Image# 201603089009664638			_	PAGE	1 / 63
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		Office Use Only	
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT V	Example: If typing, over the lines.	type 12FE4	M5	
ADDRESS (number and street)		Y 			
Check if different than previously reported. (ACC)			MD	21703	
2. FEC IDENTIFICATION NUMB		.	STATE 🔺	ZIP CODE	
C C00416305	3. IS TH REP	-	W OR X	AMENDED (A)	
 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 	(b) Monthly Report Due On: (c) 12-Day Report for the:	(M3) Jun (M4) Jul Primary (12P) Convention (120	20 (M6)	Sep 20 (M9) D Oct 20 (M10) Ja eral (12G) Rt	ov 20 (M11) on-Election ar Only) ec 20 (M12) on-Election ar Only) an 31 (YE) unoff (12R)
January 31 Year-End Report (YE) X July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)		in the	becial (30S)
5. Covering Period	Election of 01 / Y Y Y Y 01 2015	through	06 / D D D D D D D D D D D D D D D D D D	State of	
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my Dr. Jeremy Roth	knowledge and beli	ief it is true, correct		YYYY
Signature of Treasurer	y Roth	[Electronically Fi			2016
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person	signing this Report		
Office Use Only				FEC FORM Rev. 12/2004	

03/08/2016 17 : 02

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

R	eport Covering the Period: From:	1 01 / Y Y Y Y Y 2015 To	06 30 / Y Y Y Y Y 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		117317.47
	(b) Cash on Hand at Beginning of Reporting Period	117317.47	
	(c) Total Receipts (from Line 19)	23414.48	23414.48
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	140731.95	140731.95
7.	Total Disbursements (from Line 31)	37496.84	37496.84
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103235.11	103235.11
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

mage#	20160308900966464	0
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From: 01	M / D D / Y Y Y Y 01 2015 To:	06 / Y Y Y Y 2015
	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)	5800.00	5800.00
	(ii) Unitemized (iii) TOTAL (add	17614.48	17614.48
	Lines 11(a)(i) and (ii)	23414.48	23414.48
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(a) Total Contributions (add Lines)	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23414.48	23414.48
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	23414.48	23414.48
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	23414.48	23414.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	9046.84	9046.84
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		0046.0
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	9046.84	9046.84
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	2700.00	2700.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	25750.00	25750.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	, , , , , , , , , , , , , , , , , , , ,	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37496.84	37496.84
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	28450.00	20450.00
	20430.00	28450.00

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L

DETAILED SUMMARY PAGE

of Disbursements

I. Net Contributions/Operating Ex- penditures			
. Total Contributions (other than loans) (from Line 11(d), page 3)	23414.48	23414.48	
. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
Net Contributions (other than loans) (subtract Line 34 from Line 33)	23414.48	23414.48	
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00	
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES LLC POLITICA	L ACTION COMMITTEE
Reisterstown I FEC ID number of contributing federal political committee. I Name of Employer Oc First Colonies Anesthesia Phy	State Zip Code MD 21136 Cupation ysician Igregate Year-to-Date ▼ 250.00	Date of Receipt 06 25 2015 Transaction ID : SA11AI.7629 Amount of Each Receipt this Period 50.00 Memo Item Payroll deduction
Potomac M FEC ID number of contributing federal political committee. C Name of Employer Oc First Colonies Anesthesia Paceint For: Phy	State Zip Code MD 20854 Cupation visician ngregate Year-to-Date ▼ 250.00	Date of Receipt 06 25 2015 Transaction ID : SA11AI.7633 Amount of Each Receipt this Period 50.00 Memo Item Payroll deduction
Silver Spring FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Pagaint For:	State Zip Code MD 20902 Cupation ysician Igregate Year-to-Date ▼ 250.00	Date of Receipt 06 25 2015 Transaction ID : SA11AI.7597 Amount of Each Receipt this Period 50.00 Memo Item 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

FOR LINE NUMBER:

(check only one)

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63

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13	1	1b 4	11c	12	17		
	ny information copied from such Reports and for commercial purposes, other than using th							f soliciting	g contribu	tions		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL A	СТІС	ON (COI	ММІТТ	ΓEE			
Α.						Date of Receipt						
	Mailing Address 10021 Dickens Avenue City State Zip Code											
	Bethesda	MD	20814					-				
	FEC ID number of contributing federal political committee.	С			_ Amount of Each Receipt this Period							
	Name of Employer	Occupation	1			mo lter						
	First Colonies Anesthesia	Physician		Pa	yroll d	educti	on					
	Receipt For:											
	Primary General Other (specify) ▼											
в.	Full Name (Last, First, Middle Initial) Marc Beck			Date of Receipt								
	Mailing Address 16 Norris Run Court					06 25 2015						
	City	State Zip Code MD 21136				actior	<u> ID :</u>	SA11AI.	7614			
	Reisterstown	MD	A	mount	of Ea	ach F	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С		50.00 Memo Item Payroll deduction						00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	I									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
<u></u> .	Full Name (Last, First, Middle Initial) John Bunker	I		D	ate of	Rece	eipt					
	Mailing Address 15229 National Pike					06 / Y Y Y Y 25 2015						
	City Hagerstown	State MD	Zip Code 21740					SA11AI				
		WID	21740	A	mount	of Ea	ach F	Receipt th	nis Period			
	FEC ID number of contributing federal political committee.	С		1 l					50.	00		
	Name of Employer	Occupation	l		wer ayroll d	mo Itei Ieducti						
	First Colonies Anesthesia Receipt For:	Physician			Gron a		511					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
⊢	CUBTOTAL of Receipts This Page (optional)					- 7	-	· · ·	150.0	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)

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			Detailed Summary Page		11a		11b	11c		12					
	y information copied from such Reports and St										ions	17			
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI										ee.				
Δ.	Full Name (Last, First, Middle Initial) Donald Charney			Date of	f Re	ceipt									
	Mailing Address 3707 Meadowhill Court						06 25 2015								
	City Phoenix		Transaction ID : SA11AI.7615												
	FEC ID number of contributing federal political committee.	MD 21131 Amount of Each Receipt this Period C 50.1													
	Name of Employer First Colonies Anesthesia	Occupation Physician		P	Mei ayroll d	mo l ledu									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
в.	Full Name (Last, First, Middle Initial) Satyam Chary				Date of	f Re	ceipt								
	Mailing Address 9 Alterwood Lane					06 25 2015									
	City Owings Mill	State MD	Zip Code 21117		Transaction ID : SA11AI.7616 Amount of Each Receipt this Period 50.00										
	FEC ID number of contributing federal political committee.	С													
	Name of Employer First Colonies Anesthesia	Occupation Physician		Pa	Me ayroll d		tem ction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
c.	Full Name (Last, First, Middle Initial)				Date of	f Re	ceipt								
	Mailing Address 12808 Spring Drive						D 25) 15	Y				
	City Rockville	State MD	Zip Code 20850					: SA11AI. Receipt th							
	FEC ID number of contributing federal political committee.				7		_	50.0	00						
	Name of Employer	Occupation		P	ayroll d		tem Iction								
	First Colonies Anesthesia Receipt For:	Physician	Veer to Dote 🗮												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00												
s	UBTOTAL of Receipts This Page (optional)			• •			7		-	150.0	00]			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

tatements may not be sold or used by any per- name and address of any political committee t					
IA ASSOCIATES LLC POLITICA	L ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) Charles Ciolino					
Mailing Address 11008 South Glen Road					
State Zip Code MD 20854	Transaction ID : SA11AI.7592 Amount of Each Receipt this Period				
C	50.00				
Occupation Physician	Payroll deduction				
Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Jerzy Cios					
Mailing Address 13814 Emerson Drive					
StateZip CodeMD21742	Transaction ID : SA11AI.7634 Amount of Each Receipt this Period				
C	50.00				
Occupation Physician	Payroll deduction				
Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial)					
Mailing Address 11546 Fox River Drive					
StateZip CodeMD21042	Transaction ID : SA11AI.7441 Amount of Each Receipt this Period				
С	75.00				
Occupation	- Memo Item				
Physician	Payroll deduction				
Aggregate Year-to-Date ▼ 225.00					
	State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date ▼ 250.00 21742 C Occupation Physician Aggregate Year-to-Date ▼ Occupation 21742 C 250.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE					
Α.		Date of Receipt							
	Mailing Address 11546 Fox River Drive	05 25 2015							
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.7532 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	Name of Employer First Colonies Anesthesia	Occupation Physician		Aemo Item Payroll deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00						
В.	Full Name (Last, First, Middle Initial) Lincoln Coore			Date of Receipt					
	Mailing Address 11546 Fox River Drive	M M / D D / Y Y Y Y 06 25 2015							
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.7623 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	Name of Employer First Colonies Anesthesia	Occupation Physician		Aemo Item Payroll deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00						
с.	Full Name (Last, First, Middle Initial) Lauren DeLoach			Date of Receipt					
	Mailing Address 15114 Pepperridge Drive	M M / D D / Y Y Y Y Y 06 25 2015							
	City Bowie	State MD	Zip Code 20721	Transaction ID : SA11AI.7637 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer	Occupation		Memo Item Payroll deduction					
	First Colonies Anesthesia Receipt For:	Physician	Year-to-Date ▼	_					
	Other (specify)		250.00						
s	SUBTOTAL of Receipts This Page (optional)		•	200.00					
1	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

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
A .	Full Name (Last, First, Middle Initial) Ali Emamhosseini Mailing Address 47788 Saulty Drive City Sterling FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State VA C Occupation Physician Aggregate	Zip Code 20165 Year-to-Date ▼ 250.00	Date of Receipt
в.	Full Name (Last, First, Middle Initial) Richard Evans Mailing Address 6436 West Langley Lane City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State VA C Occupation Physician Aggregate	Zip Code 22101 Year-to-Date ▼ 250.00	Date of Receipt 06 25 2015 Transaction ID : SA11AI.7595 Amount of Each Receipt this Period 50.00 Memo Item Payroll deduction
c.	Full Name (Last, First, Middle Initial) Tamara Gabrielli Mailing Address 504 Reserve Champion Drive City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD Occupation Physician Aggregate	Zip Code 20850 Year-to-Date ▼ 250.00	Date of Receipt 06 25 2015 Transaction ID : SA11AI.7647 Amount of Each Receipt this Period 50.00 Memo Item Payroll deduction
s	UBTOTAL of Receipts This Page (optional)		•	150.00
т	OTAL This Period (last page this line number o	nly)	••••••	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for cor	mmercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	OF COMMITTEE (In Full) ST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE						
A. Thor	ame (Last, First, Middle Initial) nas Gambon			Date of Receipt						
Mailing City	g Address 7700 Charleston Drive	State	Zip Code	06 25 2015 Transaction ID : SA11AI.7657						
Bethe	sda	MD	20817	Amount of Each Receipt this Period						
	D number of contributing I political committee.	С		50.00						
Name	of Employer	Occupation	1	Memo Item						
	olonies Anesthesia	Physician		Payroll deduction						
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
	ame (Last, First, Middle Initial) en Grube			Date of Receipt						
Mailing	9 Address 13895 Foxtower Road	06 25 2015								
City Thurm	iont	State MD	Zip Code 21788	Transaction ID : SA11AI.7648 Amount of Each Receipt this Period						
	D number of contributing I political committee.		50.00							
	of Employer olonies Anesthesia	Occupation Physician	1	Payroll deduction						
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
	ame (Last, First, Middle Initial) h Hairston	1		Date of Receipt						
	9 Address 12312 Highstakes Drive			06 25 2015						
City Reiste	erstown	State MD	Zip Code 21136	Transaction ID : SA11AI.7619						
	D number of contributing I political committee.	С		Amount of Each Receipt this Period						
Name	of Employer	Occupation	1	Memo Item						
	olonies Anesthesia	Physician		Payroll deduction						
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1						
	FAL of Receipts This Page (optional) This Period (last page this line numbe			150.00						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	,			Date of Receipt						
	Mailing Address 12312 Highstakes Drive	State	Zip Code	06 25 2015 Transaction ID : SA11AI.7644						
	Reisterstown	MD	21136	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer	Occupation	1	Memo Item						
	First Colonies Anesthesia	Physician		Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
В.	Full Name (Last, First, Middle Initial) John Hanna			Date of Receipt						
	Mailing Address 9310 Leigh Mill Court	06 25 2015								
	City	State	Zip Code	Transaction ID : SA11AI.7602						
	Great Falls	VA	22066	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		50.00							
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
с.	Full Name (Last, First, Middle Initial) Glen Hessinger			Date of Receipt						
	Mailing Address 8101 Ruxton Crossing Road			06 25 / Y Y Y Y Y 06 25 2015						
	City Towson	State MD	Zip Code 21204	Transaction ID : SA11AI.7620						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer	Occupation	1	Memo Item						
	First Colonies Anesthesia	Physician		Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
⊢	SUBTOTAL of Receipts This Page (optional)			150.00						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a 13		11b 14	11c	12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the										
$\left\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	A ASSO	CIATES LLC POLITIC	AL A	СТІС	ON	CON	MMITT	ΈE		
Α.	Full Name (Last, First, Middle Initial) Jean-Max Hogarth Mailing Address 1614 Randallwood Ct			Date of Receipt							
	City Jarretsville	State MD	Zip Code 21084		2015 7621 is Perioc						
	FEC ID number of contributing federal political committee.	С				, ,			50	.00	
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician	× · · · · -	Pa	yroll de	no lte educ					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Nashwa Holt			D	ate of	Rec	eipt				
	Mailing Address 110 Thrift Street	Ctoto	Zip Code	06 25 .20 Transaction ID : SA11AI.760					2015	Y	
	City Gaithersburg	State MD	Zip Code 20878					SA11AI.		1	
	FEC ID number of contributing federal political committee.	С		ļ		,			50	.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician		Pay	yroll de	no lte educi					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
с.	Full Name (Last, First, Middle Initial) Sung-Soo "Sam" Hong			D	ate of	Rec	eipt				
	Mailing Address 100 Croydon Road				м м 06	/	25) / Y	ү ү 2015	Ŷ	
	City Baltimore	State MD	Zip Code 21212					SA11AI. Receipt th		1	
	FEC ID number of contributing federal political committee.	С				. ,			50	.00	
	Name of Employer	Occupation		- Pa	Mer yroll d	no lte educ					
	First Colonies Anesthesia Receipt For: Primary General	Physician Aggregate	Year-to-Date ▼). e a	0000					
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)		•			,		- 7	150	.00	
т	OTAL This Period (last page this line number o	only)	•••••••	. [

