

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
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Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. **12FE4M5**
First Colonies Anesthesia Associates, LLC Political Action Committee

ADDRESS (number and street) **1901 Research Park, Suite 350**
 Check if different than previously reported. (ACC)
Rockville MD 20850

2. **FEC IDENTIFICATION NUMBER** ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00416305

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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

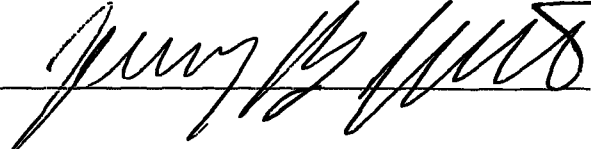
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 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 **01 01 2007** through **06 30 2007**

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 **Jeremy Roth, MD**

Signature of Treasurer  Date **08 06 2007**

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

27039504038

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		15,412.77
(b) Cash on Hand at Beginning of Reporting Period.....	15,412.77	
(c) Total Receipts (from Line 19).....	28,790.00	28,790.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44,202.77	44,202.70
7. Total Disbursements (from Line 31).....	3,927.30	3,927.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40,275.47	40,275.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

27039504039

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: 01 / 01 / 2007 To: 06 / 30 / 2007

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).....	28,790.00	28,790.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	28,790.00	28,790.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	28,790.00	28,790.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28,790.00	28,790.00

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DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,200.00	1,200.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	2,727.30	2,727.30
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 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) from Line 31)	3,927.30	3,927.30

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)	28,790.00	28,790.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28,790.00	28,790.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1 OF 26		
	(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

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

A. Thomas K. Chau, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 7204 Loch Edin Court
 City State Zip Code
 Rockville, MD 20854
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 Amount of Each Receipt this Period
 400.00
 50 per payroll contribution

B. Edward G. Chen, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 10209 Fleming Ave
 City State Zip Code
 Bethesda, MD 20814
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 Amount of Each Receipt this Period
 400.00
 50 per payroll contribution

C. Jen W. Chen, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 1104 Mill Ridge
 City State Zip Code
 McLean, VA 22102
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 Amount of Each Receipt this Period
 400.00
 50 per payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

27039504043

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

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

FOR LINE NUMBER: PAGE 2 OF 26
(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

Full Name (Last, First, Middle Initial)

Date of Receipt

A. Dwayne Chen, M.D.
Mailing Address
11415 Commonwealth Dr., Unit 204
City State Zip Code
Rockville, MD 20852

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee. C

50 per payroll deduction

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Full Name (Last, First, Middle Initial)

Date of Receipt

B. Melvin V. Coursey, M.D.
Mailing Address
18720 Shremor Drive
City State Zip Code
Derwood, MD 20855

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee. C

50 per payroll deduction

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Full Name (Last, First, Middle Initial)

Date of Receipt

C. Lauren J. DeLoach, M.D.
Mailing Address
15114 Pepperidge Drive
City State Zip Code
Bowie, MD 20721

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee. C

50 per payroll deduction

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 26	
	(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

Full Name (Last, First, Middle Initial) A. Danielle A. Dugan, D.O.		Date of Receipt
Mailing Address 19053 Sawyer Terrace		Amount of Each Receipt this Period 400.00
City	State Zip Code	
Germantown, MD 20874		50.00 per payroll deduction
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Todd A. Epstein, M.D.		Date of Receipt
Mailing Address 11305 Struttman Terrace		Amount of Each Receipt this Period 400.00
City	State Zip Code	
North Bethesda, MD 20852		50 per month payroll deduction
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Tamara H. Gabrielli, M.D.		Date of Receipt
Mailing Address 504 Reserve Champion Drive		Amount of Each Receipt this Period 400.00
City	State Zip Code	
Rockville, MD 20850		50 per month payroll deduction
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 26	
	<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

Full Name (Last, First, Middle Initial) A. Steven M. Grube, D.O.		Date of Receipt
Mailing Address 13895 Foxtower Road		
City	State	Zip Code
Thurmont, MD		21788
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Steven Hopper, M.D.		Date of Receipt
Mailing Address 4550 North Park Ave, #101		
City	State	Zip Code
Chevy Chase, MD		20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Stuart W. Hough, M.D.		Date of Receipt
Mailing Address 9110 Travener Circle		
City	State	Zip Code
Frederick, MD		21704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	75 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 26	
	(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"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

