bridge Road
 City State Zip Code
 Dayton MD 21036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9480
 Amount of Each Receipt this Period
 25.00
 Payroll deduction

C. Dr. Robert Study
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Beall Spring Court
 City State Zip Code
 Potomac MD 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9263
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 100 |
| | <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. 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 ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9359
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9452
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Lisa Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 4639 Teen Barnes Road
 City Frederick State MD Zip Code 21703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9310
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 100 |
| | <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. Lisa Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9404

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9495

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9311

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9405

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9496

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address PO Box 6081

City McLean State VA Zip Code 22106

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9264

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 100 |
| | <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. Louis Swann
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6081

City McLean State VA Zip Code 22106

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
12 / 24 / 2014

Transaction ID : SA11AI.9360

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address PO Box 6081

City McLean State VA Zip Code 22106

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 31 / 2014

Transaction ID : SA11AI.9453

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 507 Goodland Place

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
11 / 25 / 2014

Transaction ID : SA11AI.9265

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 507 Goodland Place

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9361

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 507 Goodland Place

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9454

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 10013 New London Drive

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9239

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 80 OF 100
(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. 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 ▼ 550.00

Date of Receipt 12 / 24 / 2014
Transaction ID : SA11AI.9335
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. 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 ▼ 600.00

Date of Receipt 12 / 31 / 2014
Transaction ID : SA11AI.9428
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.9248
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 81 OF 100 |
| | <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 ▼
550.00

Date of Receipt
12 / 24 / 2014
Transaction ID : SA11AI.9344

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Reed Underwood
Full Name (Last, First, Middle Initial)
Mailing Address 1518 T Street, NW

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.9437

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Arnaldo Valedon
Full Name (Last, First, Middle Initial)
Mailing Address 22 Woodfield Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 25 / 2014
Transaction ID : SA11AI.9294

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 100 |
| | <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. 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 ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9388

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 22 Woodfield Court

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9479

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 405 Apple Grove Road

City Silver Spring State MD Zip Code 20904

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9298

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 100 |
| | <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. 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 ▼ **550.00**

Date of Receipt **12 / 24 / 2014**

Transaction ID : SA11AI.9392

Amount of Each Receipt this Period **50.00**

Payroll deduction

B. 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 ▼ **600.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : SA11AI.9483

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. Sanjay Vanguri
Full Name (Last, First, Middle Initial)

Mailing Address 9657 Atterbury Lane

City Frederick State MD Zip Code 21704

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 25 / 2014**

Transaction ID : SA11AI.9270

Amount of Each Receipt this Period **25.00**

Payroll deduction

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 100 |
| | <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. Sanjay Vanguri
Full Name (Last, First, Middle Initial)
Mailing Address 9657 Atterbury Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
12 / 24 / 2014
Transaction ID : SA11AI.9367

Amount of Each Receipt this Period
25.00

Payroll deduction

B. Dr. Sanjay Vanguri
Full Name (Last, First, Middle Initial)
Mailing Address 9657 Atterbury Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.9413

Amount of Each Receipt this Period
25.00

Payroll deduction

C. Dr. Nicholas Visnich Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 10816 Willow Run Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 25 / 2014
Transaction ID : SA11AI.9240

Amount of Each Receipt this Period
25.00

Payroll deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| 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 85 OF 100 |
| | <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. Nicholas Visnich Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 10816 Willow Run Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9336

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

Payroll deduction

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

Mailing Address 10816 Willow Run Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9429

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

Payroll deduction

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

Mailing Address 1149 Colonial Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9266

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 100 |
| | <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 | <input type="checkbox"/> 17 |

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Dr. Mark Vogt | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2014 |
| Mailing Address 1149 Colonial Road | | Transaction ID : SA11AI.9362 |
| City McLean | State VA | Zip Code 22101 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Mark Vogt | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 |
| Mailing Address 1149 Colonial Road | | Transaction ID : SA11AI.9455 |
| City McLean | State VA | Zip Code 22101 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Christopher Wahlgren | | Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014 |
| Mailing Address 1200 Colvin Meadows Lane | | Transaction ID : SA11AI.9241 |
| City Great Falls | State VA | Zip Code 22066 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | Payroll deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

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

FOR LINE NUMBER: PAGE 87 OF 100
(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. Christopher Wahlgren
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Colvin Meadows Lane
 City State Zip Code
 Great Falls VA 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9337
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. Christopher Wahlgren
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Colvin Meadows Lane
 City State Zip Code
 Great Falls VA 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9430
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9284
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 100 |
| | <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. 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 ▼ **550.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9378

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

B. Dr. David Wheeler
Full Name (Last, First, Middle Initial)
Mailing Address 7108 Collingwood Court

| | | |
|------------------|-------------|-------------------|
| City Elkridge | State MD | Zip Code 21075 |
|------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9469

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

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 ▼ **500.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9299

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 100 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Dr. Thomas 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 ▼
550.00

Date of Receipt
12 / 24 / 2014
Transaction ID : SA11AI.9393

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Thomas Wherry
Full Name (Last, First, Middle Initial)
Mailing Address 611 W. 2nd Street

| | | |
|-------------------|-------------|-------------------|
| City 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 ▼
600.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.9484

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Howard Wilpon
Full Name (Last, First, Middle Initial)
Mailing Address 18212 Wickham Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 25 / 2014
Transaction ID : SA11AI.9291

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 100 |
| | <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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014

Transaction ID : SA11AI.9385

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : SA11AI.9476

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 4822 Tilly Dr.

