Image# 14952660682				PAGE 1 / 37
	PORT OF REC D DISBURSE	MENTS		
1. NAME OF TYP	E OR PRINT V Fx	ample: If typing, type	Office Us	se Only
COMMITTEE (in full)		for the lines.	12FE4M5	
FIRST COLONIES ANES				
ADDRESS (number and street)	490 New Technology Way			
Check if different				
than previously F reported. (ACC)	rederick		MD 21703	
2. FEC IDENTIFICATION NUMB		Ş	STATE	ZIP CODE
C C00416305	3. IS THIS REPORT	× ^{NEW} (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20 (M3)		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election X Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M M / D D / 11 04	2014	in the State of
5. Covering Period	16 / Y Y Y Y 16 2014	through	24 Y Y Y 20	14
I certify that I have examined this Re	eport and to the best of my kno	wledge and belief it is tru	e, correct and comple	te.
Type or Print Name of Treasurer	r. Jeremy Roth			
Signature of Treasurer	P Roth	[Electronically Filed]	nate 12 / 01	D / Y Y Y Y 2014
NOTE: Submission of false, erroneous,	or incomplete information may s	ubject the person signing th	is Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X

12/01/2014 13 : 17

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:	0 / 16 / Y Y Y Y 2014 To	o: 11 / 24 / Y Y Y Y Y 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		111353.40
	(b) Cash on Hand at Beginning of Reporting Period	116017.47	
	(c) Total Receipts (from Line 19)	4675.00	41900.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	120692.47	153253.40
7.	Total Disbursements (from Line 31)	2550.00	35110.93
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118142.47	118142.47
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

of Receipts

Write or Type Committee Name

Image# 14952660684

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10	16 _2014 To:	11 / D D / Y Y Y 24 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	·	
(a) Individuals/Persons Other		
Than Political Committees	4600.00	23725.00
(i) Itemized (use Schedule A)	4000.00	20120.00
	75.00	18175.00
(ii) Unitemized	75.00	18175.00
(iii) TOTAL (add	4675.00	41900.00
Lines 11(a)(i) and (ii)	4073.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7	7 7
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7 7	7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	4675.00	41900.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7 7 7	7 7
All Loans Received	0.00	0.00
	7 7	7 7
Leen Denourmente Deseñved	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	7 7	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	7 7 7	
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds	7 7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	7 7	7 7 7 0.00
(h) Lavia Funda (franz Osharbula 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	4675.00	41900.00
. Total Federal Receipts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	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)		Calendar fear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	. 1250.00	15615.93
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party	. • 1250.00	15615.93
Committees Contributions to	. 0.00	0.00
Federal Candidates/Committees and Other Political Committees	. 0.00	500.00
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
(use Schedule F)		
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	. 1300.00	18995.00
Federal Election Activity (2 U.S.C. §431(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	. 0.00	0.00
(ii) "Levin" Share		0.00
(b) Federal Election Activity Paid Entirel 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
Total Disbursements (add Lines 21(c), 22),	
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	. 2550.00	35110.93
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1300.00	19495.00
,		7 7

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L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	4675.00	41900.00
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4675.00	41900.00
. 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

