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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE 1901 RESEARCH BOULEVARD SUITE 350 ADDRESS (number and street) Check if different than previously **ROCKVILLE** MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00416305 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Jeremy Roth Type or Print Name of Treasurer Electronically Filed by Dr. Jeremy Roth 10 0 1 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE [®] D " D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 29548.64 January 1 (b) Cash on Hand at 35369.46 Begining of Reporting Period 11515.00 29790.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 46884.46 59338.64 6(a) and 6(c) for Column B) 13144.16 25598.34 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 33740.30 33740.30 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	0 7 0 1 Y Y W Y Y T	o: 0 9 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	10695.00	12995.00
(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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11515.00	29790.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Fu	ınds	
(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

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 0.00 0.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 13144.16 25598.34 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 13144.16 25598.34 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 13144.16 25598.34 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	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

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	tatements may not be sold or used by any personame and address of any political committee to SOCIATES LLC POLITICAL ACTION C	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Court City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21136 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pike City Hagerstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21740 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M D D 2 5 2 0 0 8
Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Cour City Phoenix FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21131 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M D D 25 2008
SUBTOTAL of Receipts This Page (optional)		450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 30 (check only one) X 11a
5	ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA AS	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Stayam Chary			Date of Receipt
	Mailing Address 9 Alterwood Lane	01-1-	7'- 0-1-	09 25 2008
	City Owings Mill	State MD	Zip Code 21117	Transaction ID: SA11AI.4475 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Dr. Thomas Chau			Date of Receipt
	Mailing Address 7204 Loch Edin Cou	rt		09 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.4448
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00 payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroli deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
_	Full Name (Last, First, Middle Initial) Dr. Dwayn Chen			Date of Receipt
	Mailing Address 11415 Commonweal #204	th Drive		09 25 2008
	City Rockville	State MD	Zip Code 20852	Transaction ID: SA11AI.4451 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			150.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	l		450.00

П	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS ny information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Oi	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and ad	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Avenue City Bethesda	State MD	Zip Code 20814	Date of Receipt 0 9 2 5 2 0 0 8 Transaction ID: SA11AI.4449 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary Other (specify)	Occupation Physicial Aggregate		payroll deduction
В.	Full Name (Last, First, Middle Initial) Dr. Jen Chen Mailing Address 1104 Mill Ridge Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State VA C Occupation Physicia Aggregate		Date of Receipt M M M
 C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William Chester Mailing Address 5801 Nicholon Lane #1915 City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupation Physicia Aggregate		Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		350.00	450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/30 (check only one) X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO	OCIATES L	LC POLITICAL ACTION CC	DMMITTEE
/	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore			Date of Receipt
	Mailing Address 4846 Lee Hollow Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4476
	Ellicott City	MD	21043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer First Colonies Anesthsia	Occupatio Physicial		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey			Date of Receipt
	Mailing Address 18720 Shremor Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4453
	Derwood	MD	20855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicial		payroll deduction
	Receipt For:	<u> </u>	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach			Date of Receipt
	Mailing Address 15114 Pepperridge Driv	'e		0 9 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4422
	Bowie	MD	20721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
				525.00

Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction Amount of I Date of Receipt For: Name of Employer For City State Zip Code Transaction Amount of I Date of Receipt For: Name of Employer First Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Terrace City State Zip Code Transaction Amount of I Date of Receipt For: Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City State Zip Code Transaction Tran	UMBER: PAGE 10 / 30 ne) 11b 11c 12 14 15 16 17
A. Full Name (Last, First, Middle Initial) Dr. Danielle Dugan Mailing Address 104 Ellingwood Lane City State Zip Code Transaction FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Terrace City State Zip Code MD 299.00 Date of Rec M 299.00 Transaction North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Mailing Address 4107 Vickie Lynn Court City State Zip Code MD 21771 City State Zip Code MD 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Transaction Amount of I Transaction Amount of I Aggregate Year-to-Date ▼ Payroll ded	e of soliciting contributions ons from such committee.
Mailing Address 104 Ellingwood Lane City State Zip Code Transaction Frederick MD 21702 Name of Employer First Colonies Anesthesia Receipt For: Primary General Otter (Specify) ▼ Pill Name (Last, First, Middle Initial) Dr. Todd Epstein MD 20852 City State Zip Code MD 21702 Amount of I Physician Physician Pull Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Terrace City State Zip Code MD 20852 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Receipt For: Primary General Otter (Specify) ▼ Date of Rec Date of Rec M D 20852 Transaction Amount of I Date of Rec M D 20852 Date of Rec M D 20852 Transaction Amount of I Date of Rec M	
City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia For ID number of contributing federal political committee. Name of Employer First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Terrace City State Zip Code Physician Receipt For: Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Receipt For: Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction Amount of I Date of Rec Date of Rec Date of Rec MID 20852 Transaction Amount of I Date of Rec Date of Rec MID 21771 Date of Rec MID 21771 Date of Rec MID 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Date of Rec MID 21771 Date of Rec MID 21771 Amount of I Date of Rec MID 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼	<u> </u>
Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Terrace City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Cupation Physician Receipt For: Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Date of Receipt For: Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City Mt. Airy MD 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Poate of Receipt For: Mailing Address 4107 Vickie Lynn Court City Mt. Airy MD 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Amount of I Payroll ded Payroll ded Payroll ded	25 2008
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Receipt For:	90.00
Primary General Other (specify) ▼	duction
Date of Rec Mailing Address 11305 Struttman Terrace City North Bethesda MD 20852 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City State Zip Code MD 20852 Amount of I Payroll ded Payroll ded Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Amount of I Date of Rec M M M 20852 Date of Rec M M M M 20852 Date of Rec M M M M M M M M M M M M M M M M M M M	
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North Bethesda MD 20852 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City State Zip Code Transaction Mt. Airy MD 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Payroll ded	25 2008
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City State Zip Code Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ payroll ded payroll ded payroll ded payroll ded payroll ded payroll ded Aggregate Year-to-Date ▼ Payroll ded	on ID: SA11Al.4486
First Colonies Anesthesia Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City State Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Aggregate Year-to-Date ▼ Date of Receipt For: MD 21771 Amount of I Payroll ded Payroll ded Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Payroll ded	Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City State Zip Code Mt. Airy MD 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Date of Receipt Fore Amount of I C Payroll ded	uction
Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Court City State Zip Code Mt. Airy MD 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Date of Rec. M M M / 0 9 Transaction Amount of I C Aggregate Year-to-Date ▼	
City Mt. Airy MD 21771 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General O 9 Transaction Amount of I Occupation Physician Aggregate Year-to-Date 210.00	eceipt
Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General MD 21771 Amount of I C payroll ded	25 4 2008
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General C Occupation Physician Aggregate Year-to-Date 210.00	on ID: SA11AI.4432 Each Receipt this Period
First Colonies Anesthesia Receipt For: Primary General Occupation Physician Aggregate Year-to-Date	90.00
Primary General 310.00	duction
Other (specify)	
SUBTOTAL of Receipts This Page (optional)	330.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	pory of the (Check Grilly Grie)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and address of any politi	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli Mailing Address 504 Reserve Champio City Rockvillem FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State Zip Code MD 20850 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Dr. Steven Grube Mailing Address 13895 Foxtower Road City Thurmont FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21788 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Keith Hairston Mailing Address 12312 Highstakes Driv City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21136 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		450.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 30 (check only one) X 11a
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth Mailing Address 1614 Randallwood Co City Jarretsville FEC ID number of contributing	State MD	Zip Code 21084	Date of Receipt M M M
Receipt For: Primary Other (specify)	Occupation Physician		payroll deduction
 Full Name (Last, First, Middle Initial) Dr. Sung Hong Mailing Address 8525 Huntspring Drive)		Date of Receipt 0 9 2 5 2 0 0 8
City Lutherville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation		Transaction ID: SA11AI.4480 Amount of Each Receipt this Period 150.00 payroll deduction
Receipt For: Primary General Other (specify)	Physiciar Aggregate	n Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Steven Hopper Mailing Address 4550 N. Park Avenue #101			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chevy Chase FEC ID number of contributing federal political committee.	State MD	Zip Code 20815	Transaction ID: SA11AI.4487 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		payroll deduction
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS		
Full Name (Last, First, Middle Initial) Dr. Stuart Hough Mailing Address 9110 Travener Circle City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21704 C Occupation Physician Aggregate Year-to-Date 525.00	Date of Receipt M M M D D D 2 5 2 0 0 8
Full Name (Last, First, Middle Initial) Dr. David Johnson Mailing Address 5506 Bootjack Drive City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21702 C Occupation Physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 25 / 2 0 0 8 Transaction ID: SA11AI.4435 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Christina Johnston Mailing Address 3458 Holland Cliffs Ro City Huntingtown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20639 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M D D D 25 2008 Transaction ID: SA11AI.4423 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)		525.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 30 (check only one) X
,	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. James Kaufman			Date of Receipt
	Mailing Address 7514 Arrowwood Roa	a 		09 25 2008
	City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.4488 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol			Date of Receipt
	Mailing Address 6579 Prestwick Drive			0 9 2 5 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4436
	Highland	MD	20777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00 payroll deduction
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payron deddenon
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
_	Full Name (Last, First, Middle Initial) Dr. Richard Ko	Date of Receipt		
	Mailing Address 4101 Hunt Road			0 9 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4489
	Fairfax FEC ID number of contributing	VA	22032	Amount of Each Receipt this Period
	federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia	n	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .	1		450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/30 (check only one) X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:	e name and add	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree Circl City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- В.	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt Mailing Address 3467 North Venice Str City Arlington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State VA C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ c.	Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place City Ijamsville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)			525.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	Statements may not be sold or used by any persename and address of any political committee to SOCIATES LLC POLITICAL ACTION C	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Road City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20817 C Occupation Physician Aggregate Year-to-Date ▼ 525.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Stephen Martin Mailing Address 3336 O Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code DC 20007 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Anna Noriega Mailing Address 603 Queen Street #4 City Alexandria FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22314 C Occupation Physician Aggregate Year-to-Date ▼ 700.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		675.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30 (check only one) X
or for o	formation copied from such Reports and Stocommercial purposes, other than using the of ME OF COMMITTEE (In Full) RST COLONIES ANESTHESIA ASSO	name and add	dress of any political committee to	
A. Dr. Mai City Mc FEG fed Nar	I Name (Last, First, Middle Initial) Denis O'Fallon illing Address 12123 Merricks Court onrovia C ID number of contributing eral political committee. me of Employer st Colonies Anesthesia ceipt For:	State MD C Occupation Physician		Date of Receipt M M M
3. <u>Dr.</u>	Primary General Other (specify) I Name (Last, First, Middle Initial) Philip Owens	0 0	350.00	Date of Receipt
City Wa FE' fed Nar Firs	iling Address 141 Adams Street, NW y ashington C ID number of contributing eral political committee. me of Employer st Colonies Anesthesia ceipt For: Primary General Other (specify)	State DC C Occupation Physician		Transaction ID: SA11AI.4458 Amount of Each Receipt this Period 150.00 payroll deduction
City Ro FEG Nar	I Name (Last, First, Middle Initial) Paul Park illing Address 821 Oak Knoll Terrace y ockville C ID number of contributing eral political committee. me of Employer st Colonies Anesthesia ceipt For: Primary General Other (specify)	State MD C Occupatio Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBT	IOTAL of Receipts This Page (optional))	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedi for each category of Detailed Summary P	the Crieck only only
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis Mailing Address 1813 Solitaire Lane City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22101 C Occupation Physician Aggregate Year-to-Date 356	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Michael Peck Mailing Address 4 Farm Haven Court City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20852 C Occupation Physician Aggregate Year-to-Date 528	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8400 Tysons Trace Co City Vienna FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22182 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M Z D Z D Z D O 8 Transaction ID: SA11Al.4461 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)		525.00