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC	POLITIC	AL A	CTI	ЛС	I COI	ммітт	ΈE	Ξ				
Α.	Full Name (Last, First, Middle Initial) Steven Hopper				1	Date of	Re	ceipt							
	Mailing Address 4550 N. Park Ave # 101					м м 06	1	25) 015	Y			
	City	State	Zip Code		Transaction ID : SA11AI.7603										
	Chevy Chase	MD	20815		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.								7			50.0	00			
	Name of Employer	Occupation			<u> </u>		mo l								
	First Colonies Anesthesia	Physician				ayroll d	edu	ction							
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		7 7 7	250.00											
B.	Full Name (Last, First, Middle Initial) Michael Horn				1	Date of	Re	ceipt							
	Mailing Address 500 Stonington Road					м м 06	/	25			15	Y			
	City	State	Zip Code			Trans	acti	on ID :	SA11AL	7636	6				
	Silver Spring	MD	20902		/	Amount	t of	Each F	Receipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			50.00										
	Name of Employer	Occupation			-	Me	mo l	tem							
	First Colonies Anesthesia	Physician			Pa	ayroll d	edu	ction							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)		, , ,	250.00											
C.	Full Name (Last, First, Middle Initial) Stuart Hough				(Date of	Re	ceipt							
	Mailing Address 9110 Travener Circle					^M 05	/	25)15	Υ			
	City	State MD	Zip Code						SA11AI.						
	Frederick		21704	_	-	Amount	t of	Each F	Receipt th	is P	eriod		_		
	FEC ID number of contributing federal political committee.	С						,		_	75.0	00			
	Name of Employer	Occupation						tem							
	First Colonies Anesthesia	Physician			P	ayroll d	iedu	ICTION							
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify) ▼		7 1 7	225.00											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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$\overline{\ }$	NAME OF COMMITTEE (In Full)													
$\Big)$	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC I	POLITIC		CTIC		CO	MMITT	ΈĒ	=			
Α.	Full Name (Last, First, Middle Initial) Stuart Hough					Date of	Re	ceipt						
	Mailing Address 9110 Travener Circle					M M	/	D) / Ү	Y	Y	Y		
	City	State	Zip Code		06 25 2015 Transaction ID : SA11AI.7577 Amount of Each Receipt this Period									
	Frederick	MD	21704											
	FEC ID number of contributing			_	- '	Amount	U			15 1				
	federal political committee.	С		_				7			75.0	0		
	Name of Employer	Occupation			- 1	Mer	no li	tem						
	First Colonies Anesthesia	Physician			Pa	ayroll d	edu	ction						
	Receipt For:		Year-to-Date ▼		-									
	Primary General	riggi egate												
	Other (specify)	<u> </u>	3 3	300.00										
R	Full Name (Last, First, Middle Initial)					Date of	Ro	ceint						
υ.	Mailing Address 115 Meridian Lane						/	D) / Y	Y	Y	Y		
						06		25		20	015			
	City	State	Zip Code						SA11AI.					
	Towson	MD	21286			Amount	of	Each F	Receipt th	is P	'eriod			
	FEC ID number of contributing federal political committee.	С						7		_	50.0	0		
	Name of Employer	Occupation			- 1	Mei	mo l	tem						
	First Colonies Anesthesia	Physician			Pa	ayroll de	edu	ction						
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General			250.00										
	Other (specify)	L	, , ,	250.00										
c.	Full Name (Last, First, Middle Initial) Sean Isaac					Date of	Re	ceipt						
	Mailing Address 7 Starlight Farm Drive] [м м 06	/	25)15	Y		
	City	State	Zip Code			Trans	acti	ion ID :	SA11AI.					
	Phoenix	MD	21131		/	Amount	of	Each F	Receipt th	is P	'eriod			
	FEC ID number of contributing federal political committee.	С									50.0	00		
	Name of Employer	Occupation			- i	Mer	mo l	tem						
	First Colonies Anesthesia	Physician			P	ayroll d	edu	ction						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL A	CTI	ЛС	I COI	ммітт	ΈĒ	Ξ		
Α.	Full Name (Last, First, Middle Initial) Devon Jeffers			1	Date of	f Re	eceipt					
	Mailing Address 1009 Crestfield Drive				м м 06	/	25			015	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	761	3		
	Rockville	MD	20850	_ /	Amount	t of	Each F	Receipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7		50.0	00	
	Name of Employer	Occupation			avroll d		Item					
	First Colonies Anesthesia	Physician			ayroli u	leau	ICTION					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.00									
B.	Full Name (Last, First, Middle Initial) David Johnson			1	Date of	f Re	eceipt					
	Mailing Address 5506 Bootjack Drive				м м 06	/	25) 15	Y	
	City	State	Zip Code		Trans	acti	ion ID :	SA11AL	7649	э		
	Frederick	MD	21702	_ /	Amount	t of	Each F	Receipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С					,	7		50.0	00	
	Name of Employer	Occupation	I	-			ltem					
	First Colonies Anesthesia	Physician		Pa	ayroll d	edu	ction					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
C.	Full Name (Last, First, Middle Initial)			1	Date of	f Re	eceipt					
	Mailing Address 7514 Arrowood Road				м м 06	1	25) 15	Y	
	City Bethesda	State MD	Zip Code 20817					SA11AI. Receipt th				
	FEC ID number of contributing federal political committee.	С					,			50.0	00	
	Name of Employer	Occupation	I				ltem					
	First Colonies Anesthesia	Physician		P	ayroll c	ledu	uction					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		250.00									
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SSOCIATES LLC POLITICA	AL ACTION COMMITTEE
First Colonies Anesthesia Physic	20777	Date of Receipt
Full Name (Last, First, Middle Initial) B. HaengShik Kim Mailing Address 11429 Twining Lane City Stat Potomac MD FEC ID number of contributing federal political committee. C Name of Employer Occup First Colonies Anesthesia Physic Receipt For: Aggree Other (specify) ▼ C	20854	Date of Receipt
Full Name (Last, First, Middle Initial) C. James Kim Mailing Address 7115 Kings Point Way City Stat Columbia MD FEC ID number of contributing federal political committee. City Name of Employer Occup First Colonies Anesthesia Physic Receipt For: Aggree Other (specify) ▼ C	21046	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		150.00

SCHEDULE A	(FEC	Form	3X)
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••	ITEMIZED RECEIPTS		tor each category of the Detailed Summary Page				11b	-	11c		12				
	y information copied from such Reports and for commercial purposes, other than using th									ig con					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL A	CTI	ON		0	иміт	TEE	-				
<u>к</u>	Full Name (Last, First, Middle Initial) Richard Ko			[Date of Receipt										
	Mailing Address 6795 Stockwell Manor Dr.				M = M / D = D / Y = Y = Y = Y Y 06 25 2015 2015										
	City	State VA	Zip Code 22043	Transaction ID : SA11AI.7579 Amount of Each Receipt this Period											
	Falls Church	VA	22043	/	Amoun	it of	Eac	h F	Receipt 1	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С					7		7		50.0	0			
	Name of Employer	Occupation				emo l		_							
	First Colonies Anesthesia	Physician		Pa	ayroll	aeau	ctior	ר							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) V		250.00												
В.	Full Name (Last, First, Middle Initial) Kathleen Leavitt				Date o	of Re	ceip	t							
	Mailing Address 1223 W 69th Terrace				M M	/	D	25		_ 20 ⁻	ү 15	Y			
	City		Trans	sacti	on I	D :	SA11A	.7605	5						
	Kansas City	MO	64113	Amount of Each Receipt this Period						eriod					
	FEC ID number of contributing federal political committee.	ů – L							50.00						
	Name of Employer First Colonies Anesthesia	Occupation Physician	1		Payroll deduction										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Zakiya Lockhart	1			Date o	of Re	ceip	t							
	Mailing Address 8750 Polished Pebble Way				м м 04	/	D	25		20	15	Y			
	City Laurel	State MD	Zip Code 20723						SA11A Receipt 1						
	FEC ID number of contributing federal political committee.	C					7				75.0	0			
	Name of Employer	Occupation		- 1		emo l									
	First Colonies Anesthesia	Physician		_ Pa	ayroll	dedu	ictioi	า							
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		225.00												
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SCHEDULE A	(FEC Form 3X)
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		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	HESIA ASSOCIATES LLC POL	
Full Name (Last, First, Middle Initial) A. Zakiya Lockhart Mailing Address 8750 Polished Pebble W City Laurel FEC ID number of contributing federal political committee.	Vay State Zip Code MD 20723	Date of Receipt Date of Receipt Dot 25 2015 Transaction ID : SA11AI.7510 Amount of Each Receipt this Period 75.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	Memo Item Payroll deduction
B. Full Name (Last, First, Middle Initial) Mailing Address 8750 Polished Pebble W		Date of Receipt 06 25 2015
City Laurel FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: ☐ Primary ☐ General Other (specify) ▼	State Zip Code MD 20723 C Occupation Physician Aggregate Year-to-Date ▼ 375.00	Transaction ID : SA11AI.7601 Amount of Each Receipt this Period 75.00 Memo Item Payroll deduction
Full Name (Last, First, Middle Initial) C. Thomas Malone Mailing Address 11667 Fairmont PI City Ijamsville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State Zip Code MD 21754 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 04 25 2015 Transaction ID : SA11AI.7468 Amount of Each Receipt this Period Memo Item Payroll deduction
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	al)	225.00

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FEC Schedule A (Form 3X) Rev. 12/2015