		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 S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Hasan Abed			Date of Receipt
	Mailing Address 15 Waterbird Court			M M / D D / Y Y Y Y Y 10 24 2014
	City Cockeysville	State MD	Zip Code 21030	Transaction ID : SA11AI.9146 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 ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Marc Azran			Date of Receipt
	Mailing Address 800 Hillsboro Drive	10 24 2014		
	City Silver Spring	State MD	Zip Code 20902	Transaction ID : SA11AI.9111 Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee.	С		
	Name of Employer First Colonies Anesthesia	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy			Date of Receipt
	Mailing Address 10021 Dickens Avenue	M M / D D / Y Y Y Y 10 24 2014		
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.9105 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)		•••••	150.00
т	OTAL 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	
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Marc Beck	Date of Receipt		
	Mailing Address 16 Norris Run Court			10 24 2014
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.9130 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 ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Briggs Mailing Address 14952 Finegan Farm Rd.			Date of Receipt
	City Germantown	State MD	Zip Code 20874	10 24 2014 Transaction ID : SA11AI.9083 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 ▼ 450.00	
с.	Full Name (Last, First, Middle Initial) Dr. John Bunker			Date of Receipt
	Mailing Address 15229 National Pike	10 24 Y Y Y Y 10 24 2014		
	City Hagerstown	State MD	Zip Code 21740	Transaction ID : SA11AI.9159 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	l	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
\vdash	CUBTOTAL 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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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
				erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Dr. Rachel Cappuccino Mailing Address 2811 Sommersby Rd.			Date of Receipt	
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID : SA11AI.9154 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	Occupation		Payroll deduction	
	First Colonies Anestheisa Receipt For: Primary General Other (specify) ▼	Physician	Year-to-Date ▼ 225.00		
в.	Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Court			Date of Receipt	
	City Phoenix	State MD	Zip Code 21131	10 24 2014 Transaction ID : SA11AI.9132 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 ▼ 450.00		
c.	Full Name (Last, First, Middle Initial) Dr. Satyam Chary			Date of Receipt	
	Mailing Address 9 Alterwood Lane	10 24 2014 Transaction ID : SA11AI.9133			
	Owings Mill	State MD	Zip Code 21117	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		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00		
s	SUBTOTAL of Receipts This Page (optional).		•••••	125.00	

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

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

Use separate schedule(s) for each category of the

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
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Court City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20854 Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Dwayne Chen Mailing Address 12808 Spring 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 C Occupation Physician Aggregate	Zip Code 20850 Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Edward Chen Mailing Address 10209 Fleming Avenue City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20814 Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).)	150.00

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)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	SIA ASSOCIATES LLC POLIT	ICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. William Chester Mailing Address 13771 Lambertina Place City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State Zip Code MD 20850 C Occupation Physician	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9086 Amount of Each Receipt this Period 50.00 Payroll deduction
Other (specify)	Aggregate Year-to-Date ▼ 450.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 11008 South Glen Road		Date of Receipt
City Potomac FEC ID number of contributing	State Zip Code MD 20854	Transaction ID : SA11AI.9106 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 450.00	Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Lincoln Coore Mailing Address 11546 Fox River Road City Ellicott City	State Zip Code MD 21042	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9140
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For:	C Occupation Physician Aggregate Year-to-Date ▼ 675.00	Amount of Each Receipt this Period 75.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		

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

FEC Schedule A (Form 3X) Rev. 02/2003

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
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
✓ Full Name (Last, First, Middle Initial) A. Dr. Melvin Coursey Mailing Address 18720 Shremor Drive City Derwood FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20855	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Lauren Deloach Mailing Address 15114 Pepperridge Drive			Date of Receipt
City Bowie FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupation Physician Aggregate	Zip Code 20721 Year-to-Date ▼ 450.00	Transaction ID : SA11AI.9151 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) Patrick Dono Mailing Address 17136 Wesley Chapel Rd. City Monkton FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 21111 Year-to-Date ▼ 225.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9134 Amount of Each Receipt this Period 25.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)			125.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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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	EMIZED RECEIPTS		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 s for commercial purposes, other than using th			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Ali Emamhosseini Mailing Address 8370 Greensboro Drive Apt #208 City McLean	State VA	Zip Code 22102	Date of Receipt
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 50.00 Payroll deduction
	Name of Employer First Colonies Anesthesia Receipt For: □ Primary □ General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	
в.	Full Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Terrace			Date of Receipt
	City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupation Physician		Image: Image in the image i
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
C.	Full Name (Last, First, Middle Initial) Dr. Richard Evans Mailing Address 6436 West Langley Lane			Date of Receipt
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.9109 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 ▼ 450.00	
s	UBTOTAL of Receipts This Page (optional)			150.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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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)

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TIEMIZED 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 a or for commercial purposes, other than using the		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	CAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Ronald Flax Mailing Address 3715 Birchmere Ct. City Owings Mills FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD Zip Code 21117 C Occupation Physician Aggregate Year-to-Date ▼ 225.00 7	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9135 Amount of Each Receipt this Period 25.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. 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 Zip Code MD 20850 C Occupation Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9161 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Thomas Gambon Mailing Address 7700 Charleston Dr. City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD Zip Code 20817 C Occupation Occupation Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9171 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		125.00

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)