A. David A. Johnson, M.D.

Full Name (Last, First, Middle Initial)
Mailing Address
5506 Bootjack Dr.
City State Zip Code
Frederick, MD 21702

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
11/01/03

Amount of Each Receipt this Period
400.00

50 per payroll deduction

B. Cristina Chan Johnson, M.D.

Full Name (Last, First, Middle Initial)
Mailing Address
3458 Holland Cliffs Road
City State Zip Code
Huntingtown, MD 20639

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
11/01/03

Amount of Each Receipt this Period
350.00

50 per payroll deduction

C. James A. Kaufman, M.D.

Full Name (Last, First, Middle Initial)
Mailing Address
7514 Arrowood Road
City State Zip Code
Bethesda, MD 20817

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
11/01/03

Amount of Each Receipt this Period
400.00

50 per payroll deduction

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

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

27039504047

**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 OF 26
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)
A. Cynthia E. Kenol, M.D.

Mailing Address
6579 Prestwick Drive

City State Zip Code
Highland, MD 20777

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MAY 10 2007

Amount of Each Receipt this Period
400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Richard J. Ko, M.D.

Mailing Address
4101 Hunt Road

City State Zip Code
Fairfax, VA 22032

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MAY 10 2007

Amount of Each Receipt this Period
400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Harkisan A. Laheri, M.D.

Mailing Address
11722 Split Tree Circle

City State Zip Code
Potomac, MD 20854

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MAY 10 2007

Amount of Each Receipt this Period
400.00

50 per payroll deduction

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

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

27039504048

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 26	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial) A. Kathleen A. Leavitt, M.D.		Date of Receipt
Mailing Address 3467 N. Venice		Amount of Each Receipt this Period 400.00
City Arlington, VA 22207	State Zip Code	
FEC ID number of contributing federal political committee. C		50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas E. Malone, M.D.		Date of Receipt
Mailing Address 11667 Fairmont Place		Amount of Each Receipt this Period 600.00
City Liamsville, MD 21754	State Zip Code	
FEC ID number of contributing federal political committee. C		75 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mollyann G. March, M.D.		Date of Receipt
Mailing Address 6504 Greentree Road		Amount of Each Receipt this Period 600.00
City Bethesda, MD 20817	State Zip Code	
FEC ID number of contributing federal political committee. C		75 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504049

**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 OF 26	
	<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

Full Name (Last, First, Middle Initial) A. Stephen D. Martin, M.D.		Date of Receipt
Mailing Address 3336 O Street NW		
City	State	Zip Code
Washington D.C.		20007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates		50 per payroll deduction
Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Anna L. Noriega, M.D.		Date of Receipt
Mailing Address 603 Queen Street, #4		
City	State	Zip Code
Alexandria, VA		22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer First Colonies Anesthesia Associates		100 per payroll deduction
Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Dennis J. O'Fallon, M.D.		Date of Receipt
Mailing Address 12123 Merricks Court		
City	State	Zip Code
Monrovia, MD		21770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates		50 per payroll deduction
Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504050

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

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

FOR LINE NUMBER: PAGE 9 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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

Full Name (Last, First, Middle Initial)

A. H. Philip Owens, M.D.

Mailing Address

141 Adams Street, NW

City

State

Zip Code

Washington D.C. 20001

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10/15/2003

Amount of Each Receipt this Period

400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Paul M. Park, M.D.

Mailing Address

821 Oak Knoll Terrace

City

State

Zip Code

Rockville, MD 20850

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10/15/2003

Amount of Each Receipt this Period

400.00

50 payroll deduction

Full Name (Last, First, Middle Initial)

C. Michael J. Peck, M.D.

Mailing Address

4 Farm Haven Court

City

State

Zip Code

Rockville, MD 20852

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10/15/2003

Amount of Each Receipt this Period

600.00

75 payroll deduction

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

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

27039504051

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

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

FOR LINE NUMBER: PAGE 10 OF 26

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

A. Ramani Peruvemba, M.D.

Date of Receipt

Mailing Address

8400 Tysons Trace Court

City

State

Zip Code

Vienna, VA 22182

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

400.00

Name of Employer

Occupation

First Colonies Anesthesia Associates

Anesthesiologist

50 per payroll deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

400.00

Full Name (Last, First, Middle Initial)