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

Use separate schedule(s) for each category of the

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\	F COMMITTEE (In Full)	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
A. Thoma	e (Last, First, Middle Initial) as Malone .ddress 11667 Fairmont Pl			Date of Receipt
City Ijamsville	2	State MD	Zip Code 21754	Transaction ID : SA11AI.7559 Amount of Each Receipt this Period
	number of contributing olitical committee.	С		75.00
First Cold Receipt F	Employer onies Anesthesia For: mary General ner (specify) _	Occupation Physician Aggregate	Year-to-Date ▼ 300.00	Memo Item Payroll deduction
B. Thoma	e (Last, First, Middle Initial) as Malone ddress 11667 Fairmont Pl			Date of Receipt
	number of contributing olitical committee.	State MD	Zip Code 21754	06 25 2015 Transaction ID : SA11AI.7650 Amount of Each Receipt this Period 75.00
Name of First Colo Receipt F	Employer nies Anesthesia	Occupation Physician Aggregate	Year-to-Date ▼	Payroll deduction
Full Nam	ner (specify) ▼ e (Last, First, Middle Initial) ann March	L	375.00	Date of Receipt
City Bethesda	anddress 6504 Greentree Road	State MD	Zip Code 20817	M m / D m / Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m Y m </td
federal pont	Employer	C Occupation Physician		75.00 Memo Item Payroll deduction
Receipt F			Year-to-Date ▼ 225.00	
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE									
Α.	Full Name (Last, First, Middle Initial) Mollyann March			Date of Receipt									
	Mailing Address 6504 Greentree Road			M M / D D / Y Y Y Y Y 05 25 2015 Transaction ID : SA11AI.7515									
	City	State	Zip Code										
	Bethesda	MD	20817	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		75.00									
	Name of Employer	Occupation	1	Memo Item									
	First Colonies Anesthesia	Physician		Payroll deduction									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		300.00										
в.	Full Name (Last, First, Middle Initial) Mollyann March			Date of Receipt									
	Mailing Address 6504 Greentree Road			06 / 25 / Y Y Y Y Y 2015									
	City	State	Zip Code	Transaction ID : SA11AI.7606									
	Bethesda	MD	20817	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		75.00 Memo Item Payroll deduction									
	Name of Employer First Colonies Anesthesia	Occupation Physician	1										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Stephen Martin			Date of Receipt									
	Mailing Address 3336 O Street, NW			06 25 2015									
	City Washington	State DC	Zip Code 20007	Transaction ID : SA11AI.7580 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer	Occupation	1	Memo Item									
	First Colonies Anesthesia	Physician		Payroll deduction									
	Receipt For:		Year-to-Date ▼										
	Primary General		250.00										
	Other (specify)		250.00										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL A	CTIC	NC	COI	MMITT	ΈE				
Α.	Mailing Address 8913 Cherbourg Drive				Date of	/	25	_ L	2015	Y			
	City Potomac	State MD	Zip Code 20854					SA11AI.		4			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Payroll deduction									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
в.	Full Name (Last, First, Middle Initial) Danielle Mossman Mailing Address 3709 Falling Green Way			_	Date of	[:] Rec	eipt) / Y	YY	Y			
	City Mt. Airy	State MD	Zip Code 21771					SA11AL.					
	FEC ID number of contributing federal political committee.	С			50.00								
		Occupation Physician		Pa	Payroll deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	0.00									
C.	Full Name (Last, First, Middle Initial) Thomas Munro				Date of	Rec	eipt						
	Mailing Address 15310 Forest Lake Court				м м 04	/	25		2015	Y			
	City Darnestown	State MD	Zip Code 20874					SA11AI. Receipt th		d			
	FEC ID number of contributing federal political committee.	С			Mo	no ltr			75	.00			
	Name of Employer	Occupation		P	ayroll d	mo lte leduc							
	First Colonies Anesthesia Receipt For:	Physician Aggregate	Year-to-Date ▼	\neg									
	Primary General Other (specify) ▼	225.00											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	for commercial purposes, other than using the														
\rangle	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL A		ON		имітт	ΈE	Ξ					
Α.	Full Name (Last, First, Middle Initial) Thomas Munro				Date o	f Re	ceipt								
	Mailing Address 15310 Forest Lake Court				M M / D D / Y Y Y Y Y 05 25 2015										
	City	State	Zip Code		Trans	sacti	ion ID :	SA11AI.7	756	7					
	Darnestown	MD	20874	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7	7	_	75.0					
	Name of Employer	Occupation		┤_		mo l									
	First Colonies Anesthesia	Physician		F	ayroll o	ledu	ction								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		300.00												
B.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt								
	Mailing Address 15310 Forest Lake Court				м м 06	1	25	/ Y)15	Y				
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.7	<u>'658</u>	3					
	Darnestown	MD	20874	_	Amoun	t of	Each R	eceipt thi	is P	Period					
	FEC ID number of contributing federal political committee.	С					,	7		75.0	0				
	Name of Employer	Occupation		_	Me	mol	tem								
	First Colonies Anesthesia	Physician		P	ayroll d	ledu	ction								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		075.00												
	Other (specify)		375.00												
c.	Full Name (Last, First, Middle Initial) Anna Nalls				Date o	f Re	ceipt								
	Mailing Address 603 Queen Street, # 4				м м 04	/	D D 25	/ Y		ү)15	Y				
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	739	9					
	Alexandria	VA	22314	_	Amoun	t of	Each R	eceipt thi	is P	Period					
	FEC ID number of contributing federal political committee.	С					7	7	_	100.0	00				
	Name of Employer	Occupation			Payroll o	mol									
	First Colonies Anesthesia	Physician			ayron d	leuu	ICTION								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		300.00												
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the			rson for the purpose of soliciting contributions						
$\left\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Anna Nalls Mailing Address 603 Queen Street, # 4			Date of Receipt						
	City Alexandria	State VA	Zip Code 22314	05 25 2015 Transaction ID : SA11AI.7490 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Aemo Item Payroll deduction						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
в.	Full Name (Last, First, Middle Initial) Anna Nalls			Date of Receipt						
	Mailing Address 603 Queen Street, # 4			06 25 2015						
	City Alexandria	State VA	Zip Code 22314	Transaction ID : SA11AI.7581 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer First Colonies Anesthesia	Occupation Physician		Aemo Item Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00							
с.	Full Name (Last, First, Middle Initial) Denis O'Fallon			Date of Receipt						
	Mailing Address 12123 Merricks Court			06 25 2015						
	City Monrovia	State MD	Zip Code 21770	Transaction ID : SA11AI.7651 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer	Occupation		Memo Item Payroll deduction						
	First Colonies Anesthesia Receipt For: Primary General	Physician Aggregate	Year-to-Date ▼							
	Other (specify)	L	250.00							
s	UBTOTAL of Receipts This Page (optional)		•••••	250.00						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC	POLITIC	AL A	CTIC	ЛС	CO	ММІТТ	ΓEΒ	Ξ			
Α.	Full Name (Last, First, Middle Initial) Philip Owens				C	Date of	Re	ceipt						
	Mailing Address 141 Adams St NW					м м	/	25			015	Y		
	City	State	Zip Code			Trans	acti	ion ID :	SA11AI					
	Washington	DC	20001		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer	Occupation					mo l							
	First Colonies Anesthesia	Physician			Pa	ayroll d	edu	ction						
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		<u>т</u>	250.00										
в.	Full Name (Last, First, Middle Initial) Kent Ozkum					Date of	Re	ceipt						
	Mailing Address 10720 Dern Road					м м	/	25) 015	Y		
	City	State	Zip Code			Trans	acti	on ID :	SA11AI.	765	9			
	Emmitsburg	MD	21727		A									
	FEC ID number of contributing federal political committee.	С				50.00								
	Name of Employer	Occupation					mo l							
	First Colonies Anesthesia	Physician			Pa	ayroll d	edu	ction						
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		A	250.00										
c.	Full Name (Last, First, Middle Initial) Paul Park					Date of	Re	ceipt						
	Mailing Address 510 Golden Oak Terrace					м м 06	1	D 25			у 015	Y		
	City Rockville	State MD	Zip Code 20850		A				: SA11AI Receipt th					
	FEC ID number of contributing federal political committee.	С						7	3	_	50.0	00		
	Name of Employer	Occupation			- [mol							
	First Colonies Anesthesia	Physician			Pa	ayroll d	ledu	ction						
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL A	СТІ	NC	COI	ΜΜΙΤΊ	ΓEE		
Α.	Full Name (Last, First, Middle Initial) Kestutis Pauliukonis Mailing Address 1813 Solitaire Lane			_ [Date of		D		Y Y	Y	
	City McLean	State VA	Zip Code 22101					SA11AI . Receipt th			
	FEC ID number of contributing federal political committee.	С					7			.00	
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Pa	Mei ayroll d	mo It leduo					
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Michael Peck			C	Date of	f Re	ceipt				
	Mailing Address 4 Farm Haven Court	State	Zip Code	[^M M 04		25		2015	Y	
	Rockville	MD	20852					SA11AI. Receipt th		ł	
	FEC ID number of contributing federal political committee.	С		ļĮ			7		75	.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician		Pa	iyroll d	mo li educ					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00								
с.	Full Name (Last, First, Middle Initial) Michael Peck				Date of	f Re	ceipt				
	Mailing Address 4 Farm Haven Court				м м 05	/	25		2015	Y	
	City Rockville	State MD	Zip Code 20852	A				SA11AI Receipt th		k	
	FEC ID number of contributing federal political committee.	С		ļ			9		75	.00	
	Name of Employer	Occupation			Mei ayroll d	mo li ledu					
	First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 300.00								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Michael Peck Mailing Address 4 Farm Haven Court			Date of Receipt
	City Rockville	State MD	Zip Code 20852	06 25 2015 Transaction ID : SA11AI.7607 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician	Year-to-Date ▼	Memo Item Payroll deduction
	Primary General Other (specify)	Aggregate	375.00	
B.	Full Name (Last, First, Middle Initial) Ramani Peruvemba			Date of Receipt
	Mailing Address 8302 Fox Haven Drive	State	Zip Code	06 / 25 / 2015
	McLean	VA	22102	Transaction ID : SA11AI.7585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Eugen Pirovic			Date of Receipt
	Mailing Address 3912 Calverton Drive			06 25 Y Y Y Y 2015
	City Hyattsville	State MD	Zip Code 20782	Transaction ID : SA11AI.7612 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	— Memo Item
	First Colonies Anesthesia	Physician		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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\	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. 1 7 7	Full Name (Last, First, Middle Initial) Naeem Poursharif Mailing Address 9506 Edgeley Rd City Bethesda FEC ID number of contributing ederal political committee.	State MD	Zip Code 20814	Date of Receipt
F	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 250.00	Payroll deduction
B. _	Full Name (Last, First, Middle Initial) Jeffrey Richman Mailing Address 6906 Granite Ridge Ct.			Date of Receipt
F f	Dity Baltimore FEC ID number of contributing ederal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation Physician	Zip Code 21209	Transaction ID : SA11AI.7627 Amount of Each Receipt this Period 50.00 Memo Item Payroll deduction
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C. - - - - - - - - - - - - -	Full Name (Last, First, Middle Initial) Charles Rizzuto Mailing Address 6409 Pinehurst Rd City Baltimore FEC ID number of contributing ederal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 21212 Year-to-Date ▼ 250.00	Date of Receipt
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Α.	Full Name (Last, First, Middle Initial) James Rothschild Mailing Address 205 Woodlawn Road			Date	of Rece	eipt) / Y	Y Y	Y
	City	State	Zip Code	04 		25 n ID :	SA11AL	2015 7449	
	Baltimore FEC ID number of contributing federal political committee.	C	21210	Amou	unt of Ea	ach R	leceipt th	is Period 100.	_
	Name of Employer First Colonies Anesthesia	Occupation Physician			/lemo lte I deduct				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]					
В.	Full Name (Last, First, Middle Initial) James Rothschild			Date	of Rece	əipt			
	Mailing Address 205 Woodlawn Road	Otata	Zie Oode	05	5	D D D		у у 2015	Y
	City Baltimore	State MD	Zip Code 21210				SA11AL		
	FEC ID number of contributing federal political committee.	С						100.	.00
	Name of Employer First Colonies Anesthesia	Occupation Physician			Aemo Ite I deducti				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]					
с.	Full Name (Last, First, Middle Initial) James Rothschild			Date	of Rece	eipt			
	Mailing Address 205 Woodlawn Road			Of		D D 25) / Y	ү 2015	Y
	City Baltimore	State MD	Zip Code 21210				SA11AI.		
	FEC ID number of contributing federal political committee.	С					7	100.	_
	Name of Employer	Occupation			/lemo Ite II deduct				
	First Colonies Anesthesia Receipt For:	Physician	Vaar ta Data 💌						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]					
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Α.	Full Name (Last, First, Middle Initial) Leudvig Sardarian Mailing Address 11601 Brandy Hall Lane				Date of		ceipt	D / Y	YY	Ŷ
	City North Potomac	State MD	Zip Code 20878					SA11AI.		
	FEC ID number of contributing federal political committee.	C			Amouni	tofe	ach F	Receipt th		.00
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		P	Me ayroll d	mo It leduc				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
в.	Full Name (Last, First, Middle Initial) Suzanne Scattergood			(Date of	f Rec	ceipt			
	Mailing Address 14700 Crossway Road		7. 0. 1		M M 04		D 25		2015	Y
	City Rockville	State MD	Zip Code 20853					SA11AL. Receipt th		1
	FEC ID number of contributing federal political committee.	С					,		100	.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		Pa	Me ayroll d	mo It leduc				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
с.	Full Name (Last, First, Middle Initial) Suzanne Scattergood				Date of	f Rec	ceipt			
	Mailing Address 14700 Crossway Road				м м 05	1	D 10 25		2015	Y
	City Rockville	State MD	Zip Code 20853					: SA11AI. Receipt th		1
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	First Colonies Anesthesia Receipt For: Primary General Other (specify)	Physician Aggregate	Year-to-Date ▼ 400.00		- ,					
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE								
Α.	Full Name (Last, First, Middle Initial) Suzanne Scattergood			Date of Receipt								
	Mailing Address 14700 Crossway Road			06 25 2015								
	City Rockville	State MD	Zip Code 20853	Transaction ID : SA11AI.7652 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		100.00								
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
в.	Full Name (Last, First, Middle Initial) Mark Seymour		Date of Receipt									
	Mailing Address 400 Herrs Ridge Road			06 25 2015								
	City Gettysburg	State PA	Zip Code 17325	Transaction ID : SA11AI.7653 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
с.	Full Name (Last, First, Middle Initial) Robert Study			Date of Receipt								
	Mailing Address 6 Beall Spring Court			M M / D D / Y Y Y Y Y 06 25 2015								
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.7608 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer	Occupation		Memo Item								
	First Colonies Anesthesia	Physician		Payroll deduction								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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A.	Full Name (Last, First, Middle Initial) Lisa Sullivan				Date o	f Re	eceipt								
	Mailing Address 4639 Teen Barnes Road				06 25 2015										
	City	State	Zip Code			sact		SA11AI.7							
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	Name of Employer	Occupation													
	First Colonies Anesthesia	Physician		P	ayroll c	aeau	Iction								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00												
B.	Full Name (Last, First, Middle Initial) Robert Sullivan				Date o	f Re	eceipt								
	Mailing Address 4639 Teen Barnes Road				м м 06	/	25	/ Y) 15	Y				
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.7	<u>′655</u>	5					
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	Name of Employer	Occupation		_											
	First Colonies Anesthesia	Physician		P	ayroll d	ledu	ction								
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с.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt								
	Mailing Address PO Box 6081				м м 06	1	25	/ Y)15	Y				
	City McLean	State VA	Zip Code 22106					SA11AL							
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	First Colonies Anesthesia	Physician		_ '	ayron (
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	y information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE							
A.	Full Name (Last, First, Middle Initial) Rojack Tan	Date of Receipt									
	Mailing Address 507 Goodland Place										
	City Rockville	Transaction ID : SA11AI.7610 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) Reed Underwood	Date of Receipt									
	Mailing Address 2030 8th Street NW, #512	06 25 2015									
	City Washington	State DC	Zip Code 20001	Transaction ID : SA11AI.7594 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	50.00									
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Arnaldo Valedon	Date of Receipt									
	Mailing Address 22 Woodfield Court	06 25 2015									
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.7638 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer	Occupation		Aemo Item Payroll deduction							
	First Colonies Anesthesia Receipt For:	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	for commercial purposes, other than using the															
\rangle	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL A	CTI	NC	I COI	MMITT	ΈE	Ξ						
A.	Full Name (Last, First, Middle Initial) Martha Van Clief					Date of Receipt 06 25 2015										
	Mailing Address 405 Apple Grove Road															
	City	State Zip Code MD 20904					Transaction ID : SA11AI.7642									
	Silver Spring	MD	_ /	_ Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				_	,	7		50.0	00					
	Name of Employer	Occupation					tem									
	First Colonies Anesthesia	Physician	P	Payroll deduction												
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify) ▼		250.00													
B.	Full Name (Last, First, Middle Initial) Mark Vogt						Date of Receipt									
	Mailing Address 1152 Colonial Road					06 25 2015										
	City State Zip Code					Transaction ID : SA11AI.7611										
	McLean	VA	22101	- '	Amount	t of	Each F	Receipt th	is P	eriod		_				
	FEC ID number of contributing federal political committee.	С		5						50.0	00					
	Name of Employer	Occupation					ltem									
	First Colonies Anesthesia	Physician		Pa	ayroll d	edu	ction									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		250.00													
C.	Full Name (Last, First, Middle Initial) Christopher Wahlgren					Date of Receipt 06 25 2015										
	Mailing Address 1200 Colvin Meadows Lane															
	City Great Falls	State VA	Zip Code 22066					SA11AL Receipt th								
	FEC ID number of contributing federal political committee.	С					,			50.0	00					
	Name of Employer	of Employer Occupation						- Memo Item								
	First Colonies Anesthesia	Physician		P	ayroll d	ledu	iction									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		250.00													
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			Detailed Summary Page	X 11a	11b	11c	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the p	ourpose of	f soliciting	contribu	tions		
$\left\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTIC	N COI	MMITT	ΈE			
Α.	Full Name (Last, First, Middle Initial) David Wheeler Mailing Address 7108 Collingwood Ct	Date of	Date of Receipt							
	City Elkridge	State MD	Zip Code 21075	06 25 2015 Transaction ID : SA11AI.7625 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Payroll deduction						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
B.	Full Name (Last, First, Middle Initial) Thomas Wherry	Date of Receipt								
	Mailing Address 611 W. 2nd Street									
	Frederick	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			50.	_				
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll de						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
с.	Full Name (Last, First, Middle Initial) Howard Wilpon	Date of	Receipt							
	Mailing Address 18212 Wickham Road	06								
	City Olney	State MD	Zip Code 20832			: SA11AL Receipt th				
	FEC ID number of contributing federal political committee.	С			50.					
	Name of Employer	Memo Item								
	First Colonies Anesthesia Receipt For:	Physician		Payroll deduction						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)		••••••		7	- 7	150.	00		
т	OTAL This Period (last page this line number	only)	••••••		- 7	7				