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	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	COMMITTEE (In Full) COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Dr. Steve	(Last, First, Middle Initial) en Grube dress 13895 Foxtower Road	State	Zip Code	Date of Receipt
Thurmont		Transaction ID : SA11AI.9162		
FEC ID nu	mber of contributing tical committee.	С		Amount of Each Receipt this Period
Name of E	mployer	Occupation	1	Payroll deduction
First Coloni	es Anesthesia	Physician		
Receipt Fo Prima Other		Aggregate	Year-to-Date ▼ 450.00	
Full Name B. Dr. Keith	(Last, First, Middle Initial) Hairston	Date of Receipt		
Mailing Add	dress 12312 Highstakes Drive	10 24 2014		
City		State	Zip Code	Transaction ID : SA11AI.9136
Reisterstov	vn	MD	21136	Amount of Each Receipt this Period
	mber of contributing tical committee.	С		50.00
Name of E First Coloni	mployer es Anesthesia	Occupation Physician	1	Payroll deduction
Receipt Fo	r:		Year-to-Date ▼	—
Prima Other	ary General r (specify) ▼		450.00]
Full Name C. Shelly H	(Last, First, Middle Initial) Hairston	Date of Receipt		
Mailing Add	dress 12312 Highstakes Drive	10 24 2014		
City		State	Zip Code	Transaction ID : SA11AI.9158
Reisterstov	wn	MD	21136	Amount of Each Receipt this Period
	mber of contributing tical committee.	50.00		
Name of E	mployer	Occupation	1	Payroll deduction
	ies Anesthesia	Physician		
Receipt Fo		Aggregate		
Other	ary General r (specify) v		450.00	
SUBTOTAL of	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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	D RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				rson for the purpose of soliciting contributions to solicit contributions from such committee.
	F COMMITTEE (In Full) Γ COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Dr. Jol Mailing A City Great Fa FEC ID federal p Name of First Colo Receipt	number of contributing olitical committee. Employer onies Anesthesia	State VA C Occupation Physician Aggregate	Zip Code 22066 Year-to-Date ▼ 450.00	Date of Receipt
B. Dr. Gle Mailing A	ne (Last, First, Middle Initial) en Hessinger Address 8101 Ruxton Crossing Road	0		Date of Receipt
City Towson		State MD	Zip Code 21204	Transaction ID : SA11AI.9137
FEC ID	number of contributing olitical committee.	C		Amount of Each Receipt this Period
First Colo Receipt Pri	Employer onies Anesthesia For: mary General her (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	 Payroll deduction
	he (Last, First, Middle Initial) ean-Max Hogarth	Date of Receipt		
Mailing A	Address 1614 Randallwood Court	10 24 2014		
City Jarretsv	ille	State MD	Zip Code 21084	Transaction ID : SA11AI.9138 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		Payroll deduction
Name of	Employer	Occupation		
	onies Anesthesia	_		
	ror: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTA	L of Receipts This Page (optional)		•	150.00

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

7 7 7 7

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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	EMIZED RECEIPTS		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 S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Nashwa Holt	Date of Receipt							
	Mailing Address 5508 Oak Place	10 24 2014	Y						
	City Bethesda	State Zip Code nesda MD 20817							
	FEC ID number of contributing federal political committee.	С			.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction					
	Receipt For: Primary General Other (specify)								
в.	Full Name (Last, First, Middle Initial) Dr. Sung Hong	Date of Receipt							
	Mailing Address 8525 Huntspring Drive								
	City Lutherville	State MD	Zip Code 21093	Transaction ID : SA11AI.9139 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		.00					
	Name of Employer First Colonies Anesthesia	Payroll deduction							
	Receipt For: Primary General Other (specify) ▼								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Steven Hopper			Date of Receipt					
	Mailing Address 4550 N. Park Avenue #101	10 / D D / Y Y Y 2014	Y						
	City Chevy Chase	State MD	Zip Code 20815	Transaction ID : SA11AI.9119 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		Payroll deduction	0.00				
	Name of Employer	Occupation							
	First Colonies Anesthesia	Physician							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00						
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			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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	EMIZED RECEIPTS		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 S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	AL ACTION COMMITTEE				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stuart Hough			Date of Receipt		
	Mailing Address 9110 Travener Circle	10 24 _ 2014				
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.9088 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	1	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 675.00			
в.	Full Name (Last, First, Middle Initial) Leo Hsiao	Date of Receipt				
	Mailing Address 212 Washington Ave Apt. #1217		10 24 2014			
	City Towson	State MD	Zip Code 21204	Transaction ID : SA11AI.9147 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) ▼					
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Sean Isaac	Date of Receipt				
	Mailing Address 7 Starlight Farm Drive	10 24 2014				
	City Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.9145 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00			
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			175.00		