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
FIRST COLONIES ANESTHESIA AS	SSOCIATES LLC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic Mailing Address 3912 Calverton Drive)	Date of Receipt 0 9 2 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4492
<u>Hyattsville</u>	MD 20782	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Clyde Pray		Date of Receipt
Mailing Address 908 Oak Knoll Terrac	ce	09 25 7 2008
City	State Zip Code	Transaction ID: SA11AI.4503
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	payroll deduction
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney		Date of Receipt
Mailing Address 1819 N. Greenleese I	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fraderick	State Zip Code MD 21701	Transaction ID: SA11AI.4442
Frederick FEC ID number of contributing federal political committee.	MD 21701	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		450.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 30 (check only one) X
A	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Marianne Ries Mailing Address 114 Midtown Road City Gaithersburg FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation Physician	า	Date of Receipt M M 25 2008 Transaction ID: SA11AI.4462 Amount of Each Receipt this Period 150.00 payroll deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.4483
	Baltimore FEC ID number of contributing federal political committee.	C	21212	Amount of Each Receipt this Period 150.00 payroll deduction
	Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
_).	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood Road			Date of Receipt
	City	State	Zip Code	0 9 2 5 2 0 0 8 Transaction ID: SA11AI.4484
	<u>Timonium</u>	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	,	Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)			450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/30 (check only one)
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO	OCIATES L	LC POLITICAL ACTION CC	MMITTEE
<u>/</u>	Full Name (Last, First, Middle Initial) Dr. Jeremy Roth			Date of Receipt
	Mailing Address 913 Hillstead Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.4424
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin			Date of Receipt
	Mailing Address 6611 Hunter Trail Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4443
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood			Date of Receipt
	Mailing Address 14700 Crossway Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4444
	Rockville	MD	20853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
_	UBTOTAL of Receipts This Page (optional)			540.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/30 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persongers of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman			Date of Receipt
Mailing Address 8010 Summer Mill	Court		0 9 2 5 2 0 0 8
City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.4463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Nader Soliman	I		Date of Receipt
Mailing Address 22905 David Mill R	oad		0 9 2 5 Y Y Y Y Y Y
City Germantown	State MD	Zip Code 20876	Transaction ID: SA11AI.4464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20070	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Robert Study			Date of Receipt
Mailing Address 6 Beall Spring Cou	rt		0 9 2 5 2 0 0 8
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4493 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20034	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	al)		450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/30 (check only one) X 11a
An or f	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:	SOCIATES L	LC POLITICAL ACTION CC	DMMITTEE
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan			Date of Receipt
	Mailing Address 2454 Five Schillings F	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.4445
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthsia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan			Date of Receipt
	Mailing Address 2454 Five Schillings F	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4446
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Louis Swann			Date of Receipt
	Mailing Address PO Box 6081			0 9 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4494
	McLean	VA	22106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		350.00]
	JBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/30 (check only one) X 11a
Any information copied from such Report or for commercial purposes, other than us	s and Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES			
Full Name (Last, First, Middle Initial) Dr. John Tam			Date of Receipt
Mailing Address 10905 Cripplega	ite Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4466
Potomac FEC ID number of contributing federal political committee.	MD C	20854	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	- ' ' -	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Rojack Tan	I		Date of Receipt
Mailing Address 507 Goodland P	lace		09 25 7 2008
City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.4495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20000	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Bernard Tsai	I		Date of Receipt
Mailing Address 10013 New Lond	don Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4467
FEC ID number of contributing federal political committee.	C	20034	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	- ' ' '	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (opt	ional)		450.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	2 Separate Seriedale(S)		FOR LINE NUMBER: PAGE 25 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16		
0	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may r name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES LL	C POLITICAL ACTION CO	DMMITTEE		
۷.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon			Date of Receipt		
	Mailing Address 22 Woodfield Court			09 / 25 / Y Y Y Y Y		
	City Reisterstown	State MD	Zip Code 21136	Transaction ID: SA11AI.4425 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	21100	150.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction		
	Receipt For: Primary General Other (specify)	, ' 	/ear-to-Date ▼ 350.00			
- 3.	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief			Date of Receipt		
	Mailing Address 405 Apple Grove Road	09 25 2008				
	City	State	Zip Code	Transaction ID: SA11AI.4426		
	Silver Spring	MD	20904	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		150.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction		
	Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 350.00			
_	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice			Date of Receipt		
	Mailing Address 71401 Meadow Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.4468		
	Chevy Chase FEC ID number of contributing federal political committee.	C	20815	Amount of Each Receipt this Period		
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction		
	Receipt For: Primary General Other (specify) ▼	, '	/ear-to-Date ▼ 350.00			
Γ	SUBTOTAL of Receipts This Page (optional)	1		450.00		