B. Eugen Arpad Pirovic, M.D.

Date of Receipt

Mailing Address

3912 Calverton Drive

City

State

Zip Code

Hyattsville, MD 20782

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

400.00

Name of Employer

Occupation

First Colonies Anesthesia Associates

Anesthesiologist

50 per payroll deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

400.00

Full Name (Last, First, Middle Initial)

C. Clyde W. Pray, M.D.

Date of Receipt

Mailing Address

13517 Hunting Hill Way

City

State

Zip Code

North Potomac, MD 20878

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

400.00

Name of Employer

Occupation

First Colonies Anesthesia Associates

Anesthesiologist

50 per payroll deduction

Receipt For:

Aggregate Year-to-Date ▼

Primary General
 Other (specify) ▼

400.00

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

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

27039504052

**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 11 OF 26
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 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) A. Kathleen A. Ranney, M.D.		Date of Receipt				
Mailing Address 15 Mountain Road		<table border="1"> <tr> <td>Amount of Each Receipt this Period</td> <td>400.00</td> </tr> <tr> <td colspan="2">50 per payroll deduction</td> </tr> </table>	Amount of Each Receipt this Period	400.00	50 per payroll deduction	
Amount of Each Receipt this Period	400.00					
50 per payroll deduction						
City	State Zip Code					
Thurmont, MD 21788						
FEC ID number of contributing federal political committee. C						
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					

Full Name (Last, First, Middle Initial) B. Marianne C. Ries, M.D.		Date of Receipt				
Mailing Address 114 Midtown Road		<table border="1"> <tr> <td>Amount of Each Receipt this Period</td> <td>400.00</td> </tr> <tr> <td colspan="2">50 per payroll deduction</td> </tr> </table>	Amount of Each Receipt this Period	400.00	50 per payroll deduction	
Amount of Each Receipt this Period	400.00					
50 per payroll deduction						
City	State Zip Code					
Gaithersburg, MD 20878						
FEC ID number of contributing federal political committee. C						
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					

Full Name (Last, First, Middle Initial) C. Alexander S. Rubin, M.D.		Date of Receipt				
Mailing Address 6611 Hunter Trail Way		<table border="1"> <tr> <td>Amount of Each Receipt this Period</td> <td>400.00</td> </tr> <tr> <td colspan="2">50 per payroll deduction</td> </tr> </table>	Amount of Each Receipt this Period	400.00	50 per payroll deduction	
Amount of Each Receipt this Period	400.00					
50 per payroll deduction						
City	State Zip Code					
Frederick, MD 21702						
FEC ID number of contributing federal political committee. C						
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

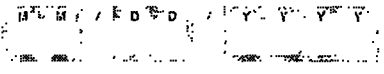
27039504053

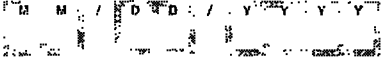
**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

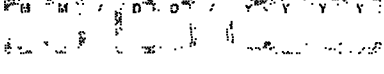
Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 26	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial) A. Suzanne N. Scattergood, M.D.		Date of Receipt
Mailing Address 14700 Crossway Road		
City	State Zip Code	
Rockville, MD 20853		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		800.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	100 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Gerald Scheinman, M.D.		Date of Receipt
Mailing Address 8010 Summer Mill Court		
City	State Zip Code	
Bethesda, MD 20817		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Nader E. Soliman, M.D.		Date of Receipt
Mailing Address 22905 David Mill Road		
City	State Zip Code	
Germantown, MD 20876		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504054

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

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

FOR LINE NUMBER: PAGE 13 OF 26
(check only one)

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

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)
A. Robert Study, M.D.

Mailing Address
6 Beall Spring Ct
City State Zip Code
Potomac, MD 20854

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
400.00
50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Lisa M. Sullivan, M.D.

Mailing Address
2454 Five Shillings Road
City State Zip Code
Frederick, MD 21701

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
400.00
50 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Louis W. Swann, M.D.