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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TIEMIZED 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 or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Dr. Supriya Jagannath Mailing Address 9657 Atterbury Lane City Frederick FEC ID number of contributing	State MD	Zip Code 21704	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9174 Amount of Each Receipt this Period
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	C Occupation Physician Aggregate	Year-to-Date ▼ 225.00	Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. David Johnson Mailing Address 5506 Bootjack Drive City Frederick FEC ID number of contributing federal political committee. Name of Employer	State MD C	Zip Code 21702	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9163 Amount of Each Receipt this Period 50.00 Payroll deduction
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood Road City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 20817 Year-to-Date ▼ 450.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9120 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional).		•••••	125.00

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

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

Use separate schedule(s) for each category of the

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
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANEST	HESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) Mailing Address 6579 Prestwick Drive	State	Zip Code	Date of Receipt
Highland FEC ID number of contributing federal political committee.	C	20777	Amount of Each Receipt this Period 50.00 Payroll deduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) B. HaengShik Kim Mailing Address 11429 Twining Lane			Date of Receipt
City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation Physician	Zip Code 20854	Transaction ID : SA11AI.9107 Amount of Each Receipt this Period 50.00 Payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00]
Full Name (Last, First, Middle Initial) C. James Kim Mailing Address 4808 Moorland Lane Apt. #803 City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20814 Year-to-Date ▼ 450.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9113 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optio	nal)		150.00

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)

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	EMIZED RECEIPTS		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	AL ACTION COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Ko Mailing Address 6795 Stockwell Manor Drive			Date of Receipt				
	City Falls Church	State VA	Zip Code 22043	10 24 2014 Transaction ID : SA11AI.9090 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 ▼ 450.00					
В.	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree Circle	Date of Receipt						
	City Potomac							
	FEC ID number of contributing federal political committee.	Payroll deduction						
	Name of Employer First Colonies Anesthesia	Occupation Physician	1					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00					
с.	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt	Date of Receipt						
	Mailing Address 3467 North Venice Street	10 / 24 / 2014						
	City Arlington	State VA	Zip Code 22207	Transaction ID : SA11AI.9121 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction				
	Name of Employer First Colonies Anesthesia	Occupation Physician	l					
	Receipt For: Primary Other (specify)		Year-to-Date ▼ 450.00					
\vdash	UBTOTAL 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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II 	EMIZED RECEIPTS		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	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) Zakiya Lockhart			Date of Receipt
	Mailing Address 8750 Polished Pebble Way			10 24 2014
	City Laurel	State MD	Zip Code 20723	Transaction ID : SA11AI.9115 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	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Dr. Thomas Malone			Date of Receipt
	Mailing Address 11667 Fairmont Place	10 24 2014		
	City Ijamsville	State MD	Zip Code 21754	Transaction ID : SA11AI.9164 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		75.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼			
с.	Full Name (Last, First, Middle Initial) Dr. Mollyann March			Date of Receipt
	Mailing Address 6504 Greentree Road	M M / D D / Y Y Y Y Y 10 24 2014		
	City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11AI.9122 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) ▼			
F	SUBTOTAL of Receipts This Page (optional)			225.00

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		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	CIATES LLC POLITICA	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Omid Moayed						
	Mailing Address 8913 Cherbourg Drive	,					
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.9103 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 ▼ 450.00				
в.	Full Name (Last, First, Middle Initial) Dr. Danielle Mossman Mailing Address 2722 5-11-12	Date of Receipt					
	Mailing Address 3709 Falling Green Way	State	Zip Code	10 24 2014 Transaction ID : SA11AI.9160			
	Mt. Airy FEC ID number of contributing federal political committee.	C	21771	Amount of Each Receipt this Period			
	Name of Employer First Colonies Anesthesia	1	 Payroll deduction 				
	Receipt For: Primary General Other (specify) ▼						
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Thomas Munro	Date of Receipt					
	Mailing Address 15310 Forest Lake Court	M M / D D / Y Y Y Y 10 24 2014					
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.9172 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer	Occupation	1	Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 675.00				
	CUBTOTAL of Receipts This Page (optional)			175.00			