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS:		person for the purpose of soliciting contributions see to solicit contributions from such committee. COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Mark Vogt Mailing Address 1149 Colonial Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22101 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows City Great Falls FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Lane State Zip Code VA 22066 C Occupation Physician Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Timothy Wex Mailing Address 11429 Cedar Ridge D City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 20854 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M D D Z 5 Z 0 0 8
SUBTOTAL of Receipts This Page (optional)		450.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		ED RECEIPTS for each category of the Detailed Summary Page	
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) P FIRST COLONIES ANESTHESIA AS	e name and add	dress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 7108 Collingwood Co City Elkridge FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation Physician	1	Date of Receipt M M M D D D 25 2008 Transaction ID: SA11AI.4485 Amount of Each Receipt this Period 150.00 payroll deduction
	Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 350.00	
	Dr. Thomas Wherry Mailing Address 611 W. 2nd Street City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupation Physician Aggregate		Date of Receipt M M
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Howard Wilpon Mailing Address 18212 Wickham Road City Olney	State MD	350.00 Zip Code 20832	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		payroll deduction
5	SUBTOTAL of Receipts This Page (optional) .			450.00

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PAGE 28/30 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Dr. Aiqin Yu Mailing Address 13508 Gumspring Road 09 25 2008 City State Zip Code Transaction ID: SA11AI.4472 Rockville MD 20850 Amount of Each Receipt this Period FEC ID number of contributing 150.00 C federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 350.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Jungim Yun Date of Receipt Mailing Address 2057 Thurston Road 0 9 25 2008 City State Zip Code Transaction ID: SA11AI.4447 **Frederick** MD 21704 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date ▼

