

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1901 RESEARCH BOULEVARD SUITE 350  
 Check if different than previously reported. (ACC)  
ROCKVILLE MD 20850

2. **FEC IDENTIFICATION NUMBER** C00416305  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Electronically Filed by Dr. Jeremy Roth Date 10 01 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		29548.64
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	35369.46									
(c) Total Receipts (from Line 19) .....	11515.00	29790.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	46884.46	59338.64								
7. Total Disbursements (from Line 31) .....	13144.16	25598.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33740.30	33740.30								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	10695.00	12995.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	820.00	16795.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11515.00	29790.00
(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) .....	11515.00	29790.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	11515.00	29790.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11515.00	29790.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	13144.16	25598.34
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	13144.16	25598.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13144.16	25598.34

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	11515.00	29790.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11515.00	29790.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Marc Beck		Date of Receipt
	Mailing Address 16 Norris Run Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Reisterstown	MD	21136
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4473
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John Bunker		Date of Receipt
	Mailing Address 15229 National Pike		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Hagerstown	MD	21740
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4429
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Donald Charney		Date of Receipt
	Mailing Address 3707 Meadowhill Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Phoenix	MD	21131
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4474
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stayam Chary		Date of Receipt
	Mailing Address 9 Alterwood Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Owings Mill	MD	21117
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4475
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 350.00	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Chau		Date of Receipt
	Mailing Address 7204 Loch Edin Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4448
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 350.00	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen		Date of Receipt
	Mailing Address 11415 Commonwealth Drive #204		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Rockville	MD	20852
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4451
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 150.00
		<input type="text"/> 350.00	payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Edward Chen		Date of Receipt
	Mailing Address 10209 Fleming Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4449
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jen Chen		Date of Receipt
	Mailing Address 1104 Mill Ridge Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	McLean	VA	22102
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4450
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William Chester		Date of Receipt
	Mailing Address 5801 Nicholon Lane #1915		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	North Bethesda	MD	20852
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4452
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore		Date of Receipt
	Mailing Address 4846 Lee Hollow Place		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Ellicott City	MD	21043
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4476
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="525.00"/>	<input type="text" value="225.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey		Date of Receipt
	Mailing Address 18720 Shremor Drive		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Derwood	MD	20855
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4453
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach		Date of Receipt
	Mailing Address 15114 Pepperridge Drive		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bowie	MD	20721
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4422
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="525.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 / 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 104 Ellingwood Lane		Transaction ID: SA11AI.4431
	City Frederick	State MD	Zip Code 21702
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Todd Epstein		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 11305 Struttman Terrace		Transaction ID: SA11AI.4486
	City North Bethesda	State MD	Zip Code 20852
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 4107 Vickie Lynn Court		Transaction ID: SA11AI.4432
	City Mt. Airy	State MD	Zip Code 21771
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	330.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli		Date of Receipt
	Mailing Address 504 Reserve Champion Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Rockvillern	MD	20850
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4433
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Grube		Date of Receipt
	Mailing Address 13895 Foxtower Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Thurmont	MD	21788
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4434
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Keith Hairston		Date of Receipt
	Mailing Address 12312 Highstakes Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Reisterstown	MD	21136
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4477
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 1614 Randallwood Court		<b>Transaction ID:</b> SA11AI.4479		
	City Jarrettsville	State MD	Zip Code 21084	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Sung Hong		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 8525 Huntspring Drive		<b>Transaction ID:</b> SA11AI.4480		
	City Lutherville	State MD	Zip Code 21093	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Hopper		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 4550 N. Park Avenue #101		<b>Transaction ID:</b> SA11AI.4487		
	City Chevy Chase	State MD	Zip Code 20815	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stuart Hough		Date of Receipt
	Mailing Address 9110 Travener Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Frederick	MD	21704
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4454
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 225.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Johnson		Date of Receipt
	Mailing Address 5506 Bootjack Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Frederick	MD	21702
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4435
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Christina Johnston		Date of Receipt
	Mailing Address 3458 Holland Cliffs Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Huntingtown	MD	20639
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4423
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 525.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 / 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James Kaufman		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 7514 Arrowwood Road		<b>Transaction ID:</b> SA11AI.4488
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia		Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 6579 Prestwick Drive		<b>Transaction ID:</b> SA11AI.4436
	City	State	Zip Code
	Highland	MD	20777
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia		Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Ko		Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 4101 Hunt Road		<b>Transaction ID:</b> SA11AI.4489
	City	State	Zip Code
	Fairfax	VA	22032
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia		Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri		Date of Receipt
	Mailing Address 11722 Split Tree Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4455
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt		Date of Receipt
	Mailing Address 3467 North Venice Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4490
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Malone		Date of Receipt
	Mailing Address 11667 Fairmont Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Ijamsville	MD	21754
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4437
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 225.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 525.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mollyann March	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 6504 Greentree Road	<b>Transaction ID:</b> SA11AI.4438
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen Martin	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 3336 O Street, NW	<b>Transaction ID:</b> SA11AI.4456
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Anna Noriega	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 603 Queen Street #4	<b>Transaction ID:</b> SA11AI.4457
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>675.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 / 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 12123 Merricks Court		<b>Transaction ID:</b> SA11AI.4439		
	City Monrovia	State MD	Zip Code 21770	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Philip Owens		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 141 Adams Street, NW		<b>Transaction ID:</b> SA11AI.4458		
	City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Park		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 821 Oak Knoll Terrace		<b>Transaction ID:</b> SA11AI.4459		
	City Rockville	State MD	Zip Code 20850	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 30						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis		Date of Receipt
	Mailing Address 1813 Solitaire Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4460
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Peck		Date of Receipt
	Mailing Address 4 Farm Haven Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Rockville	MD	20852
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4491
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 225.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba		Date of Receipt
	Mailing Address 8400 Tysons Trace Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2008
	City	State	Zip Code
	Vienna	VA	22182
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4461
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 525.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 3912 Calverton Drive		<b>Transaction ID:</b> SA11AI.4492		
	City Hyattsville	State MD	Zip Code 20782	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Clyde Pray		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 908 Oak Knoll Terrace		<b>Transaction ID:</b> SA11AI.4503		
	City Rockville	State MD	Zip Code 20850	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 1819 N. Greenleese Drive		<b>Transaction ID:</b> SA11AI.4442		
	City Frederick	State MD	Zip Code 21701	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 350.00		