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		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 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 ANESTHE	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls Mailing Address 603 Queen Street			Date of Receipt
	#4	10 24 2014		
	City	State VA	Zip Code 22314	Transaction ID : SA11AI.9092
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify)	L	800.00	
В.	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon	Date of Receipt		
	Mailing Address 12123 Merricks Court	10 24 2014		
	City	State	Zip Code	Transaction ID : SA11AI.9165
	Monrovia	MD	21770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify)		450.00	
C.	Full Name (Last, First, Middle Initial) Dr. Philip Owens	Date of Receipt		
	Mailing Address 141 Adams Street, NW	10 24 Y Y Y Y 2014		
	City	State	Zip Code	Transaction ID : SA11AI.9094
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify)		450.00	
s	SUBTOTAL of Receipts This Page (optional)		•	200.00

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

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(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3	1 ⁻	1b 4	11c 15	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting	g contribu	utions		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL AC	CTIC	ON (COI	имітт	ΈE			
Α.		Da	Date of Receipt									
	Mailing Address 10720 Dern Road		10		24		2014	Y				
	Emmitsburg					SA11AI. Receipt th		4				
	FEC ID number of contributing federal political committee.	С			iouni					0.00		
	Name of Employer	Occupation		- Pay	roll d	educt	ion					
	First Colonies Anesthesia	Physician										
	Receipt For:											
	Primary General Other (specify) ▼		Year-to-Date ▼ 450.00									
в.	Full Name (Last, First, Middle Initial) Dr. Paul Park	Da	ite of	Rece	eipt							
	Mailing Address 510 Golden Oak Terrace					10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City State Zip Code					Transaction ID : SA11AI.9095						
	Rockville	MD 20850						Receipt th	is Period	k		
	FEC ID number of contributing federal political committee.		Payroll deduction									
	Name of Employer First Colonies Anesthesia		- Pay	roll de	educti	on						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis			Da	ite of	Rece	eipt					
	Mailing Address 1813 Solitaire Lane			M	10	/	D [y y 2014	Y		
	City McLean	State VA	Zip Code 22101					SA11AI . Receipt th		ł		
	FEC ID number of contributing federal political committee.	e la							5	0.00		
	Name of Employer	Occupation	l	Pay	roll d	leduct	ion					
	First Colonies Anesthesia											
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		450.00	1								
s	UBTOTAL of Receipts This Page (optional)		•••••						150	0.00		
т	OTAL This Period (last page this line number	only)	••••••									

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		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 S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Peck Mailing Address 4 Farm Haven Court City Rockville	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9123							
	FEC ID number of contributing federal political committee.	C	20852	Amount of Each Receipt this Period					
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 675.00	Payroll deduction					
в.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8302 Fox Haven Drive	Date of Receipt							
	City	State Zip Code							
	McLean FEC ID number of contributing federal political committee.	C	22102	Amount of Each Receipt this Period					
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	Payroll deduction					
с.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic			Date of Receipt					
	Mailing Address 3912 Calverton Drive	10 / Y Y Y Y 24 2014							
	City Hyattsville	State MD	Zip Code 20782	Transaction ID : SA11AI.9128 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction					
	Name of Employer First Colonies Anesthesia								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00						
s	UBTOTAL of Receipts This Page (optional)		▶	175.00					

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:

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TTEMIZED RECEIPTS		or each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIA	ATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Naeem Poursharif Mailing Address 9506 Edgeley Rd City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate Year	Zip Code 20814 -to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman Mailing Address 6906 Granite Ridge Ct. City	Zip Code	Date of Receipt	
Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	MD C Occupation Physician Aggregate Year	21209 -to-Date ▼ 450.00	Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate Year	Zip Code 21212 -to-Date ▼ 450.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9141 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional).			150.00