Image# 201603089009664674

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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63

			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purpose of soliciting contributions							
$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE							
Α.	Full Name (Last, First, Middle Initial) Monford Wolf Mailing Address 4822 Tilly Drive			Date of Receipt							
	City Sykesville	State MD	Zip Code 21784	06 25 2015 Transaction ID : SA11AI.7641 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Occupation		50.00 Memo Item							
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Physician	Year-to-Date ▼ 250.00	Payroll deduction							
в.	Full Name (Last, First, Middle Initial) You Wu Mailing Address 910 Dunlavin Ct			Date of Receipt							
	City Timonium FEC ID number of contributing	State MD	Zip Code 21093	06 25 2015 Transaction ID : SA11AI.7626 Amount of Each Receipt this Period							
	federal political committee. Name of Employer First Colonies Anesthesia	Occupation Physician		Memo Item Payroll deduction							
	Receipt For: Primary General Other (specify) ▼	1 -	Year-to-Date ▼ 250.00								
c.	Full Name (Last, First, Middle Initial) Aiqin Yu Mailing Address 13508 Gumspring Road			Date of Receipt							
	City Rockville	State MD	Zip Code 20850	06 25 2015 Transaction ID : SA11AI.7588 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		50.00							
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 250.00	— Memo Item Payroll deduction							
s	UBTOTAL of Receipts This Page (optional)		•	150.00							
т	OTAL This Period (last page this line number	only)	•								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

63

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and St or for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	A ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE							
Full Name (Last, First, Middle Initial) Jungim Yun Mailing Address 2057 Thurston Road			Date of Receipt							
City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.7656 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00 Memo Item							
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	n Year-to-Date ▼ 250.00	Payroll deduction							
B. Mailing Address	Otata	Zin Oada	Date of Receipt							
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Amount of Each Receipt this Period							
C. Full Name (Last, First, Middle Initial) Mailing Address City	Mailing Address									
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period							
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼								
SUBTOTAL of Receipts This Page (optional)			50.00							

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 39 OF 63							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	rone) 22 X 23 24 25 26 28a 28b 28c 29 30b							
Any information copied from such Reports and Stat or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
ight angle FIRST COLONIES ANESTHESIA	ASSOCIATES LLC F	POLITICAL	L ACTION COMMITTEE							
Full Name (Last, First, Middle Initial)			Data of Dichurcoment							
A. Andy Harris For Congress			Date of Disbursement							
Mailing Address PO Box 604			04 09 2015							
City Bel Air	StateZip CodeMD21014		Transaction ID : SB23.7814							
Purpose of Disbursement Federal candidate contributino			Amount of Each Disbursement this Period							
Candidate Name		Category/								
Office Sought	amont For	Туре	2700.00							
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼		Memo Item							
State: District:	-									
Full Name (Last, First, Middle Initial) B.			Date of Disbursement							
Mailing Address	Mailing Address									
City	City State Zip Code									
Purpose of Disbursement			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type								
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼		Memo Item							
State: District:										
Full Name (Last, First, Middle Initial)			Date of Disbursement							
Mailing Address	Mailing Address									
City	State Zip Code									
Purpose of Disbursement	Purpose of Disbursement									
Candidate Name		Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		Memo Item							
SUBTOTAL of Disbursements This Page (optional)		····· •	2700.00							
TOTAL This Period (last page this line number on	y)	••••••	2700.00							

S	CHEDULE B (FEC Form 3X)			FC		NUMBER: PAGE 40 OF 63
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		21b	
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL	ITICA	L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Barve for Maryland					Date of Disbursement
	Mailing Address 1688 E. Gude Drive Suite 202					01 07 2015
	Rockville	State MD	Zip Code 20850			Transaction ID : SB29.7729
	Purpose of Disbursement State candidate contribution					Amount of Each Disbursement this Period
	Candidate Name				egory/ /pe	250.00
		nent For: Primary Other (spe	General cify) ▼			Memo Item
в.	State: District: Full Name (Last, First, Middle Initial) Citizens for Antonio Hayes					Date of Disbursement
	Mailing Address 1050 Hull Street Suite 120	06 / D D / Y Y Y Y Y 06 02 2015				
	Baltimore	State MD	Zip Code 21230			Transaction ID : SB29.7769
	Purpose of Disbursement State candidate contribution					Amount of Each Disbursement this Period
	Candidate Name				egory/ vpe	250.00
	President	nent For: Primary Other (spe	General cify) ▼			Memo Item
_	State: District: Full Name (Last, First, Middle Initial)					
C.	Citizens for Brian Feldman					Date of Disbursement
	Mailing Address PO Box 34408					01 07 2015
	Bethesda	State MD	Zip Code 20827			Transaction ID : SB29.7735
	Purpose of Disbursement State candidate contribution Candidate Name	egory/	Amount of Each Disbursement this Period 250.00			
		nent For: Primary Other (spe	General cify) ▼		vpe	Memo Item
s	SUBTOTAL of Disbursements This Page (optional)				····· >	750.00
т	TOTAL This Period (last page this line number only)				····· ►	