Mailing Address
PO Box 6081
City State Zip Code
McLean, VA 22106-6081

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
400.00
50 per payroll deduction

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

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

27039504055

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

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

FOR LINE NUMBER: PAGE 14 OF 26
(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

Full Name (Last, First, Middle Initial)
A. John A. Tam, M.D.
 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 Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 Amount of Each Receipt this Period
 400.00
 50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Rojack F. Tan, M.D.
 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 Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 Amount of Each Receipt this Period
 400.00
 50 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Bernard W. Tsai, M.D.
 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 Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 Amount of Each Receipt this Period
 400.00
 50 per payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

27039504056

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

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

FOR LINE NUMBER: PAGE 15 OF 26

(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

Full Name (Last, First, Middle Initial)

A. Mark D. Vogt, M.D.

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 Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11/15/2015

Amount of Each Receipt this Period

400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Christopher Wahlgren, M.D.

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 Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11/15/2015

Amount of Each Receipt this Period

400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Timothy G. Wex, M.D.

Mailing Address

11429 Cedar Ridge Drive

City

State

Zip Code

Potomac, MD 20854

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11/15/2015

Amount of Each Receipt this Period

400.00

50 per payroll deduction

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

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

27039504057

**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 16 OF 26	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial) A. Howard M. Wilpon, M.D.		Date of Receipt
Mailing Address 18212 Wickham Road City State Zip Code Olney, MD 20832		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00 50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Aiqin Yu, M.D.		Date of Receipt
Mailing Address 13508 Gumspring Road City State Zip Code Gaithersburg, MD 20850		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00 50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. J. Amy Yun, M.D.		Date of Receipt
Mailing Address 2057 Thurston Road City State Zip Code Frederick, MD 21704		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00 50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504058

**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 OF 26	
	<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

Full Name (Last, First, Middle Initial) A. William L. Chester, M.D.		Date of Receipt
Mailing Address 14700 Pettit Way		
City	State	Zip Code
Potomac, MD		20854
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		400.00
50 per payroll deduction		
Name of Employer	Occupation	
First Colonies Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		400.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul S. Van Nice, M.D.		Date of Receipt
Mailing Address 7101 Meadow Lane		
City	State	Zip Code
Chevy Chase, MD		20815
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		400.00
50 per payroll deduction		
Name of Employer	Occupation	
First Colonies Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		400.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicholus Visnich, Jr, M.D.		Date of Receipt
Mailing Address 10816 Willow Run Court		
City	State	Zip Code
Potomac, MD		20854
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		200.00
25 per payroll deduction		
Name of Employer	Occupation	
First Colonies Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		200.00
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504059

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

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

FOR LINE NUMBER: PAGE 18 OF 26

(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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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) A. Marc L. Beck, M.D.		Date of Receipt 07/10/2010
Mailing Address 16 Norris Run Court City State Zip Code Resisterstown, MD 21136		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00 50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Donald J. Charney, M.D.		Date of Receipt 07/10/2010
Mailing Address 3707 Meadowhill Court City State Zip Code Phoenix, MD 21131		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00 50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Glen Hessinger, M.D.		Date of Receipt 07/10/2010
Mailing Address 8101 Ruxton Crossing Road City State Zip Code Towson, MD 21204		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00 25 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504060

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

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

FOR LINE NUMBER: PAGE 19 OF 26

(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

Full Name (Last, First, Middle Initial) A. Sung-Soo Hong, M.D.		Date of Receipt
Mailing Address 8525 Huntspring Drive City State Zip Code Lutherville, MD 21093		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Kestutis J. Pauliukonis, M.D.		Date of Receipt
Mailing Address 1813 Solitaire Lane City State Zip Code McLean, VA 22101		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Jeremy B. Roth, M.D.		Date of Receipt
Mailing Address 913 Hillstead Drive City State Zip Code Lutherville, MD 21093		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	30 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504061

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 26	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)
A. Arnaldo Valedon, M.D.

Mailing Address
22 Woodfield Court

City State Zip Code
Resisterstown, MD 21136

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
01/01/2008

Amount of Each Receipt this Period
400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Martha Van Clief, M.D.

Mailing Address
405 Apple Grove Road

City State Zip Code
Silver Spring, MD 20904

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
01/01/2008

Amount of Each Receipt this Period
400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Thomas Wherry, M.D.