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

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	HESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) James A Rothschild Mailing Address 205 Woodlawn Road City Baltimore	ames A Rothschild ailing Address 205 Woodlawn Road y State Zip Code					
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Amount of Each Receipt this Period 100.00 Payroll deduction			
Full Name (Last, First, Middle Initial) B. Leudvig Sardarian Mailing Address 11601 Brandy Hall Lane	Date of Receipt					
City North Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation Physician	Zip Code 20878	Transaction ID : SA11AI.9176 Amount of Each Receipt this Period 50.00 Payroll deduction			
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 450.00]			
C. Dr. Suzanne Scattergood Mailing Address 14700 Crossway Road City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: □ Primary □ General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20853 Year-to-Date ▼ 900.00	Date of Receipt			
SUBTOTAL of Receipts This Page (option	al)		250.00			

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

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	EMIZED RECEIPTS		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	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	·	r. Mark Seymour					
	Mailing Address 2932 Thurston Rd.	State	Zip Code	10 24 2014 Transaction ID : SA11AI.9167			
	Frederick	MD	21704	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation		Payroll deduction			
	First Colonies Anesthesia Receipt For:	Physician		_			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00				
в.	Full Name (Last, First, Middle Initial) Dr. Nader Soliman			Date of Receipt			
	Mailing Address 22905 David Mill Road	10 24 2014					
	City Germantown	State MD	Zip Code 20876	Transaction ID : SA11AI.9098 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 ▼ 450.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. James Sowry			Date of Receipt			
	Mailing Address 5008 Green Bridge Road			10 24 Y Y Y Y Y 10 24 2014			
	City Dayton	State MD	Zip Code 21036	Transaction ID : SA11AI.9153 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer	Occupation	I	Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00				
	UBTOTAL of Receipts This Page (optional)			125.00			

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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TIEMIZED 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 S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan Mailing Address 4639 Teen Barnes Road City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21703 C Occupation Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Dr. Robert Sullivan Mailing Address 4639 Teen Barnes Road City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21703 C Occupation Opposition Physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9169 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	150.00

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

10

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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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	(11a 13	F	11b	,	11c	12		17
	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 A	ACTI	٥N	1 C	10	MMIT	TEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Louis Swann				Date of Receipt							
	Mailing Address PO Box 6081							24	D / Y	2014		Y
	City McLean	State VA	Zip Code 22106						SA11AI			
		VA	22100	- 1	Amour	nt of	Eac	:h F	Receipt t	his Peri	od	
	FEC ID number of contributing federal political committee.	С					7	_			50.0	00
	Name of Employer	Occupation	 	F	Payroll	dedu	uctio	n				
	First Colonies Anesthesia	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		450.00									
В.	Full Name (Last, First, Middle Initial) Dr. Rojack Tan						eceip	ot				
	Mailing Address 507 Goodland Place					10 24 2014						
	City State Zip Code						Transaction ID : SA11AI.9126					
	Rockville	MD		Amour	nt of	Eac	h F	Receipt t	his Peri	od		
	FEC ID number of contributing federal political committee.				7	_			50.0	00		
	Name of Employer First Colonies Anesthesia		P	ayroll	dedu	ictior	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai				Date o	of Re	eceip	ot				
	Mailing Address 10013 New London Drive						D	24		2014	Y	Y
	City Potomac	State MD	Zip Code 20854						: SA11A Receipt t		iod	_
	FEC ID number of contributing federal political committee.	С					7	-			50.0	00
	Name of Employer	Occupation		┥╹	Payroll	dedi	uctio	'n				
	First Colonies Anesthesia	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	00 0										
	Other (specify)		450.00	1								
s	UBTOTAL of Receipts This Page (optional)		·····				7			1	50.0	0
Т	OTAL 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:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	'	11c 15	12 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	IA ASSO	CIATES LLC POLITIC	AL AC	TIOI	N C	0	иміт	ΓEE					
Α.	Full Name (Last, First, Middle Initial) Dr. Reed Underwood							Date of Receipt						
	Mailing Address 1518 T Street, NW		10 24 2014											
	City Washington	State DC	Zip Code 20009					SA11AI Receipt t		d				
	FEC ID number of contributing federal political committee.	С				7				50.00]			
	Name of Employer First Colonies Anesthesia	Occupation Physician		— Payr	oll ded	luctio	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00											
в.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon	Date	Date of Receipt											
	Mailing Address 22 Woodfield Court	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
	City Reisterstown	State MD	Zip Code 21136		Transaction ID : SA11AI.9152 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	50.00												
	Name of Employer First Colonies Anesthesia		Payroll deduction											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief			Date	e of R	eceip	ot							
	Mailing Address 405 Apple Grove Road			M	M 10	/ D	24		2014	Y				
	City Silver Spring	State MD	Zip Code 20904					SA11AI Receipt t	l .9156 his Perio	d				
	FEC ID number of contributing federal political committee.	С			oll dec	,	-		Ę	50.00]			
	Name of Employer	Occupation		Payr	oli dec	luctio	n							
	First Colonies Anesthesia Receipt For:	Physician		_										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00											
s	UBTOTAL of Receipts This Page (optional)		•	ļ		7	- +		15	0.00]			
т	OTAL This Period (last page this line number	only)	••••••			7				-				