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 41 OF 63			
IT	EMIZED DISBURSEMENTS	Use separate schedu for each category of Detailed Summary Pa	the	(check only 21b 27				
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the name	nents may not be sold one and address of any p	or used political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC P	OLITICAL	ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Citizens for Brian Feldman Mailing Address PO Box 34408				Date of Disbursement			
	Bethesda	StateZip CodeMD20827			Transaction ID : SB29.7746			
	Purpose of Disbursement State candidate contribution		Г		Amount of Each Disbursement this Period			
	Candidate Name			Category/ Type	500.00			
		nent For: Primary Gene Other (specify) ▼	ral		Memo Item			
B.	Full Name (Last, First, Middle Initial) Citizens for Bryan Simonaire Mailing Address 441 Shady Lane		Date of Disbursement					
	5	State Zip Code MD 21122			Transaction ID : SB29.7812			
	Purpose of Disbursement State candidate contribution Candidate Name			Category/ Type	Amount of Each Disbursement this Period 250.00			
		nent For: Primary Gene Other (specify) V	ral		Memo Item			
с.	Full Name (Last, First, Middle Initial)				Date of Disbursement			
	Mailing Address 17 W Courtland Street Suite 210		05 / 29 / Y Y Y Y 2015					
	Bel Air	StateZip CodeMD21014			Transaction ID : SB29.7748			
	Purpose of Disbursement State candidate contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period 500.00				
		nent For: Primary Gene Other (specify) ▼	ral	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Memo Item			
s	UBTOTAL of Disbursements This Page (optional)				1250.00			
T	OTAL This Period (last page this line number only)			····· •				

SCHEDULE B (FEC Form 3X)					OR	LINE NUMBER: PAGE 42						2 OF	63					
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	hec	k only 21b 27	on	e) 22 28a		23 28b	24		25	26 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					/ pers		for the		pose	of solicit	ing cont	ributio	ns				
\setminus	NAME OF COMMITTEE (In Full)																	
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL	ITI.	ICA	LA	ACTI	ON	I CC	DMMI	ITEE						
Α.	Full Name (Last, First, Middle Initial) Citizens For Karen Montgomery									Date of Disbursement								
	Mailing Address 211 Market Street							01	1 /	D	D / 07	201	Y Y 5					
	City Brookeville	State MD	Zip Code 20833					Tran	sacti	ion ID	: SB29	7741						
	Purpose of Disbursement State candidate contribution							Amour	nt of	Each	Disburs	ement t	his Pe	riod				
	Candidate Name			Cate T	egoi ype					,	,		500.00					
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼					Me	emo l	tem								
	State: District:																	
B.	Full Name (Last, First, Middle Initial) Citizens for Maggie McIntosh							Date o		sburse			Y Y					
	Mailing Address 1050 Hull Street Suite 120								06 02 2015									
	Baltimore	State MD	Zip Code 21230					Tran	sact	ion ID) : SB29	.7755						
	Purpose of Disbursement State candidate contribution	—				Amour	nt of	Each	Disburs	ement t	his Pe	riod						
	Candidate Name		Category/ Type					500.00										
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General					Me	emo l'	tem								
_	State: District:		<i>,</i> ,															
C.	Full Name (Last, First, Middle Initial) Citizens for Saab							Date o						_				
	Mailing Address 2120 Bell Tower Drive							06	1 /	0	2	201	y y 5					
	Crownsville	State MD	Zip Code 21032					Tran	sact	ion ID) : SB29	.7773						
	Purpose of Disbursement State candidate contribution								nt of	Each	Disburs	ement t	his Pe	riod				
	Candidate Name		Cate T	egoi ype							2	250.00						
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify) ▼					Me	emo l	tem								
Γ								_	-	_			_	_				
⊢	UBTOTAL of Disbursements This Page (optional)							L.	-	7	7	12	250.00	4				
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	CHEDULE B (FEC Form 3X)		arate enhadula(c)		NUMBER: PAGE 43 OF 63					
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on 21b 27						
	y information copied from such Reports and Staten for commercial purposes, other than using the nam									
\setminus	NAME OF COMMITTEE (In Full)									
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICA	L ACTION COMMITTEE					
Δ.	Full Name (Last, First, Middle Initial)	n			Date of Disbursement					
	Citizens Helping Elect Cheryl Kaga	111			M M / D D / Y Y Y Y					
	Mailing Address 1048 Wintergreen Terrace				06 02 2015					
		State MD	Zip Code 20850		Transaction ID : SB29.7809					
	Purpose of Disbursement		20000		-					
	State candidate contribution			I	Amount of Each Disbursement this Period					
	Candidate Name			Category/ Type	250.00					
		nent For: Primary Other (spe	General cify) ▼		Memo Item					
	State: District:		•							
B.	Full Name (Last, First, Middle Initial) Committee To Elect Catherine E. F	Pugh			Date of Disbursement					
	Mailing Address PO Box 2654				01 / D D / Y Y Y Y Y 01 07 2015					
	Baltimore	State MD	Zip Code 21215		Transaction ID : SB29.7731					
	Purpose of Disbursement State candidate contribution	Amount of Each Disbursement this Period								
	Candidate Name			Category/ Type	500.00					
		nent For: Primary Other (spe	General cify) ▼		Memo Item					
	State: District:									
C.	Full Name (Last, First, Middle Initial) Committee To Elect Catherine E. P	Pugh			Date of Disbursement					
	Mailing Address PO Box 2654	05 29 2015								
	Baltimore	State MD	Zip Code 21215		Transaction ID : SB29.7749					
	Purpose of Disbursement State candidate contribution			····]	Amount of Each Disburgement this Derived					
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period 500.00						
		nent For: Primary Other (spe	General	,,,,	Memo Item					
					1250.00					
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Mailing Address 3404 Beret Lane City State Zip Code Silver Spring MD 20906
Detailed Summary Page 210 22a 23b 24 23 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. Committee To Elect Joan Carter Conway Date of Disbursement Mailing Address PO Box 1573 Date of Disbursement 06 02 2015 City State Zip Code Amount of Each Disbursement this Period State Disbursement For: Primary General 0ther (specify) 1000.00 Office Sought: House Disbursement For: Primary General 02 2015 Full Name (Last, First, Middle Initial) B. Cullison for Maryland Date of Disbursement 1000.00 1000.00 Office Sought: House Disbursement For: State 21p Code Transaction ID : SB29.7768 Kate Zip Code Mailing Address 3404 Beret Lane Date of Disbursement 06 02 2015 <
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address PO Box 1573 Date of Disbursement City State Zip Code Baltimore MD 21203 Purpose of Disbursement State Disbursement For: Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Transaction ID : SB29.7806 Amount of Each Disbursement this Period Memo Item State: Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullison for Maryland Mailing Address 3404 Beret Lane MD City State Zip Code Silver Spring MD Z0906
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. Committee To Elect Joan Carter Conway Mailing Address PO Box 1573 City Baltimore MD 21203 Purpose of Disbursement State candidate contribution Candidate Name Office Sought: House President State: Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Cullison for Maryland Mailing Address 3404 Beret Lane City State State Zip Code Stiver Spring MD
Full Name (Last, First, Middle Initial) Date of Disbursement A. Committee To Elect Joan Carter Conway Date of Disbursement Mailing Address PO Box 1573 Date of Disbursement City State Zip Code Purpose of Disbursement MD 21203 Purpose of Disbursement Category/ Transaction ID : SB29.7806 Amount of Each Disbursement this Period Category/ Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullison for Maryland Date of Disbursement Mailing Address 3404 Beret Lane Min Zip Code City State Zip Code Silver Spring MD 20906
A. Committee To Elect Joan Carter Conway Date of Disbursement Mailing Address PO Box 1573 00 City State Zip Code Baltimore MD 21203 Purpose of Disbursement MD 21203 Office Sought: House Disbursement For: Senate Primary General Office Sought: Disbursement For: Memo Item State: District: Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullison for Maryland Date of Disbursement Mailing Address 3404 Beret Lane MD 20906
Mailing Address PO Box 1573 Image: Control of the
Mailing Address PO Box 1573 06 02 2015 City State Zip Code Zip Code Baltimore MD 21203 Transaction ID : SB29.7806 Purpose of Disbursement State candidate contribution Amount of Each Disbursement this Period Candidate Name Category/ President Disbursement For: Amount of Each Disbursement this Period Office Sought: House Disbursement For: Memo Item State: District: Other (specify) ▼ Memo Item Full Name (Last, First, Middle Initial) B. Cullison for Maryland Date of Disbursement Mailing Address 3404 Beret Lane City State Zip Code Transaction ID : SB29.7768
Baltimore MD 21203 Transaction ID : SB29.7806 Purpose of Disbursement State candidate contribution Amount of Each Disbursement this Period Amount of Each Disbursement this Period Candidate Name Category/ Type 1000.00 1000.00 Office Sought: House Disbursement For: President Memo Item State: District: Memo Item Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address 3404 Beret Lane Minitiang Date of Disbursement City State Zip Code Transaction ID : SB29.7768
Baltimore MD 21203 Purpose of Disbursement State candidate contribution Amount of Each Disbursement this Period Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Amount of Each Disbursement this Period Office Sought: House Disbursement For: Memo Item State: District: Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullison for Maryland Date of Disbursement Mailing Address 3404 Beret Lane Min Memo Item City State Zip Code Silver Spring MD 20906
State candidate contribution Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) B. Cullison for Maryland Mailing Address 3404 Beret Lane City State Zip Code Silver Spring MD 20906
Category/ Type 1000.00 Office Sought: House Disbursement For: Memo Item Senate Primary General Memo Item State: District: Other (specify) Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement B. Cullison for Maryland Date of Disbursement 06 02 2015 City State Zip Code Transaction ID : SB29.7768
Senate Primary General President Other (specify) ✓ State: District: Full Name (Last, First, Middle Initial) B. Cullison for Maryland Mailing Address 3404 Beret Lane City State Silver Spring MD 20906 Transaction ID : SB29.7768
President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullison for Maryland Date of Disbursement Mailing Address 3404 Beret Lane 06 / 02 / 2015 City State Zip Code Silver Spring MD 20906
State: District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Cullison for Maryland Date of Disbursement Mailing Address 3404 Beret Lane 06 / 02 / 2015 City State Zip Code Silver Spring MD 20906
B. Cullison for Maryland Mailing Address 3404 Beret Lane City State Zip Code Silver Spring MD 20906 Transaction ID : SB29.7768
Mailing Address 3404 Beret Lane City State Zip Code Silver Spring MD 20906
Mailing Address 3404 Beret Lane 06 02 2015 City State Zip Code Transaction ID : SB29.7768 Silver Spring MD 20906
Silver Spring MD 20906
Purpose of Disbursement State candidate contribution Amount of Each Disbursement this Period
Candidate Name
Category/ Type 250.00
Office Sought: House Disbursement For:
Senate Primary General President Other (specify)
State: District:
Full Name (Last, First, Middle Initial)
C. Ed Kasemeyer for Senate Committee
Mailing Address 1200 Light Street Unit B
City State Zip Code Transaction ID : SB29.7789
Baltimore MD 21230 Purpose of Disbursement
State candidate contribution Amount of Each Disbursement this Period
Candidate Name Category/ Type 500.00
Office Sought: House Disbursement For: Memo Item
Senate Primary General President Other (specify)
State: District:
SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

SC	HEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 45 OF 63						
ITE	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	-	eck on 21b 27	ly one)						
	y information copied from such Reports and Stater for commercial purposes, other than using the nan											
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC F	POLI	TICA	L ACTION COMMITTEE						
	Full Name (Last, First, Middle Initial) Friends of Angela Angel					Date of Disbursement						
	Mailing Address PO Box 6905					06 02 2015						
	Upper Marlboro	State MD	Zip Code 20792			Transaction ID : SB29.7766						
	Purpose of Disbursement State candidate contribution					Amount of Each Disbursement this Period						
	Candidate Name			Cate Ty		250.00						
	Senate President	ment For: Primary Other (spe	General cify) ▼			Memo Item						
В.	State: District: Full Name (Last, First, Middle Initial) Friends of Ariana Kelly Mailing Address 9304 Ewing Drive	Date of Disbursement										
	City Sethesda	State MD	Zip Code 20817			Transaction ID : SB29.7776						
	Purpose of Disbursement State candidate contribution Candidate Name			Cate		Amount of Each Disbursement this Period						
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spec	General cify) ▼			Memo Item						
	Full Name (Last, First, Middle Initial) Friends Of Big Ed Reilly					Date of Disbursement						
	Mailing Address 1749 Urby Drive					01 07 Y Y Y Y 2015						
	Crofton	State MD	Zip Code 21114			Transaction ID : SB29.7739						
	Purpose of Disbursement State candidate contribution Candidate Name	gory/ pe	Amount of Each Disbursement this Period 500.00									
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General cify) ▼	.,	<u> </u>	Memo Item						
	JBTOTAL of Disbursements This Page (optional)					1000.00						

