FEC FORM 3X	AN	ND DIS	OF REO BURSEI An Authorized	MENT	S		Office Use Only	
1. NAME OF COMMITTEE (in fu		e or print ▼		ample: If typin the lines.	ng, type	12FE4M	5	
								:
ADDRESS (number and s		490 NEW TECH						
Check if differe								
than previously reported. (ACC							21703	
2. FEC IDENTIFICAT		ER 🔻	CITY 🔺		S	STATE 🔺	ZIP C	ODE 🔺
C C00416305			3. IS THIS REPORT	~	NEW N) OR	AM (A)	IENDED	
 4. TYPE OF REPO (Choose One) (a) Quarterly Report 	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5) Jun 20 (M6)		20 (M8) 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 2	20 (M10)	Jan 31 (YE)
July 15	Report (Q1)	(c) 12-Day PRE-Ele		Primary (12F	?)	General ((12G)	Runoff (12R)
Quarterly F October 15	Report (Q2) 5	Report		Convention (12C)	Special (12S)	
January 31	Report (Q3) I Report (YE)		Election on	M M /	D D /	Y Y Y Y Y	in the State	
July 31 Mi Report (No Year Only)	on-election	(d) 30-Day POST -E Report		General (300	à)	Runoff (3	0R)	Special (30S)
Termination (TER)	n Report	Пероп	Election on	M M /	D D /	Y Y Y Y	in the State	
5. Covering Period	M M /	01 / Y	2018	through	03	/ D D / 31	2018]
I certify that I have example or Print Name of ⁻	R	eport and to th Roth, Jeremy, , D		wledge and I	pelief it is true	e, correct and	l complete.	
Signature of Treasurer	Roth, Jeren	my, , Dr.,		[Electronically	y Filed] Da	ate 04	/ D D / 12	2018
NOTE: Submission of fals	se, erroneous,	, or incomplete i	nformation may s	ubject the pers	son signing th	is Report to th	ne penalties of 5	2 U.S.C. § 30109
Office Use Only							FEC FO Rev. 05	

04/12/2018 10 : 25

PAGE 1 / 11

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

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 Y 01 2018 To	: 03 / D D / Y Y Y Y Y 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		83665.83
	(b) Cash on Hand at Beginning of Reporting Period	83665.83	
	(c) Total Receipts (from Line 19)	15946.14	15946.14
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	99611.97	99611.97
7.	Total Disbursements (from Line 31)	5166.66	5166.66
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94445.31	94445.31
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

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Image#	2010	8041	2910	06287	1 Zŏ

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From:	/ 01 / Y Y Y Y 2018 To:	M M / D D / Y
	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)	1000.00	1000.00
	(ii) Unitemized (iii) TOTAL (add	14946.14	14946.14
	Lines 11(a)(i) and (ii)	15946.14	15946.14
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 	0.00	0.00
12	Totals to Line 33, page 5)	15946.14	15946.14
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 to Federal Candidates and Other	0.00	0.00
17.	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total 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))▶	15946.14	15946.14
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	15946.14	15946.14

- - 7

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1.48

-7

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Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC FC	orm 3X (Rev. 05/2016)	of Disbursements	Page 4
II.	Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Ex (a) Allocate Activity	xpenditures: d Federal/Non-Federal (from Schedule H4)		Calendar fear-to-Date
•	deral Share	0.00	0.00
()	n-Federal Share	0.00	0.00
	ederal Operating itures	0.00	0.00
. ,	perating Expenditures (a)(i), (a)(ii), and (b))	0.00	0.00
Committees.	Affiliated/Other Party	0.00	0.00
Contributions Federal Can and Other P	s to didates/Committees olitical Committees	0.00	0.00
Independent (use Schedu	Expenditures	0.00	0.00
Coordinated (52 U.S.C. §	Party Expenditures 3 30116(d)) ile F)	0.00	
,	,		0.00
Loan Repay	ments Made	0.00	0.00
Refunds of (Contributions To: als/Persons Other	0.00	0.00
	olitical Committees	0.00	0.00
	Party Committees	0.00	0.00
(such a	s PACs)	0.00	0.00
()	ontribution Refunds nes 28(a), (b), and (c))	0.00	0.00
	rsements (Including Donations)	5166.66	5166.66
(a) Allocate	ction Activity (52 U.S.C. § 30101(2 d Federal Election Activity chedule H6)	20))	
(i) Fede	eral Share	0.00	0.00
. ,	in" Share Election Activity Paid	0.00	0.00
Entirely	With Federal Funds	0.00	0.00
. ,	0(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	sements (add Lines 21(c), 22, 26, 27, 28(d), 29 and 30(c))	5166.66	5166.66
Total Federa	I Disbursements		
	e 21(a)(ii) and Line 30(a)(ii)	5166.66	5166.66

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

		-	1		-	15946.14
	4	-	4	4	-	0.00
						15946.14
		7			-7	10040.14
						0.00
		-7			-7	
- C						0.00
	÷	-7		÷	-7	
1.	-		_			0.00
		-7-	1		-7-	

	1				15946.14
-	-	-7		-7	13340.14
					0.00
				-7	285
					15946.14
		-		- 7	
					0.00
		-7		-7	
					0.00
-	-	-7	-	-7	
					0.00

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

11

IT.	EMIZED RECEIPTS	Use separate schedule(s) for each category of the				(check only one)					
11				h category of the discussion o	×	11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the								soliciting	g contrik	outions
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATE	S LLC POLITIC	AL A		ЛС	CON	лмітт	ΓEE	
Α.	· · · · · · · · · · · · · · · · · · ·	al) or Full O	rganizatio	n Name		Date of	Red	ceipt			
	Mailing Address 49 Boone Trail					03	/	23	/ Y	ү ү 2018	Y
	City Severna Park	State MD	Zip C 211						SA11AI. eceipt th		od
	FEC ID number of contributing federal political committee.	С						y		7	5.00
	Name of Employer (for Individual)	Occu	pation (fo	r Individual)		Me	emo	Item			
	First Colonies Anesthesia	Phys	sician		F	ayroll d	educ	ction			
	Receipt For:	Aggregate	Year-to-Da	ate 🔻							
	Primary General Other (specify) ▼			225.00							
В.	Full Name of Individual (Last, First, Middle Initi Coore, Lincoln, , ,	al) or Full O	rganizatio	n Name		Date of	Red	ceipt			
	Mailing Address 11546 Fox River Drive			M M / D D / Y Y Y Y 03 23 2018							
	City	State	Zip C			Transaction ID : SA11AI.12734					
	Ellicott City	MD	210	42		Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C					Memo Item Payroll deduction				
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician									
	Receipt For:	Aggregate	Year-to-Da	ate 🔻							
	Other (specify) ▼		,	225.00							
С.	Full Name of Individual (Last, First, Middle Initi Kenol, Cynthia, , ,	al) or Full O	rganizatio	n Name		Date of	Red	ceipt			
	Mailing Address 6579 Prestwick Drive					^M 03	/	D D D 23	/ Y	2018	Y
	City Highland	State MD	Zip C 2071		-				SA11AI		
		_				Amouni	. 01 1		eceipt ti	lis relic	ju
	FEC ID number of contributing federal political committee.	С				100.00					
	Name of Employer (for Individual) First Colonies Anesthesia		ipation (fo sician	r Individual)	F	Payroll deduction					
	Receipt For:	Aggregate		ate 🔻	\neg	-					
	Primary General Other (specify)		7	300.00							
s	UBTOTAL of Receipts This Page (optional)			······	<u> </u>			y	. ,	250	0.00
т	OTAL This Period (last page this line number o	nly)		•••••				,			-