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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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
			e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHI	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) Dr. Sanjay Vanguri Mailing Address 9657 Atterbury Lane City Frederick FEC ID number of contributing federal political committee.	State MD	Zip Code 21704	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9175 Amount of Each Receipt this Period 25.00			
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼ 225.00	Payroll deduction			
Full Name (Last, First, Middle Initial) B. Dr. Nicholas Visnich Jr. Mailing Address 10816 Willow Run Circle	Date of Receipt					
City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20854 Year-to-Date ▼ 225.00	Transaction ID : SA11AI.9100 Amount of Each Receipt this Period 25.00 Payroll deduction			
Full Name (Last, First, Middle Initial) C. Dr. Mark Vogt Mailing Address 1149 Colonial Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State VA C Occupation Physician Aggregate	Zip Code 22101 Year-to-Date ▼ 450.00	Date of Receipt 10 24 2014 Transaction ID : SA11AI.9127 Amount of Each Receipt this Period 50.00 Payroll deduction			
SUBTOTAL of Receipts This Page (optional))		100.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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37

		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 or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	OCIATES LLC POLITIC	AL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows Lan	e		Date of Receipt				
City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.9101 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	n Year-to-Date ▼	Payroll deduction				
Other (specify)		450.00					
Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 7108 Collingwood Court	Date of Receipt						
City Elkridge	State MD	Zip Code 21075	10 24 2014 Transaction ID : SA11AI.9142 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer First Colonies Anesthesia	Occupatior Physician		Payroll deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00					
Full Name (Last, First, Middle Initial) C. Dr. Thomas Wherry			Date of Receipt				
	Mailing Address 611 W. 2nd Street						
City Frederick	State MD	Zip Code 21701	Transaction ID : SA11AI.9157 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction				
Name of Employer First Colonies Anesthesia	Occupation Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00					
SUBTOTAL of Receipts This Page (optional)		•••••	150.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of Detailed Summary Pa	
		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC PO	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon Mailing Address 18212 Wickham Road City Olney FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20832 C Occupation Physician Aggregate Year-to-Date ▼ 45	Date of Receipt Date of Receipt 10 24 2014 Transaction ID : SA11AI.9149 Amount of Each Receipt this Period 50.00 Payroll deduction 0.00
Full Name (Last, First, Middle Initial) B. Dr. Monfold Wolf Mailing Address 4822 Tilly Dr. City Sykesville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21784 C Occupation Physician Aggregate Year-to-Date ▼ 450	Date of Receipt Date of Receipt 10 24 2014 Transaction ID : SA11AI.9155 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) You Wu Mailing Address 910 Dunlavin Ct. City Timonium FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21093 C Occupation Physician Aggregate Year-to-Date ▼ 50	Date of Receipt Transaction ID : SA11AI.9143 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		

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:

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37

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name 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) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE					
Α.		Date of Receipt							
	Mailing Address 13508 Gumspring Road	10 24 Y Y Y Y Y 10 24 2014							
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.9102 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 ▼ 400.00						
В.	Full Name (Last, First, Middle Initial) Dr. Jungim Yun			Date of Receipt					
	Mailing Address 2057 Thurston Road	10 24 2014							
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.9170 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 ▼ 450.00						
с.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address	M = M / D = D / Y = Y = Y = Y							
	City	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.								
	Name of Employer	Occupation	1	_					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼						
s	UBTOTAL of Receipts This Page (optional)		••••••	100.00					
Т	OTAL This Period (last page this line number	only)	•	4600.00					