350.00

SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	•	10695.00

Primary

Other (specify)

General

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis Mailing Address 18 Pinkney Street City City State District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis Mailing Address 18 Pinkney Street City Annapolis Mailing Address 18 Pinkney Street City Category/ Type Office Sought: House Senate President Other (specify) Other (specify) Other (specify) Transaction ID: SB29.4508 Date of Disbursement Other (specify) Type Amount of Each Disbursement this Perio Annapolis Amount of Each Disbursement this Perio Category/ Type Office Sought: House Senate President Other (specify) Other (specify) Type Office Sought: House Senate President Other (specify) Type Office Sought: House Senate President Other (specify) Type Office Sought: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Transaction ID: SB29.4509 Date of Disbursement Other (specify) Transaction ID: SB29.4509 Date of Disbursement			arate schedule(s)	(check only	NUMBER: PAGE 29/30 one)
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City State Zip Code Annapolis Annapolis NB 21401 Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis NB 21401 Purpose of Disbursement For: City State Zip Code Annapolis NB 21401 Purpose of Disbursement For: City State Zip Code Annapolis NB 21401 Purpose of Disbursement Expression NB 21401 Purpose of Disbursement District: Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Senate Primary General Other (specify) ▼ Transaction ID: SB29.4508 Date of Disbursement this Perio Category/ Type Office Sought: House President Other (specify) ▼ Transaction ID: SB29.4508 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.4508 Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Transaction ID: SB29.4509 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.4509 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.4509 Date of Disbursement this Perio Category/ Type Transaction ID: SB29.4509 Date of Disbursement this Perio Category/ Type Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29.4509 Date of Disbursement this Perio Category/ Type Office Sought: House President Tor: Primary General Other (specify) ▼ Transaction ID: SB29.4508 Date of Disbursement this Perio Category/ Type Office Sought: House President Type General Other (specify) ▼ Office Sought: House President Type General Other (specify) ▼ Office Sought: House President Type General Other (specify) ▼	EMIZED DISBURSEMENTS			21b	22 23 24 25
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City					
Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City	NAME OF COMMITTEE (In Full)				
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Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City Annapolis MD 21401 Purpose of Disbursement tobbying fees Candidate Name Office Sought: House Primary General Other (specify) ▼ Category/ Type Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29, 4508 Date of Disbursement this Perior Category/ Type Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29, 4508 Date of Disbursement this Perior Type Office Sought: House Primary General Other (specify) ▼ Transaction ID: SB29, 4509 Date of Disbursement this Perior Date of Disbursement this Perior Type Office Sought: House State Zip Code MD 21401 Purpose of Disbursement tobbying fees Candidate Name Disbursement For: Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Mailing Address 18 Pinkney Street				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N \\ 2 & 0 & 0 & 8 \end{bmatrix}$
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Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates Mailing Address 18 Pinkney Street City State Zip Code Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Office (specify) Office Specify) Office Sought: Other (specify) Other (specify) Other (specify) Transaction ID: SB29.4509 Date of Disbursement Office Specify Space Space Senate Senate Other (specify) Other (specify) Other (specify)	Senate President	Primary			
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Annapolis MD 21401 Purpose of Disbursement lobbying fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) President Other (specify)	Mailing Address 18 Pinkney Street				$\begin{bmatrix}\begin{smallmatrix}M9M\\09\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D25\\25\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y23038\end{smallmatrix}\end{bmatrix}^Y$
lobbying fees Candidate Name Category/ Type Office Sought:					Amount of Each Disbursement this Period
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Senate Primary General President Other (specify) ▼					
		Primary			
	President				

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	ATES LLC POLITICAL AC	TION COM	NITTEE	
Full Name (Last, First, Middle Initial) Dan Koontz			Transaction ID: SB29.4514 Date of Disbursement	
Mailing Address 1901 Research Blvd. #350			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $	
7	State Zip Code MD 20850		Amount of Each Disbursement this Period	
Purpose of Disbursement meals reimbursements		001	144.16	
Candidate Name		Category/ Type		
Senate President	ement For: Primary Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Maryland Republican Party			Transaction ID: SB29.4512 Date of Disbursement	
Mailing Address 15 West Street			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} T \\ N \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \Big]$	
	State Zip Code MD 21401		Amount of Each Disbursement this Period	
Purpose of Disbursement contribution			10000.00	
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: 2008 Primary X General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	10144.16
TOTAL This Period (last page this line number only)	•	13144.16

State: MD

District: