

**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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		21436.53
(b) Cash on Hand at Beginning of Reporting Period.....	32915.31	
(c) Total Receipts (from Line 19)	0.00	31798.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32915.31	53234.79
7. Total Disbursements (from Line 31).....	30575.48	50894.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2339.83	2339.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2019 To: 12 / 31 / 2019

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	31798.26
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	31798.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	31798.26

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	575.48	605.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	575.48	605.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	30000.00	48289.48
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30575.48	50894.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30575.48	50894.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	575.48	605.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	575.48	605.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
PAC Banking Service Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.13006

Amount of Each Disbursement this Period

[REDACTED] 135.18

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Mailing Address 1445 New York Ave NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
PAC Banking Service Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.13007

Amount of Each Disbursement this Period

[REDACTED] 135.12

Memo Item

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
PAC Banking Service Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.13008

Amount of Each Disbursement this Period

[REDACTED] 135.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 405.36

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address 1445 New York Ave NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
PAC Banking Service Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2019			

FEC Identification Number

C

Transaction ID : SB21B.13009

Amount of Each Disbursement this Period

135.12

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

135.12

540.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. CITIZENS FOR ADRIENNE JONES

Full Name (Last, First, Middle Initial)
Mailing Address 17 West Courtland Street

City Bel Air State MD Zip Code 21014

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13047

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Citizens for Antonio Hayes

Full Name (Last, First, Middle Initial)
Mailing Address 1050 Hull Street Suite 120

City Baltimore State MD Zip Code 21230

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13075

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Citizens for Antonio Hayes

Full Name (Last, First, Middle Initial)
Mailing Address 1050 Hull Street Suite 120

City Baltimore State MD Zip Code 21230

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB29.13086

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Citizens for Bill Ferguson

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 13284

City Baltimore State MD Zip Code 21203

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2019

FEC Identification Number: C
Transaction ID : SB29.13079
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Citizens for Brian Feldman

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 34408

City Bethesda State MD Zip Code 20827

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB29.13071
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. CITIZENS FOR DELORES KELLE

Full Name (Last, First, Middle Initial)
Mailing Address 17 W. Courtland St. Suite 210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB29.13015
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. CITIZENS FOR DELORES KELLE

Full Name (Last, First, Middle Initial)
Mailing Address 17 W. Courtland St. Suite 210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2019

FEC Identification Number: C
Transaction ID : SB29.13087
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Citizens for Paul Pinsky

Full Name (Last, First, Middle Initial)
Mailing Address 4115 Hamilton Street

City Hyattsville State MD Zip Code 20781

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB29.13027
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Citizens for Saab

Full Name (Last, First, Middle Initial)
Mailing Address 2120 Bell Tower Drive

City Crownsville State MD Zip Code 21032

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB29.13061
Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Citizens for Teresa Reilly

Full Name (Last, First, Middle Initial)

Mailing Address 2051 Whiteford Road

City Whiteford State MD Zip Code 21160

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 27 / 2019

FEC Identification Number: C

Transaction ID : SB29.13092

Amount of Each Disbursement this Period: 250.00

Memo Item

B. Citizens Helping Elect Cheryl Kagan

Full Name (Last, First, Middle Initial)

Mailing Address 1048 Wintergreen Terrace

City Rockville State MD Zip Code 20850

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13013

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. COMMITTEE TO ELECT JON CARDIN

Full Name (Last, First, Middle Initial)

Mailing Address 12112 Garrison Forest Road

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13041

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Friends of Chris West

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 144

City Riderwood State MD Zip Code 21139

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: MD District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB29.13035
Amount of Each Disbursement this Period: 250.00

Memo Item

B. Friends of Clarence Lam

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 891

City Columbia State MD Zip Code 21044

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB29.13019
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Friends of Clarence Lam

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 891

City Columbia State MD Zip Code 21044

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2019

FEC Identification Number: C
Transaction ID : SB29.13089
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Friends of Guy Guzzone

Full Name (Last, First, Middle Initial)

Mailing Address 9702 Deep Smoke

City Columbia State MD Zip Code 21046

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13073

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Friends of J.B. Jennings

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10

City Belcamp State MD Zip Code 21017

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13011

Amount of Each Disbursement this Period: 250.00

Memo Item

C. Friends of Joseline Pena-Melnyk

Full Name (Last, First, Middle Initial)

Mailing Address 6011 Gettysburg Lane

City College Park State MD Zip Code 20740

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13057

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Friends Of Justin Ready

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 402

City Westminster State MD Zip Code 21158

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13029

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Friends of Karen Lewis Young

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3662

City Frederick State MD Zip Code 21705

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB29.13081

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Friends of Kathy Szeliga

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 862

City Pasadena State MD Zip Code 21123

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13063

Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Kirill Reznik

Mailing Address 18469 Stone Hollow Drive

City Germantown State MD Zip Code 20874

Purpose of Disbursement
PAC State Political Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MD District: 39

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB29.13059
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Malcolm Augustine

Mailing Address 3103 Belleview Ave

City Cheverly State MD Zip Code 20785

Purpose of Disbursement
PAC State Political Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB29.13031
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Mary Beth Carozza

Mailing Address PO Box 428

City Ocean City State MD Zip Code 21843

Purpose of Disbursement
PAC State Political Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB29.13067
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. FRIENDS OF NANCY KING

Full Name (Last, First, Middle Initial)

Mailing Address 9901 Shrewbury Court

City Montgomery Village State MD Zip Code 20886

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13017

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Friends of Nic Kipke

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 862

City Pasadena State MD Zip Code 21123

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13051

Amount of Each Disbursement this Period: 1500.00

Memo Item

C. FRIENDS OF NINO MANGIONE

Full Name (Last, First, Middle Initial)

Mailing Address 1205 York Rd, Suite 40

City Lutherville-Timonium State MD Zip Code 21093

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13055

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2250.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. FRIENDS OF OBIE PATTERSON

Full Name (Last, First, Middle Initial)

Mailing Address 5111 Ludlow Drive

City Temple Hills State MD Zip Code 20749

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13025

Amount of Each Disbursement this Period: 500.00

Memo Item

B. FRIENDS OF PAM BEIDLE

Full Name (Last, First, Middle Initial)

Mailing Address 17 W Courtland Street Suite 210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2019

FEC Identification Number: C

Transaction ID : SB29.13053

Amount of Each Disbursement this Period: 500.00

Memo Item

C. FRIENDS OF PAM BEIDLE

Full Name (Last, First, Middle Initial)

Mailing Address 17 W Courtland Street Suite 210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB29.13088

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Susan Krebs

Mailing Address 5835 Monroe Avenue

City
Eldersburg

State
MD

Zip Code
21784

Purpose of Disbursement
PAC State Political Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.13090

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Terri Hill

Mailing Address 6581 Belmont Woods Road

City
Elkridge

State
MD

Zip Code
21075

Purpose of Disbursement
PAC State Political Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.13045

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends to Re-Elect Addie Eckardt

Mailing Address 900 Marshy Cove
#304

City
Cambridge

State
MD

Zip Code
21613

Purpose of Disbursement
PAC State Political Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.13069

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

1250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. People For Pendergrass

Mailing Address PO Box 6711

City
Columbia

State
MD

Zip Code
21045

Purpose of Disbursement
PAC State Political Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2019			

FEC Identification Number

C

Transaction ID : SB29.13091

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

500.00

30000.00