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

450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 / 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Marianne Ries		Date of Receipt
	Mailing Address 114 Midtown Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Gaithersburg	MD	20878
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4462
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto		Date of Receipt
	Mailing Address 6409 Pinehurst Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Baltimore	MD	21212
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4483
Name of Employer First Colonis Anesthesia		Occupation Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson		Date of Receipt
	Mailing Address 2212 Dalewood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Timonium	MD	21093
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4484
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Jeremy Roth

Mailing Address 913 Hillstead Drive

City State Zip Code  
Lutherville MD 21093

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2008

**Transaction ID:** SA11AI.4424

Amount of Each Receipt this Period  
90.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Alexander Rubin

Mailing Address 6611 Hunter Trail Way

City State Zip Code  
Frederick MD 21702

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2008

**Transaction ID:** SA11AI.4443

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Suzanne Scattergood

Mailing Address 14700 Crossway Road

City State Zip Code  
Rockville MD 20853

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2008

**Transaction ID:** SA11AI.4444

Amount of Each Receipt this Period  
300.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **540.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman		Date of Receipt
	Mailing Address 8010 Summer Mill Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4463
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Nader Soliman		Date of Receipt
	Mailing Address 22905 David Mill Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Germantown	MD	20876
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4464
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Study		Date of Receipt
	Mailing Address 6 Beall Spring Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 25 / 2008
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4493
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan		Date of Receipt
	Mailing Address 2454 Five Schillings Road		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4445
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan		Date of Receipt
	Mailing Address 2454 Five Schillings Road		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4446
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Louis Swann		Date of Receipt
	Mailing Address PO Box 6081		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	McLean	VA	22106
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4494
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Dr. John Tam

Mailing Address 10905 Cripplegate Road

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4466

Amount of Each Receipt this Period

150.00

payroll deduction

B.

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

Mailing Address 507 Goodland Place

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4495

Amount of Each Receipt this Period

150.00

payroll deduction

C.

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

Mailing Address 10013 New London Drive

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.4467

Amount of Each Receipt this Period

150.00

payroll deduction

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

450.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 22 Woodfield Court	<b>Transaction ID:</b> SA11AI.4425
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 405 Apple Grove Road	<b>Transaction ID:</b> SA11AI.4426
	City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 71401 Meadow Lane	<b>Transaction ID:</b> SA11AI.4468
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 30  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Vogt

Mailing Address 1149 Colonial Road

City State Zip Code  
McLean VA 22101

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2008

**Transaction ID:** SA11AI.4497

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Christopher Wahlgren

Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2008

**Transaction ID:** SA11AI.4469

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Timothy Wex

Mailing Address 11429 Cedar Ridge Drive

City State Zip Code  
Potomac VA 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2008

**Transaction ID:** SA11AI.4498

Amount of Each Receipt this Period  
150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Wheeler	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 7108 Collingwood Court	<b>Transaction ID:</b> SA11AI.4485
	City State Zip Code Elkridge MD 21075	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 611 W. 2nd Street	<b>Transaction ID:</b> SA11AI.4427
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon	Date of Receipt MM / DD / YYYY 09 / 25 / 2008
	Mailing Address 18212 Wickham Road	<b>Transaction ID:</b> SA11AI.4428
	City State Zip Code Olney MD 20832	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Aiqin Yu

Mailing Address 13508 Gumspring Road

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2008

**Transaction ID:** SA11AI.4472

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jungim Yun

Mailing Address 2057 Thurston Road

City State Zip Code  
Frederick MD 21704

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2008

**Transaction ID:** SA11AI.4447

Amount of Each Receipt this Period  
150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ► **10695.00**

**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)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transaction ID: SB29.4507 Date of Disbursement
	Mailing Address 18 Pinkney Street	<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement lobbying fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transaction ID: SB29.4508 Date of Disbursement
	Mailing Address 18 Pinkney Street	<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement lobbying fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Transaction ID: SB29.4509 Date of Disbursement
	Mailing Address 18 Pinkney Street	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Annapolis State MD Zip Code 21401	Amount of Each Disbursement this Period
	Purpose of Disbursement lobbying fees	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dan Koontz <hr/> Mailing Address 1901 Research Blvd. #350 <hr/> City Rockville State MD Zip Code 20850 <hr/> Purpose of Disbursement meals reimbursements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4514 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 144.16
	Category/ Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Maryland Republican Party <hr/> Mailing Address 15 West Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4512 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 10000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10144.16

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

13144.16