S	CHEDULE B (FEC Form 3X)			F	OR I		UMBER			PA	GE 46	OF 63	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				k only c	y one)						
			Summary Page		\mid	21b 27	22 	\mid	23 28b	24 28c	25 X 29	26 30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										g contribu		
$\left \right\rangle$					·	• • •	• ~	~	~~				
	FIRST COLONIES ANESTHESIA	ASSOCI	ATESLLC	POL		CAL	ACTI	ON	CO	MMII	IEE		
Α.	Full Name (Last, First, Middle Initial) Friends Of Big Ed Reilly		Date of Disbursement										
	Mailing Address 1749 Urby Drive						05	/	29		2015	Y	
	Crofton	State MD	Zip Code 21114				Trans	sactio	on ID	: SB29.77	750		
	Purpose of Disbursement State candidate contribution						Amour	nt of I	Each	Disburser	nent this	Period	
	Candidate Name			Cate	egor ype	y/			,	7	500.	00	
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼				Me	emo lt	em				
	State: District:												
B.	Full Name (Last, First, Middle Initial) Friends of Christian Miele						Date c					N.	
	Mailing Address 14 Cashell Court							/	0		2015	Ŷ	
	Baltimore	State MD	Zip Code 21236				Tran	sacti	on ID	: SB29.7	772		
	Purpose of Disbursement State candidate contribution						Amour	nt of I	Each	Disburser	nent this	Period	
	Candidate Name			Cate T	egor ype	y/			,	7	250.	00	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General				Me	mo lt	em				
	State: District:		<i></i>										
C.	Full Name (Last, First, Middle Initial) Friends of Chris West						Date of Disbursement						
	Mailing Address PO Box 144						06	/	02		2015	Y	
	Riderwood	State MD	Zip Code 21139				Tran	sacti	on ID	: SB29.7	782		
	Purpose of Disbursement State candidate contribution Candidate Name							nt of I	Each	Disburser	nent this	Period	
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\setminus	NAME OF COMMITTEE (In Full)															
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Α.	Full Name (Last, First, Middle Initial) Friends of Craig Zucker									Date of Disbursement						
	Mailing Address PO Box 1037						M 06	/	0		2015	Ŷ				
	Olney	State MD	Zip Code 20830				Tran	sactio	on ID	: SB29.77	756					
	Purpose of Disbursement State candidate contribution				-		Amour	nt of I	Each	Disburser	nent this	Period				
	Candidate Name			Cate T	egor ype	y/			,	7	500.	00				
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General		<u> </u>		Me	emo lt	em							
	State: District:		••••													
В.	Full Name (Last, First, Middle Initial) Friends of Erek L. Barron						Date c									
	Mailing Address 1050 Hull Street Suite 120								2		2015	Y				
	Baltimore	State MD	Zip Code 21230				Tran	sacti	on ID	: SB29.7	743					
	Purpose of Disbursement State candidate contribution						Amour	nt of I	Each	Disburser	nent this	Period				
	Candidate Name			Cate T	egor ype	y/	Γ.		,	7	250.	00				
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C.	Full Name (Last, First, Middle Initial) Friends of Gail Bates						Date o	_								
	Mailing Address PO Box 39						M 06	/	02		2015	Y				
	Glenelg	State MD	Zip Code 21737				Tran	sacti	on ID	: SB29.7	808					
	Purpose of Disbursement State candidate contribution							nt of I	Each	Disburser	nent this	Period				
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	y information copied from such Reports and Staten for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC I	POLIT	ICAL	ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Friends of George C. Edwards	Friends of George C. Edwards							
	Mailing Address PO Box 658					06 02 2015			
	City S Grantsville Purpose of Disbursement	State MD	Zip Code 21536			Transaction ID : SB29.7795			
	State candidate contribution					Amount of Each Disbursement this Period			
	Candidate Name			Catego Type		250.00			
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spec	General cify) ▼			Memo Item			
В.	Full Name (Last, First, Middle Initial) Friends of Guy Guzzone Mailing Address 9702 Deep Smoke		Date of Disbursement 01 / Y Y Y Y 01 07 2015						
	Columbia	State MD	Zip Code 21046			Transaction ID : SB29.7734			
	Purpose of Disbursement State candidate contribution Candidate Name			Catego Type		Amount of Each Disbursement this Period 250.00			
	Office Sought: House Disbursen Senate President State: District:	nent For: Primary Other (spec	General cify) ▼			Memo Item			
C.	Full Name (Last, First, Middle Initial) Friends of Guy Guzzone					Date of Disbursement			
	Mailing Address 9702 Deep Smoke		06 02 2015						
	,	State MD	Zip Code 21046			Transaction ID : SB29.7792			
	Candidate Name	ory/	Amount of Each Disbursement this Period 250.00						
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spec	General cify) ▼	Туре		Memo Item			
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\setminus	NAME OF COMMITTEE (In Full)														
	FIRST COLONIES ANESTHESIA	ASSOCIATE	S LLC P	OLITICAL	ACTION COMMITTEE										
Δ	Full Name (Last, First, Middle Initial) Friends of Herb McMillan				Date of Disbursement										
					M M / D D / Y Y Y Y										
	Mailing Address PO Box 6075				06 02 2015										
	5	State Zip C MD 2140			Transaction ID : SB29.7779										
	Annapolis Purpose of Disbursement	2140			-										
	State candidate contribution				Amount of Each Disbursement this Period										
	Candidate Name			Category/ Type	250.00										
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_	Full Name (Last, First, Middle Initial)														
В.	Friends of J.B. Jennings				Date of Disbursement										
	Mailing Address PO Box 1037				06 / D D / Y Y Y Y Y 06 02 2015										
	City S Belcamp	State Zip C MD 2101			Transaction ID : SB29.7801										
	Purpose of Disbursement State candidate contribution				Amount of Each Disbursement this Period										
	Candidate Name			Category/	500.00										
	Office Sought: House Disbursen	nent For:		Туре	Memo Item										
	Senate		General												
	State: District:	Other (specify)													
_	Full Name (Last, First, Middle Initial)														
C.	Friends of James "Ed" DeGrange				Date of Disbursement										
	Mailing Address PO Box 580				05 / 29 / Y Y Y Y Y 2015										
	5	State Zip C			Transaction ID : SB29.7745										
	Glen Burnie Purpose of Disbursement	MD 2106	0												
	State candidate contribution				Amount of Each Disbursement this Period										
	Candidate Name			Category/ Type	500.00										
	Office Sought: House Disburser Senate President		General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Memo Item										
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Candidate Name Category/ Type Category/ Type 250.00 Office Sought: House President Disbursement For: Other (specify) ▼ Memo Item State: District: Other (specify) ▼ Date of Disbursement Full Name (Last, First, Middle Initial) B. Friends of Jim Mathias Date of Disbursement Mailing Address 3546 Figgs Landing Road Category/ 01 07 / 2015 Transaction ID : SB29.7732 City State Zip Code Snow Hill MD 21863 Purpose of Disbursement State Disbursement For: Disbursement For: Category/ Type Office Sought: House President Disbursement For: Other (specify) Category/ Type Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement State: District: Other (specify) Transaction ID : SB29.7804 Mailing Address 3546 Figgs Landing Road MD 21863 Transaction ID : SB29.7804 Mailing Address 3546 Figgs Landing Road MD 21863 Transaction ID : SB29.7804 Mailing Address 3546 Figgs Landing Road MD 21863 Transaction ID : SB29.7804 Manount of Each Disbursement MD	SC	HEDULE B (FEC Form 3X)			FOR LINE I										
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. Friends of Jeff Ghrist Mailing Address 24495 Holsinger Lane City State Ridgely MD Purpose of Disbursement State candidate contribution Candidate Name Office Sought: House Previouse Disbursement For: Office Sought: House Previouse of Disbursement Date of Disbursement State: Distrot: B. Friends of Jim Mathias Date of Disbursement Mailing Address 3546 Figgs Landing Road Transaction ID : SB29.7732 Amount of Each Disbursement For: Senate State: Disbursement For: Senate President Other (specify) Transaction ID : SB29.7732 Amount of Each Disbursement for: Senate Senate Disbursement For: Office Sought: House Disbursement Disburseme		EMIZED DISBURSEMENTS	for each category	of the	21b	22 23 24 25 26									
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City State Zip Code Ridgely MD 21660 Purpose of Disbursement Gategory/ Candidate Name Category/ Office Sought: House Disbursement For: State candidate contribution Category/ State: Disbursement For: Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement B. Friends of Jim Mathias Date of Disbursement Malling Address 3546 Figgs Landing Road Category/ City State Zip Code Snow Hill MD 21863 Purpose of Disbursement Disbursement For: Category/ Candidate Contribution Category/ Zip Code Office Sought: House Disbursement For: Category/ Candidate Contribution Category/ Zip Code Memo Item Category/ Yppe Zip Code Memo Item Office Sought: House Disbursement For: Category/ Zip Code State Disbursement Other (specify) Transaction ID : SB29.7804 Malling Addre	-														
Ridgely MD 21660 Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Diffice Sought: House State candidate contribution Senate Primary Category/ Type President Other (specify) Amount of Each Disbursement this Period State: Disbursement For: Senate Primary General Purpose of Disbursement Other (specify) Transaction ID : SB29.7732 Mailing Address 3546 Figgs Landing Road Transaction ID : SB29.7732 City State Zip Code Snow Hill MD 21863 Purpose of Disbursement Senate Disbursement For: State: Disbursement For: Senate State: Distrestement Memo Item Office Sought: House Disbursement For: General Other (specify) Transaction ID : SB29.7804 Transaction ID : SB29.7804 Mailing Address 3546 Figgs Landing Road City State Zip Code Snow Hill MD 21863 Transaction ID : SB29.7804 Mailing Address 3546 Figgs Landing Road <td></td> <td>Mailing Address 24495 Holsinger Lane</td> <td></td> <td></td> <td></td> <td>06 02 2015</td>		Mailing Address 24495 Holsinger Lane				06 02 2015									
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	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC I	POL	ITI.	CAL	ACTI	ON	CO	MMIT	ΓEE							
Α.	Full Name (Last, First, Middle Initial) Friends of Joanne C. Benson						Date o	of Dis	burse	ment								
							M		D		YY	Y						
	Mailing Address 17 W Courtland Street Suite 210						01		07	7	2015							
	City Bel Air	State MD	Zip Code 21014				Trans	sactio	on ID	: SB29.77	'36							
	Purpose of Disbursement State candidate contribution						Amount of Each Disbursement this Period											
	Candidate Name				egor	·y/					500.	00						
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	State: District:	Other (spe	cify) 🔻															
В.	Full Name (Last, First, Middle Initial) Friends of Joanne C. Benson						Date o	of Dis	burse	ment								
	Mailing Address 17 W Courtland Street						м м 06	/	02		2015	Y						
	Suite 210																	
	Bel Air	State MD	Zip Code 21014				Tran	sacti	on ID	: SB29.77	799							
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_	State: District:																	
C.	Full Name (Last, First, Middle Initial) Friends Of John Astle						Date o				- Y - Y							
	Mailing Address 51 Fleet Street						06	/	02		2015	Y						
	City Annapolis	State MD	Zip Code 21401				Tran	sacti	on ID	: SB29.77	798							
	Purpose of Disbursement State candidate contribution																	
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Δ	Full Name (Last, First, Middle Initial)							Date of	of Die	shurse	ment							
	Friends of Karen Lewis Young									D		Y Y	Y					
	Mailing Address PO Box 3662							06 02 2015										
	Frederick	State MD	Zip Code 21705					Tran	sacti	on ID	: SB29.7	774						
	Purpose of Disbursement State candidate contribution						Amount of Each Disbursement this Period											
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В.	Full Name (Last, First, Middle Initial) Friends Of Kathy Klausmeier							Date of	of Dis	sburse	ement							
	Mailing Address 17 W Courtland Street						-	M N	/		2	2015	Y					
	Suite 210											2010						
	Bel Air	State MD	Zip Code 21014					Tran	sacti	ion ID	: SB29.7	803						
	Purpose of Disbursement State candidate contribution			—				Amour	nt of	Each	Disburse	ment this	Period					
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C.	Full Name (Last, First, Middle Initial) Friends Of Kathy Szeliga							Date of	of Dis	sburse	ement							
							_	M	1 /	D		904F	Y					
	Mailing Address PO Box 40							06		0	2	2015	_					
	City Skingsville	State MD	Zip Code 21087					Tran	sacti	ion ID	: SB29.7	786						
	Purpose of Disbursement State candidate contribution			-														
	Candidate Name			Cat				Amour	nt of	Each	Disburse	ment this 750						
	Office Sought: House Disburser	ment For:			ype	,	-	Me	emo li	tem	- 7							
	Senate President	Senate Primary Ger President Other (specify) V																
_	State: District:	uiiy) ▼																
Γ												1500	.00					
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S	HEDULE B (FEC Form 3X)			FOR LINE I	-								
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b								
	y information copied from such Reports and Staten for commercial purposes, other than using the nam												
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC I	POLITICAL	ACTION COMMITTEE								
Α.	Full Name (Last, First, Middle Initial) Friends Of Kirill Reznik				Date of Disbursement								
	Mailing Address 18469 Stone Hollow Drive				06 02 2015								
	Germantown	State MD	Zip Code 20874		Transaction ID : SB29.7784								
	Purpose of Disbursement State candidate contribution				Amount of Each Disbursement this Period								
	Candidate Name			Category/ Type	500.00								
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼		Memo Item								
	State: District:												
B.	Full Name (Last, First, Middle Initial) Friends of Mary Beth Carozza				Date of Disbursement								
	Mailing Address PO Box 428	<u></u>	7. 0. 1		06 02 2015								
	Ocean City	State MD	Zip Code 21843		Transaction ID : SB29.7758								
	Purpose of Disbursement State candidate contribution				Amount of Each Disbursement this Period								
	Candidate Name			Category/ Type	250.00								
	Office Sought: House Disbursen Senate President District:	ment For: Primary Other (spec	General cify) ▼		Memo Item								
С.	Full Name (Last, First, Middle Initial) Friends Of Mike Busch				Date of Disbursement								
	Mailing Address PO Box 824				06 / D D / Y Y Y Y 2015								
	Annapolis	State MD	Zip Code 21404		Transaction ID : SB29.7754								
	Purpose of Disbursement State candidate contribution Candidate Name			Category/ Type	Amount of Each Disbursement this Period 500.00								
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		Memo Item								
s	UBTOTAL of Disbursements This Page (optional)			····· •	1250.00								
Т	OTAL This Period (last page this line number only))		•••••• •									