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

11

	-	Use separate schedule(s)	(check only one)					
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 Report or for commercial purposes other than u	s and Statements ma	l ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
	THESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE					
Full Name of Individual (Last, First, M A. Lennox, William, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3706A Meadowhill Co	urt		M M / D D / Y Y Y Y 03 23 2018					
City Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.12741 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		100.00					
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction					
Receipt For:								
Primary General	Aggregate	Year-to-Date ▼	-					
Other (specify)		300.00						
Full Name of Individual (Last, First, M B. Lockhart, Zakiya, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 8750 Polished Pebble	Way		03 23 2018					
City	State	Zip Code	Transaction ID : SA11AI.12714					
Laurel	MD	20723	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		75.00					
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Memo Item Payroll deduction					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		225.00]					
Full Name of Individual (Last, First, M	iddle Initial) or Full O	rganization Name						
C. Malone, Thomas, , ,			Date of Receipt					
Mailing Address 11667 Fairmont PI			03 23 2018					
City	State	Zip Code	Transaction ID : SA11AI.12765					
ljamsville	MD	21754	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		75.00					
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
First Colonies Anesthesia	Phys	sician	Payroll deduction					
Receipt For:	Aggregate	Year-to-Date V						
Other (specify)		225.00]					
SUBTOTAL of Receipts This Page (opti-	onal)		250.00					
TOTAL This Period (last page this line r	number only)							

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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11

IT.	EMIZED RECEIPTS		Use separate schedule((check only one)					
11			for each category of the Detailed Summary Page		X 11a	11b	11c	12	17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	I ay not be sold or used by address of any political com	any personanittee to	on for the	purpose o	f soliciting	contrib	utions
<u>.</u>	NAME OF COMMITTEE (In Full)								
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POL	ITICAL		ON CO	MMITT	ΈE	
Α.	Full Name of Individual (Last, First, Middle Initia Morman, Allyson, , ,	al) or Full O	Organization Name		Date of	Receipt			
	Mailing Address 6509 Autumn Wind Circle				^M 03	/ D 02		ү ү 2018	Ý
	City Clarksville	State MD	Zip Code 21029			action ID of Each			d
	FEC ID number of contributing federal political committee.	С						50	.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)		Me	emo Item			
	First Colonies Anesthesia	Phy	vsician		Payroll d	eduction			
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General		250.0	0					
	Other (specify) ▼	L							
В.	Full Name of Individual (Last, First, Middle Initia Morman, Allyson, , ,	al) or Full O	Organization Name		Date of	Receipt			
	Mailing Address 6509 Autumn Wind Circle				03 16 / Y Y Y Y 2018				
	City	State	Zip Code	-	Trans	action ID	SA11AL	12473	
	Clarksville	MD	21029		Amount	of Each	Receipt th	is Perio	b
	FEC ID number of contributing federal political committee.	С						50	.00
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician		Me Payroll de	emo Item eduction			
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		, 300.0	0					
с.	Full Name of Individual (Last, First, Middle Initia Morman, Allyson, , ,	al) or Full O	Organization Name		Date of	Receipt			
	Mailing Address 6509 Autumn Wind Circle				^M 03	/ D 30		y y 2018	Ý
	City Clarksville	State MD	Zip Code 21029	-		action ID of Each			4
	FEC ID number of contributing federal political committee.	С							.00
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician		Me Payroll d	emo Item eduction			
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 350.0						
\vdash	UBTOTAL of Receipts This Page (optional)				<u> </u>	- <u>9</u> -		150	.00

SCHEDULE A (FEC Form 3X) DEACH ľ

Use separate schedule(s)

FOR LINE NUMBER:

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11

			Use separate schedule(s)	(check only one)				
11	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 St for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name of Individual (Last, First, Middle Init Munro, Thomas, , ,	Date of Receipt						
	Mailing Address 15310 Forest Lake Court	M M / D D / Y Y Y Y 03 23 2018						
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.12773 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	First Colonies Anesthesia	Phy	vsician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date V					
Primary General			005.00					
	Other (specify) v	L	225.00					
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name					
В.	Nalls, Anna, , ,	Date of Receipt						
	Mailing Address 603 Queen Street, # 4	03 / D D / Y Y Y Y 2018						
	City	State VA	Zip Code	Transaction ID : SA11AI.12693				
	Alexandria	VA	22314	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		300.00					
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Peck, Michael, , ,	Date of Receipt						
	Mailing Address 4 Farm Haven Court	M M / D D / Y Y Y Y 03 23 2018						
	City	State	Zip Code	Transaction ID : SA11AI.12718				
	Rockville	MD	20852	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	75.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	First Colonies Anesthesia	Phys	sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Other (specify)		225.00					
Г								
s	UBTOTAL of Receipts This Page (optional)		•					
т	OTAL This Period (last page this line number of	only)	••••••					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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11