Mailing Address
611 West Second Street

City State Zip Code
Frederick, MD 21701

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
01/01/2008

Amount of Each Receipt this Period
400.00

50 per payroll deduction

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

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

27039504062

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 26
	(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"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial) A. John J. Bunker, M.D.		Date of Receipt
Mailing Address 15229 National Pike		
City	State	Zip Code
Hagerstown, MD		21704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Karen Dugan M.D.		Date of Receipt
Mailing Address 4107 Vickie Lynn Court		
City	State	Zip Code
Mt. Airy, MD		21771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	20 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

Full Name (Last, First, Middle Initial) C. Philip Ferkler, M.D.		Date of Receipt
Mailing Address 4107 Vickie Lynn Court		
City	State	Zip Code
Mt. Airy, MD		21771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	30 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504063

**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 OF 26	
	<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

Full Name (Last, First, Middle Initial) A. Robert Sullivan, M.D.		Date of Receipt
Mailing Address 2454 Five Shillings Road		
City Frederick, MD 21701	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00 50 per payroll deduction	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Won Lee, M.D.		Date of Receipt
Mailing Address 6812 Koandah Gardens Court		
City Highland, MD 20777	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 50 per payroll deduction	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Satyam Chary, M.D.		Date of Receipt
Mailing Address 9 Alterwood Lane		
City Owings Mill, MD 21117	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00 50 per payroll deduction	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)..... ▶	
TOTAL This Period (last page this line number only)..... ▶	

27039504064

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

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

FOR LINE NUMBER: PAGE 24 OF 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B.

Keith Hairston, M.D.

Mailing Address

12312 High Stakes Drive

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

400.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C.

Jean-Max Hogarth, M.D.

Mailing Address

1614 Randallwood Court

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

400.00

50 per payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶

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

27039504065

**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 OF 26	
	<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

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039504066

**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 26 OF 26

<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) David Wheeler, M.D.		Date of Receipt
Mailing Address 7108 Collingwood Court		
City Elkridge, MD 21075	State 	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	28,790.00

27039504067

**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 1 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input checked="" type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
 First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial) A. Barbara Marx Brocato & Associates		Date of Disbursement 04 30 2007
Mailing Address 18 Pinkney St		Amount of Each Disbursement this Period 1,363.63
City	State	
Annapolis, MD 21401		
Purpose of Disbursement Lobbyist	Category/ Type 011	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Barbara Marx Brocato & Associates		Date of Disbursement 05 24 2007
Mailing Address 18 Pinkney St		Amount of Each Disbursement this Period 1,363.67
City	State	
Annapolis, MD 21401		
Purpose of Disbursement Lobbyist	Category/ Type 011	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	2,727.30

27039504068

**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 1 OF 3

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Garagiola, Robert		Date of Disbursement
Mailing Address 11 Bladen St., Room 104		01 01 2007
City Annapolis	State MD	Zip Code 21401-1991
Purpose of Disbursement Political Contribution	011	Amount of Each Disbursement this Period 500.00
Candidate Name Robert Garagiola	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MD	District: 15	

B. Middleton, Thomas		Date of Disbursement
Mailing Address 11 Bladen St., 3 East Wing		04 30 2007
City Annapolis	State MD	Zip Code 21401
Purpose of Disbursement Political Contribution	011	Amount of Each Disbursement this Period 250.00
Candidate Name Thomas Middleton	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MD	District: 28	

C. Barve, Kumar		Date of Disbursement
Mailing Address 6 Bladen St., Room 361		01 01 2007
City Annapolis	State MD	Zip Code 21401
Purpose of Disbursement Political Contribution	011	Amount of Each Disbursement this Period 250.00
Candidate Name Kumar Barve	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MD	District: 17	

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

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

27039504069

**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 1

3

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Lisa Gladden

Mailing Address
11 Bladen St., 2 East Wing

City State Zip Code
Annapolis, MD 21401

Purpose of Disbursement
Political Contribution

Candidate Name
Lisa Gladden

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MD District: 41

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

200.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

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

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

1,200.00

27039504070

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date
8/7/07
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMK
 PREPARER

8/8/07
 DATE PREPARED

27039504071