S	CHEDULE B (FEC Form 3X)			F	DR I	INF N	UMBER	:		PA	GE 54	OF 63			
IT	EMIZED DISBURSEMENTS	for each	rate schedule(s) category of the		heck	only only of 21b		-	23	24	25	26			
		Detailed	Summary Page			27	28a		28b	28c	X 29	30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
\setminus	NAME OF COMMITTEE (In Full)														
	FIRST COLONIES ANESTHESIA	ASSOCI	ATES LLC I	POL	ITI(CAL	ACTI	ON	CO	MMIT	TEE				
Δ.	Full Name (Last, First, Middle Initial) Friends Of Nic Kipke						Date o	of Dis	burse	ment					
							M		D		Y Y Y	Y			
	Mailing Address PO Box 862						06		02	2	2015				
	Pasadena	State MD	Zip Code 21123		Transaction ID : SB29.7778										
	Purpose of Disbursement State candidate contribution						Amour	nt of I	Each	Disburse	ment this	Period			
	Candidate Name				egory	//					750	0.00			
	Office Sought: House Disburser	ment For:		IJ	ype		Me	emo lt	em	7					
	Senate President	Primary	General												
	State: District:	Other (spec	(iiy) 🔻												
_	Full Name (Last, First, Middle Initial)						Data	(D'-							
в.	Friends of Patrick Young						Date o		burse		(Y Y	Y			
	Mailing Address 402 Strafford Road						06	Í	Q.		2015				
	City S Catonsville	State MD	Zip Code 21228				Tran	sacti	on ID	: SB29.7	760				
	Purpose of Disbursement State candidate contribution				-		Amour	nt of I	Fach	Disburso	ment this	Period			
	Candidate Name			Cate	egory	//	Amour			Disbuise					
		and Fam			ype				7	- 7	250	0.00			
	Office Sought: House Disburser	nent For: Primary	General				Me	mo lte	em						
	State: District:	Other (spec	cify) 🔻												
	Full Name (Last, First, Middle Initial)														
C.	Friends Of Pete Hammen						Date o	_							
	Mailing Address 1050 Hull Street Suite 120						06	/	02		2015	Y			
	City	State	Zip Code				Tran	sactio	on ID	: SB29.7	762				
	Baltimore Purpose of Disbursement	MD	21230	_	_										
	State candidate contribution Candidate Name				egory	//	Amour	nt of I	Each	Disburse	ment this	Period).00			
	Office Sought: House Disburser	ment For:		1)	ype		Me	mo lt	, em	7		<u> </u>			
	Senate President	Primary	General												
	State: District:	Other (spec	siry) 🔻												
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т	OTAL This Period (last page this line number only))					<u> </u>		,	- 7					

S	CHEDULE B (FEC Form 3X)	11		FOR LINE	NUMBER: PAGE 55 OF 63
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on 21b 27	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar				
\setminus	NAME OF COMMITTEE (In Full)				
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICA	L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Friends Of Roger Manno				Date of Disbursement
	Mailing Address 2138 Merrifields Drive				06 02 2015
	Silver Spring	State MD	Zip Code 20906		Transaction ID : SB29.7791
	Purpose of Disbursement State candidate contribution			· · · · ·	Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	500.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼		Memo Item
	State: District:				
B.	Full Name (Last, First, Middle Initial) Friends Of Ron Young				Date of Disbursement
	Mailing Address PO Box 724				05 29 2015
	Frederick	State MD	Zip Code 21705		Transaction ID : SB29.7752
	Purpose of Disbursement State candidate contribution				Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	250.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼		Memo Item
	State: District:				
C.	Full Name (Last, First, Middle Initial) Friends Of Shirley Nathan-Pulliam				Date of Disbursement
	Mailing Address PO Box 31785				06 02 2015
	Baltimore	State MD	Zip Code 21207		Transaction ID : SB29.7810
	Purpose of Disbursement State candidate contribution			· · · ·]	Amount of Each Dishuranment this Deviad
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period 250.00
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼		Memo Item
					L
s	UBTOTAL of Disbursements This Page (optional)			••••••	1000.00
т	OTAL This Period (last page this line number only))		••••••	

S	CHEDULE B (FEC Form 3X)	F				LINE	NUN	IBER	:		F	PAGE	56 (DF 63				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c	hec	k only 21b	one	<i>,</i>		22			25					
			Summary Page		\vdash	210	$\left - \right $	22 28a		23 28b	24		25 29	26 30b				
	ny information copied from such Reports and State for commercial purposes, other than using the nar											ting co	ontribu					
\setminus	NAME OF COMMITTEE (In Full)																	
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC F	POL	IT.		_ A	СТІ			DMMI	TTE	E					
Α.	Full Name (Last, First, Middle Initial) Friends of Steve Hershey						D	ate o	f Dis	sburse	ement							
	Mailing Address 104 Wye View Road							м м 01	/	D 0	D / 7		015	Y				
	City Queenstown	State MD	Zip Code 21658				•	Trans	sacti	on ID	: SB29	.7737						
	Purpose of Disbursement State candidate contribution					٦	Amount of Each Disbursement this Period											
	Candidate Name			Cate	egoi ype		500.00											
	Senate	ment For: Primary	General		ype		Ē	Me	mo li	tem								
	State: District:	Other (spe	city) 🔻															
B.	Full Name (Last, First, Middle Initial) Friends of Steve Hershey						D	ate o	f Dis	sburse	ement							
	Mailing Address 104 Wye View Road							06	/	D	D /)2		015	Y				
	City Queenstown	State MD	Zip Code 21658					Trans	sacti	ion ID	: SB29	.7800						
	Purpose of Disbursement State candidate contribution						A	moun	t of	Each	Disburs	semen	t this I	Period				
	Candidate Name			Cate T	egoi ype	ry/				,			500.	00				
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General				C	Me	mo lt	tem								
	State: District:																	
C.	Full Name (Last, First, Middle Initial) Friends of Steve Waugh									sburse								
	Mailing Address PO Box 1805							06	/	0	2		015	Y				
	City California	State MD	Zip Code 20619					Trans	sacti	ion ID	: SB29	.7813						
	Purpose of Disbursement State candidate contribution					٦	А	moun	t of	Fach	Disburs	semen	t this I	Period				
	Candidate Name			Cate	egoi ype					Eaon	Diobart		250.0					
	Senate President	ment For: Primary Other (spe	General Gify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		Ċ	Me	mo li	tem								
	State: District:						_											
s	CUBTOTAL of Disbursements This Page (optional).						ļ	-	-	,			1250.	00				
т	OTAL This Period (last page this line number only)								,								