City Sykesville State MD Zip Code 21784

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.9297

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 100 |
| | <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. 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 ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9391

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 4822 Tilly Dr.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9482

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 910 Dunlavin Ct.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9285

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 OF 100 |
| | <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. You Wu
Full Name (Last, First, Middle Initial)

Mailing Address 910 Dunlavin Ct.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 24 | / | 2014 |

Transaction ID : SA11AI.9379

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

Mailing Address 910 Dunlavin Ct.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : SA11AI.9470

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

Mailing Address 13508 Gumspring Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2014 |

Transaction ID : SA11AI.9242

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 93 OF 100
(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. Ai Qin Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 13508 Gumspring Road
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.9338
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. Ai Qin Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 13508 Gumspring Road
 City 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : SA11AI.9431
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Jungim Yun
 Full Name (Last, First, Middle Initial)
 Mailing Address 2057 Thurston Road
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.9312
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 100 |
| | <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. Full Name (Last, First, Middle Initial)
Dr. Jungim Yun

Mailing Address 2057 Thurston Road

City State Zip Code
Frederick MD 21704

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
12 / 24 / 2014
Transaction ID : SA11AI.9406

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Full Name (Last, First, Middle Initial)
Dr. Jungim Yun

Mailing Address 2057 Thurston Road

City State Zip Code
Frederick MD 21704

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 31 / 2014
Transaction ID : SA11AI.9497

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.00 |
| TOTAL This Period (last page this line number only).....▶ | 13750.00 |

**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 Chris Shank

Mailing Address PO Box 786

City Funkstown State MD Zip Code 21734

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2014

Transaction ID : SB29.9194

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Wayne Norman

Mailing Address 808 South Main Street

City Bel Air State MD Zip Code 21014

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : SB29.9221

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Susan K. McComas

Mailing Address PO Box 1204

City Bel Air State MD Zip Code 21014

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : SB29.9200

Amount of Each Disbursement this Period

500.00

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

1250.00

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 Bob Flanigan

Mailing Address PO Box 1378

City Ellicott City State MD Zip Code 21041

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : SB29.9207

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Chris West

Mailing Address PO Box 144

City Riderwood State MD Zip Code 21139

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : SB29.9203

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Gail Bates

Mailing Address PO Box 39

City Glenelg State MD Zip Code 21737

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : SB29.9218

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 JB Jennings

Mailing Address 6 Bladen St.
Room 326

City Annapolis State MD Zip Code 21401

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

/ /

Transaction ID : SB29.9191

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of Justin Ready

Mailing Address PO Box 402

City Westminster State MD Zip Code 21158

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

/ /

Transaction ID : SB29.9195

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9197

Amount of Each Disbursement this Period

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

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 Trent Kittleman

Mailing Address 3000 Kittleman Lane

City West Friendship State MD Zip Code 21794

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
12 / 18 / 2014

Transaction ID : SB29.9208

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends to Re-Elect Addie Eckardt

Mailing Address 900 Marshy Cove, #304

City Cambridge State MD Zip Code 21613

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
12 / 18 / 2014

Transaction ID : SB29.9209

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Hogan-Rutherford Inaugural Committee

Mailing Address 2702 Lighthouse Point East
Suite 626

City Baltimore State MD Zip Code 21224

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
12 / 01 / 2014

Transaction ID : SB29.9189

Amount of Each Disbursement this Period

4000.00

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

4750.00

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. Hogan Victory Fund

Mailing Address PO Box 2247

City Annapolis State MD Zip Code 21404

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

/ /

Transaction ID : SB29.9188

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Hough for Senate

Mailing Address 143 Fiona Way

City Brunswick State MD Zip Code 21758

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

/ /

Transaction ID : SB29.9215

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Marylanders for Joe Getty

Mailing Address PO Box 437

City Hampstead State MD Zip Code 21074

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

/ /

Transaction ID : SB29.9212

Amount of Each Disbursement this Period

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

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

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 : H4.9182**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: **Administrative**
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 16865.93
Date: 12 / 08 / 2014

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 1250.00 | | 1250.00 |

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date:
Date:

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Category/Type
Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date:
Date:

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 1250.00 | | 1250.00 |

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 | | 1250.00 | | 1250.00 |