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	X 11a 13	11b	11c	12 16	17	
Any inform or for com	nation copied from such Reports and S mercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	erson for the to solicit co	purpose or ntributions	f solicitin from suc	g contribution	ons e.	
	OF COMMITTEE (In Full) ST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTIO	ON CO	MMIT	TEE		
	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Rothschild, James, , ,				Date of Receipt				
	Mailing Address 205 Woodlawn Road				03 / D D / Y Y Y Y 2018				
City Baltimo	pre	State MD	Zip Code 21210		action ID				
	number of contributing political committee.	С			100.00				
Name o	of Employer (for Individual)	Осси	upation (for Individual)	М	emo Item				
First Co	lonies Anesthesia	Phy	sician	Payroll d	Payroll deduction				
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 300.00						
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name								
B. Mailing	Mailing Address				Date of Receipt				
City		State Zip Code			Amount of Each Receipt this Period				
	number of contributing political committee.	С							
Name of	of Employer (for Individual)	Occupation (for Individual)			emo Item				
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼						
Full Na	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name								
	Mailing Address				FReceipt	D / Y	YYY	Ŷ	
City		State	Zip Code	Amount	t of Each I	Receint t	his Period		
	number of contributing political committee.	С				J			
Name o	Name of Employer (for Individual) Occupation (for Individual)								
	For: rimary General ther (specify)	Aggregate	Year-to-Date ▼						
SUBTOT	AL of Receipts This Page (optional)				, , , , , , , , , , , , , , , , , , ,	. ,	100.00	0	
TOTAL T	his Period (last page this line number	only)	••••••				1000.00	0	

	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE I (check only				
T 	EMIZED DISBURSEMENTS	for each	for each category of the Detailed Summary Page		one) 22 23 26 27 28b 28c x 29 30b			
	y information copied from such Reports and State for commercial purposes, other than using the nat							
\setminus								
	FIRST COLONIES ANESTHESIA	ASSOC						
Α.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associate	Date of Disbursement						
	Mailing Address 18 Pinkney Street	02 28 2018						
	,	State MD	Zip Code		FEC Identification Number			
	Annapolis Purpose of Disbursement		21401		C Transaction ID : SB29.12788 Amount of Each Disbursement this Period			
	Candidate Name			L				
	Canuluale Name			Category/ Type				
	Office Sought: House Disbursement For: Senate Primary				4166.66			
	State: District:	Other (spe	ciiy) ▼		Memo Item			
B.	Full Name (Last, First, Middle Initial) Supporters Of Thomas 'Mac' Middleton				Date of Disbursement			
	Mailing Address PO Box 2502		01 05 2018					
	City La Plata	State MD	Zip Code		FEC Identification Number			
	La Plata MD 20646 Purpose of Disbursement				C			
	Candidate Name			Category/ Type	Transaction ID : SB29.12787 Amount of Each Disbursement this Period			
	ice Sought: House Disbursement For: Senate Primary General President Other (specify)				1000.00			
	State: District:		;;;		Memo Item			
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement			
	Mailing Address							
		State	Zip Code		FEC Identification Number			
	Purpose of Disbursement				C			
	Candidate Name Category/ Type				Amount of Each Disbursement this Period			
	Office Sought: House Disbursement For: Senate Primary General							
	State: District: Other (specify)				Memo Item			
s	UBTOTAL of Disbursements This Page (optional).			····· >	5166.66			
т	OTAL This Period (last page this line number only	/)		••••••	5166.66			