S	CHEDULE B (FEC Form 3X)			FC	DR I	INF N	UMBER			PA	GE 36	OF 37
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		neck	only o							
			Summary Page			21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b
	ny information copied from such Reports and State for commercial purposes, other than using the nar				any	person	for the	purp	ose c	of solicitin	g contrib	utions
	NAME OF COMMITTEE (In Full)											
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL	ITI	CAL	ACTI	ON	CO	MMIT	TEE	
Α.	Full Name (Last, First, Middle Initial) Friends of Kathy Szeliga						Date of Disbursement					
	Mailing Address PO Box 40											
	City Kingsville	State MD	Zip Code 21087				Tran	sactio	on ID	: SB29.9	178	
	Purpose of Disbursement Contribution			0	11		Amour	nt of I	Each	Disburse	ment this	Period
	Candidate Name			Cate Ty	egory /pe	//			,		30	00.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General									
	State: MD District:	(-										
в.	Full Name (Last, First, Middle Initial) Marylanders for Miller						Date c	of Dis	burse	ment		
	Mailing Address 8808 Old Branch Ave.							11 07 Y Y Y Y 2014				
	City Clinton	State MD	Zip Code 20735				Tran	sacti	on ID	: SB29.9	179	
	Purpose of Disbursement Political contributions				011 Amount of Each Disbursement this			Period				
	Candidate Name			Cate Ty	egory /pe	//			, .	. ,	100	00.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼									
	State: District:		- J/ •									
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement					
	Mailing Address						M M	1 /	D		YY	Y
	City	State	Zip Code									
	Purpose of Disbursement					٦	Amour	nt of I		Disburse	ment this	Period
	Candidate Name			Cate Ty	egory /pe	//				Disbuise		
	Senate President	ment For: Primary Other (spe	General cify) ▼		-				7			
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)								,	- 7	130	0.00
т	OTAL This Period (last page this line number only)							, ,	7	130	0.00

SCHEDULE H4 (FEC Form 3X)

PAGE	37	OF	37	

LINE 21a OF FORM 3X

	SBURSEMENTS FOR ALLOCATE				PAGE 37 OF 37		
	AME OF COMMITTEE (In Full)				FOR LINE 21a OF FORM 3		
F	IRST COLONIES ANESTHESIA AS	SOCI	ATES LLC	POLITICAL	_ ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Tran	Allocated Activity or Event:					
	Barbara Marx Brocato & Associate	Administrative Fundraising Exempt					
	Mailing Address 18 Pinkney Street				Voter Drive Direct Candidate Support		
	-	tate /ID	Zip Code		Public Comm (ref to party only) by PAC		
	Purpose of Disbursement:	//D	21401		Allocated Activity or Event Year-To-Date		
	Lobbying expense			· · · ·	15615.93		
	Activity or Event Identifier:						
	Administrative			Category/ Type	Date 11 / D D / Y Y Y Y 2014		
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT		
	0.00			1250.00	1250.00		
В.	Full Name (Last, First, Middle Initial)	_	1		Allocated Activity or Event:		
Б.			Administrative Fundraising Exempt				
	Mailing Address				Voter Drive Direct Candidate Support		
	City S	tate	Zip Code		Public Comm (ref to party only) by PAC		
	Demonstration of Distancements				Allocated Activity or Event Year-To-Date		
	Purpose of Disbursement:						
	Activity or Event Identifier:						
				Category/ Type	Date		
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT		
			7 7				
C.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:		
	Mailing Address				Voter Drive Direct Candidate Support		
	City S	tate	Zip Code		Public Comm (ref to party only) by PAC		
			p 0000		Allocated Activity or Event Year-To-Date		
	Purpose of Disbursement:						
	Activity or Event Identifier:						
				Category/ Type	Date		
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT		
	IPTOTAL of Allocated Endored and New Endored Anti-	vity This	Paga				
5	JBTOTAL of Allocated Federal and NonFederal Activ FEDERAL SHARE +	vity I NIS	Page NONFEDERAL	SHARE	= TOTAL AMOUNT		
	0.00			1250.00	1250.00		
т	OTAL This Period (last page for each line only)(Fede	eral shar	e to 21(a)(i) and	NonFederal sha	are to 21(a)(ii))		