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 57 OF 63										
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b										
	y information copied from such Reports and Staten for commercial purposes, other than using the name													
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	FIRST COLONIES ANESTHESIA	ASSOCIATES LLC	POLITICA	L ACTION COMMITTEE										
<u></u>	Full Name (Last, First, Middle Initial)			Date of Disbursement										
A .	Friends of Susan Krebs													
	Mailing Address 5835 Monroe Avenue			06 02 2015										
	City S Eldersburg	State Zip Code MD 21784		Transaction ID : SB29.7770										
	Purpose of Disbursement State candidate contribution			Amount of Each Disburgement this Baried										
	Candidate Name		Category/	Amount of Each Disbursement this Period 250.00										
		Туре												
	Office Sought: House Disburser Senate	nent For: Primary General		Memo Item										
		Other (specify)												
	State: District: Full Name (Last, First, Middle Initial)													
В.	Friends of Terri Hill			Date of Disbursement										
	Mailing Address 6581 Belmont Woods Road			01 07 2015										
	City	State Zip Code		Transposion ID - 6800 7740										
	Elkridge	MD 21075		Transaction ID : SB29.7742										
	Purpose of Disbursement State candidate contribution		· · · · ·	Amount of Each Disbursement this Period										
	Candidate Name		Category/ Type	500.00										
		nent For: Primary General Other (specify) ▼		Memo Item										
	State: District:													
C.	Full Name (Last, First, Middle Initial) Friends of Terri Hill			Date of Disbursement										
	Mailing Address 6581 Belmont Woods Road			06 02 7 Y Y Y Y Y 2015										
	Elkridge	StateZip CodeMD21075		Transaction ID : SB29.7775										
	Purpose of Disbursement State candidate contribution		· · · · ·	Amount of Foot Disburgement this Deviad										
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period 250.00										
	President	nent For: Primary General Other (specify) ▼		Memo Item										
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S	CHEDULE B (FEC Form 3X)					LINE	E NU	JMBEF	:		PA	OF 63						
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the			k onl]21b	ly o			23	24	25	□ 26					
		Detailed	Summary Page		-	27	\vdash	28a	$\left \right $	28b	24 28c	× 29	30b					
	y information copied from such Reports and Staten for commercial purposes, other than using the name																	
\square	NAME OF COMMITTEE (In Full)						_											
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC F	POL	.IT	ICA	L	ACTI	ON	CC	OMMIT	TEE						
<u> </u>	Full Name (Last, First, Middle Initial)																	
Α.	Friends to Re-Elect Addie Eckardt							Date o		sburse		YY	Y					
	Mailing Address 900 Marshy Cove Unit #304							06		0	2	2015						
	City S Cambridge	State MD	Zip Code 21613				Transaction ID : SB29.7794											
	Purpose of Disbursement State candidate contribution						Amount of Each Disbursement this Period											
	Candidate Name			Cat	ego	ry/												
	Office Sought: House Disburser	nont Eori			ype		_	L.	-	7		250	.00					
	Senate Disburser	Primary	General				Memo Item											
	State: District:	Other (spec	cify) 🔻															
	Full Name (Last, First, Middle Initial)																	
В.	Marylanders for Madaleno							Date o					_					
	Mailing Address 11117 Dewey Road							05		2	9	2015	Y					
	City	State	Zip Code				-	Tran	sacti	on ID	: SB29.7	744						
	Kensington Purpose of Disbursement	MD	20895				_	man	5401		. 0020.7							
	State candidate contribution							Amour	nt of	Each	Disburse	ment this	Period					
	Candidate Name			Cat	ego ype							500	.00					
	Office Sought: House Disbursen				<u> </u>			Me	emo lt	em	,							
	President	Primary Other (spec	General cifv) ▼															
_	State: District:		- J) v															
C.	Full Name (Last, First, Middle Initial) Marylanders For Miller							Date of	of Dis	burse	ement							
								M	1 /	D		Y Y	Y					
	Mailing Address 8808 Old Branch Avenue							06		0	2	2015	_					
	5	State MD	Zip Code 20735					Tran	sacti	on ID	: SB29.7	788						
	Purpose of Disbursement State candidate contribution																	
	Candidate Name			Cat				Amour	nt of	Each	Disburser	ment this 1000						
	Office Sought: House Disburser	nent For:		- 1	ype		-	Me	emo lt	tem								
	Senate President	Primary Other (apor	General															
	State: District:	Other (spee	uny) 🔻															
	L. L.								-			4750	00					
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					E NUMBER: PAGE 59 OF 63								
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(cl		c only c 21b 27	one) 22 28a	23 28b	24 28c	25 X 29	26 30b				
	ny information copied from such Reports and Staten for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC I	POL	ITI	CAL	ACTIO	ON CC		ΓEE					
Α.	Full Name (Last, First, Middle Initial) Pat McDonough Leadership Team						Date of	Disburse		YY	Y				
	Mailing Address PO Box 15470						06	C)2	2015					
	Baltimore	State MD	Zip Code 21220				Trans	action ID	: SB29.77	71					
	Purpose of Disbursement State candidate contribution						Amount	of Each	Disbursen	nent this	Period				
	Candidate Name			Cate Ty	egory ype	y/		7		250	.00				
	President	nent For: Primary Other (spe	General cify) ▼				Mer	no ltem							
в.	State: District: Full Name (Last, First, Middle Initial) People For Pendergrass						Date of	Disburse	ement	YY	Y				
	Mailing Address PO Box 6711						06)2	2015					
	Columbia	State MD	Zip Code 21045				Trans	action ID) : SB29.77	764					
	Purpose of Disbursement State candidate contribution Candidate Name			Cate		y/	Amount	of Each	Disbursen		_				
		nent For: Primary Other (spe	General cify) ▼	Ту	ype		Memo Item								
С.	Full Name (Last, First, Middle Initial) Salling for Senate							Disburse							
	Mailing Address 103 Dundalk Avenue						06		D / Y 2	2015	Y				
	5	State MD	Zip Code 21222				Trans	action ID) : SB29.78	311					
	State candidate contribution Candidate Name			Cate	egory	y/	Amount	of Each	Disbursen	nent this 250					
		nent For: Primary Other (spe	General cify) ▼		-		Mer	no ltem							
⊢	State: District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)							- 7	5	750	.00				

S	CHEDULE B (FEC Form 3X)					LINE	E NUMBER: PAGE 60 OF 63								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		-	k only	-	e)							
			Summary Page			21b 27	\vdash	22 28a	-	23 28b	24 28c	25 X 29	26 30b		
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan											g contribu			
\backslash	NAME OF COMMITTEE (In Full)							о т .	~.						
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC I	POL		ICA	LA	AC II	ON	I CC	NVIVI I	IEE			
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Sheree Sample-Hughes Campaigr	n Fund						Date o	of Dis	sburse					
	Mailing Address PO Box 2889							06	/	0	2	2015	Y		
	5	State	Zip Code					Trans	sact	ion ID	: SB29.7	780			
	Salisbury Purpose of Disbursement	MD	21802					man	Juot						
	State candidate contribution							Amoun	it of	Each	Disburse	ment this	Period		
	Candidate Name			Cat	egol	ry/						250	00		
				Т	ype				-	7		250	.00		
	Office Sought: House Disburser	nent For: Primary	General					Me	mo l	tem					
	President	Other (spe													
	State: District:														
D	Full Name (Last, First, Middle Initial)							Date o	f Di	buroc	mont				
р.	Supporters Of Thomas 'Mac' Middl	eton							_	D		Y Y	V		
	Mailing Address PO Box 2502							06	ĺ		2	2015	T		
	5	State	Zip Code					Tran	sact	ion ID	: SB29.7	796			
	La Plata Purpose of Disbursement	MD	20646	_	_	_									
	State candidate contribution						,	Amoun	t of	Each	Disburser	ment this	Period		
	Candidate Name			Cat								1000	00		
	Office Sought: House Disburser	nent For		Т	ype			Ma	mal	7					
	Senate	Primary	General					Me	mo l	tem					
	President	Other (spe	cify) 🔻												
	State: District:														
C.	Full Name (Last, First, Middle Initial)							Date o	f Die	shured	ment				
0.	The Committee To Elect Eric Brom	iwell							_	D		YY	Y		
	Mailing Address 1 Minte Drive							06	ĺ		2	2015			
	,	State	Zip Code					Tran	sact	ion ID	: SB29.7	765			
	Baltimore Purpose of Disbursement	MD	21236	_		_									
	State candidate contribution							Amoun	it of	Each	Disburse	ment this	Period		
	Candidate Name			Cat				-				250	00		
	Office Sought: House Disburser	nent For:		Т	ype					7		200.	.00		
	Senate	Primary	General					Me	mo l	tem					
	President	Other (spe	cify) 🔻												
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SC	HEDULE B (FEC Form 3X)			FC	DR I	LINE N	IUMBER	R:		PA	GE 61	OF 63
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			check only one)							
		Detailed Summary Page			\vdash	21b 27	22 28a	\vdash	23 28b	24 28c	25 X 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam										g contribu	
\backslash	NAME OF COMMITTEE (In Full)					~ • •						
	FIRST COLONIES ANESTHESIA	ASSOCIATES	S LLC P	OL		CAL	ACT	ION	I CC)MMI I	IEE	
	Full Name (Last, First, Middle Initial)						_					
Α.	A. The Committee To Elect Ted Sophocleus						Date					
Mailing Address 6584 Brentwood Road							06 02 2015					
	5	State Zip Co MD 21090	de				Trar	sacti	on ID	: SB29.77	757	
	Linthicum Purpose of Disbursement	MD 21090			_	_						
	State candidate contribution						Amou	nt of	Each	Disburser	nent this	Period
	Candidate Name			Cate Ty	egor /pe	y/			, ,		750	.00
			eneral				М	emo l'	tem			
	State: District:	••••••••••••••••••••••••••••••••••••••										
	Full Name (Last, First, Middle Initial)											
в.	3.						Date				YY	N.
	Mailing Address						M =	VI 7	D	D / Y	Y Y	Y
	City State Zip Code											
	Purpose of Disbursement						Amou	nt of	Each	Disburser	nent this	Period
	Candidate Name					y/						
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			eneral				M	emo li	tem			
	State: District:											
С.	Full Name (Last, First, Middle Initial)						Date	of Dis	sburse	ement		
	Mailing Address						М	VI /	D	D / Y	ΥΥ	Y
	City State Zip Code											
	Purpose of Disbursement											
	Candidate Name Cat					y/	Amou	nt of	Each	Disburser	nent this	Period
	President		eneral				M	emo li	tem			
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)							_	,	- 7	750	.00
Т	OTAL This Period (last page this line number only)								,		25750	.00

SCHEDULE H4 (FEC Form 3X)

PAGE	62	OF	63

	SBURSEMENTS FOR ALLOCATED			
	DERAL/NONFEDERAL ACTIVITY			FOR LINE 21a OF FORM 3>
	ME OF COMMITTEE (In Full)	OCIATES LLC		ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Transaction ID : I	H4.5914	🗌 Memo Item	Allocated Activity or Event:
	Barbara Marx Brocato & Associates			Administrative Fundraising Exempt
	Mailing Address 18 Pinkney Street			Voter Drive Direct Candidate Support
	City State	1		Public Comm (ref to party only) by PAC
	Annapolis MD Purpose of Disbursement:	21401		Allocated Activity or Event Year-To-Date
	Lobbying			1250.00
	Activity or Event Identifier:		Catanand	
	Administrative		Category/ Type	Date 01 06 2015
	FEDERAL SHARE +	NONFEDERAI	SHARE	= TOTAL AMOUNT
	0.00	7 7	1250.00	1250.00
В.	Full Name (Last, First, Middle Initial) Transaction ID :	H4.5916	Memo Item	Allocated Activity or Event:
	Barbara Marx Brocato & Associates	Administrative Eundraising Exempt		
	Mailing Address 18 Pinkney Street			Voter Drive Direct Candidate Support
	City State			Public Comm (ref to party only) by PAC
	Annapolis MD	21401		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Lobbying			3750.00
	Activity or Event Identifier: Administrative		Category/ Type	Date 03 06 2015
	FEDERAL SHARE +	NONFEDERAL	L SHARE	= TOTAL AMOUNT
	0.00		2500.00	2500.00
С.	Full Name (Last, First, Middle Initial) Transaction ID :	H4.5918	Memo Item	Allocated Activity or Event:
	Barbara Marx Brocato & Associates	Administrative Fundraising Exempt		
	Mailing Address 18 Pinkney Street			Voter Drive Direct Candidate Support
	City State			Public Comm (ref to party only) by PAC
	Annapolis MD	21401	1	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Lobbying		· · · · ·	5000.00
	Activity or Event Identifier:			
	Administrative		Category/ Type	Date 03 / 25 / 2015
	FEDERAL SHARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		1250.00	1250.00
รเ	JBTOTAL of Allocated Federal and NonFederal Activity FEDERAL SHARE +	This Page NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		5000.00	5000.00
тс	OTAL This Period (last page for each line only)(Federal FEDERAL SHARE	share to 21(a)(i) an NONFEDERAL		are to 21(a)(ii)) TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	63	OF	63	

FOR LINE 21a OF FORM 3X

	NAME	OF	COMMITTEE	(In	Full
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	IRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICAL	_ ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Transac Barbara Marx Brocato & Assoc	ction ID : H4.		Memo Item	Allocated Activity or Event:
	Mailing Address 18 Pinkney Street	Jales			Administrative Fundraising Exempt
		State	Zin Codo		
	City Annapolis	MD	Zip Code 21401		Public Comm (ref to party only) by PAC
	Purpose of Disbursement: Lobbying				Allocated Activity or Event Year-To-Date 6250.00
	Activity or Event Identifier:				
	Administrative			Category/ Type	Date 04 / 08 / 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 7	1250.00	1250.00
В.	Full Name (Last, First, Middle Initial) Transac	tion ID : H4.	5922	Memo Item	Allocated Activity or Event:
	Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street				Administrative Fundraising Exempt
	Maning Address 18 Pinkney Street				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Annapolis Purpose of Disbursement:	MD 21401			Allocated Activity or Event Year-To-Date
	Lobbying			· · ·	7500.00
	Activity or Event Identifier: Administrative			Category/	
			NONFEDERAL	Туре	Date 05 08 2015
	FEDERAL SHARE	= TOTAL AMOUNT			
	0.00			1250.00	1250.00
C.	Full Name (Last, First, Middle Initial) Transac Barbara Marx Brocato & Associates	tion ID : H4.	5924	Memo Item	Allocated Activity or Event:
	Mailing Address 18 Pinkney Street				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Annapolis	MD	21401		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Lobbying				9046.84
	Activity or Event Identifier: Administrative			Category/ Type	Date 06 / 04 / 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 7	1546.84	1546.84
SI	JBTOTAL of Allocated Federal and NonFedera	al Activity Thi	s Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00			4046.84	4046.84
т	OTAL This Period (last page for each line only FEDERAL SHARE)(Federal sha	are to 21(a)(i) and NONFEDERAL		are to 21(a)(ii)) TOTAL AMOUNT
	0.00	1		9046.84	9046.84