03/18/2009 11:27

Image# 29991763049

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

F	ORM 3X	For (Other Than An	Authorized Com	mittee	O	ffice Use Only
1.	NAME OF COMMITTEE (in fu		FEC MAILING LAB	EL Example:If over the line			
Ш	FIRST COLONIES	S ANESTHESIA	ASSOCIATES LLC	POLITICAL ACTION	COMMITTEE		
Ш							
ADI	ORESS (number and	street)	901 RESEARCH BO	ULEVARD SUITE 35	0		
	Check if differ than previousl reported. (ACC	y . R	OCKVILLE			LMD L	20850
2.	FEC IDENTIFICAT	TION NUMBER	~	CITY 🛕		STATE	ZIPCODE 🛕
	C00416305		3	B. IS THIS REPORT	NEW (N) OR	X AMEN	NDED
4.	July 15 Quarterly October Quarterly January 3 Quarterly July 31 N Report(N Year Only	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) flid-Year on-election	(d) 30-Day Post -Electi Report for th	lection on Genera	ition (12C)	Aug 20 Sep 20 Oct 20 General (120 Special (120 Runoff (30R)	Year Only) (M9) (M9) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) G) Runoff (12R) G) in the State of
5.	Covering Period	11	25 2008	uno			2008
	rtify that I have exam e or Print Name of T	· _	t and to the best of m Dr. Jeremy Roth	y knowledge and beli	ef it is true, correct	and complete.	
Sigi	nature of Treasurer	Electronically	Filed by Dr. Jerer	ny Roth		Date 03	18 2009
NO	TE : Submission of f	alse, erroneous,	, or incomplete inforn	nation may subject the	person signing th	is Report to the pe	nalties of 2 U.S.C 437g.
	Office Use						FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

R	Report Covering the Period: From:	25 2008	To: 12 31 YYYY 2008
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y Y		36708.64
	(b) Cash on Hand at Begining of Reporting Period	42156.67	
	(c) Total Receipts (from Line 19)	11760.00	45420.00
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53916.67	82128.64
7.	Total Disbursements (from Line 31)	1043.29	29255.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52873.38	52873.38
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 multicandida	te committee. (see FEC FORM 1M)	
	Fo	or 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

	1 1 2 5 2 0 0 8 T	0: D D D 2 0 0 8		
I. Receipts	I. Receipts COLUMN A Total This Period			
11. Contributions (other than loans) From:(a) Individuals/Persons Other				
Than Political Committees (i) Itemized (use Schedule A)	11565.00	28115.00		
(ii) Unitemized	195.00	17305.00		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11760.00	45420.00		
(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)	11760.00	45420.00		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
14. Loan Repayments Received15. 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		
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00		
18. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11760.00	45420.00		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11760.00	45420.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(h) Dalitical Danta Committee	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	1043.29	29255.26
0.	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	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1043.29	29255.26
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1043.29	29255.26

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)	11760.00	45420.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	11760.00	45420.00
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

	DULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for com	nation copied from such Reports and S mercial purposes, other than using the OF COMMITTEE (In Full) COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
		BOUIATES L	LEG POLITICAL ACTION CC	
A. Dr. Mak	me (Last, First, Middle Initial) sim Barkinskiy Address 4170 Bethesda Ave.			Date of Receipt
City	#719	State	Zip Code	12 31 2008
Bethe	sda	MD	20814	Transaction ID: SA11AI.4687 Amount of Each Receipt this Period
	number of contributing political committee.	C		150.00
Name o First Co Asso	of Employer olonies Anesthesia	Occupatio physiciar		payroll deduction
Receipt	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
B. Dr. Mar				Date of Receipt
Mailing	Address 16 Norris Run Court			12 31 2008
City		State	Zip Code	Transaction ID: SA11AI.4658
	erstown	MD	21136	Amount of Each Receipt this Period
federal	number of contributing political committee.	C		payroll deduction
Name o First Co	of Employer olonies Anesthesia	Occupatio Physicia		, L. J. C.
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
	me (Last, First, Middle Initial) n Bunker			Date of Receipt
Mailing	Address 15229 National Pike			12 31 2008
City		State	Zip Code	Transaction ID: SA11AI.4616
	stown number of contributing political committee.	C	21740	Amount of Each Receipt this Period 150.00
Name of First Co	of Employer olonies Anesthesia	Occupatio Physicial		payroll deduction
	t For: Primary General Other (specify) ▼		e Year-to-Date ▼ 550.00	
SUBTOT	AL of Receipts This Page (optional)		\	450.00
	This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one) X 11a 11b 11c 12 13 14 15 16
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			
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 MD C Occupatio Physician		Date of Receipt 12 31 2008 Transaction ID: SA11AI.4659 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Stayam Chary Mailing Address 9 Alterwood Lane City Owings Mill FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupatio Physician Aggregate		Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Court 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 Occupatio Physician		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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 31 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	the name and addr	ess of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dwayn Chen Mailing Address 11415 Commonwer	alth Drive		Date of Receipt
#204 City Rockville FEC ID number of contributing	State MD	Zip Code 20852	Transaction ID: SA11AI.4640 Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate V	/ear-to-Date ▼	payroll deduction
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward Chen	0 0	550.00	Date of Receipt
Mailing Address 10209 Fleming Ave	enue		1 2 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4638
Bethesda FEC ID number of contributing federal political committee.	C	20814	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Jen Chen	'		Date of Receipt
Mailing Address 1104 Mill Ridge Ro	ad		12 31 2008
City	State	Zip Code	Transaction ID: SA11AI.4639
McLean FEC ID number of contributing federal political committee.	C	22102	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional	al)		450.00

Ç	CHEDULE A (FEC Form 3X)		Llas concrete schodule(s)	FOR LINE NUMBER: PAGE 9/31
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
٠	LIMIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements ma	y not be sold or used by any perso	
Κ,	NAME OF COMMITTEE (In Full)	Tialific and add	uress or any political committee to	Solicit Contributions from Such Committee.
	FIRST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL ACTION CC	MMITTEE
K	Full Name (Last, First, Middle Initial) Dr. William Chester			Date of Receipt
	Mailing Address 5801 Nicholon Lane #1915			1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11Al.4641
	North Bethesda	MD	20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer	Occupatio	n	payroll deduction
	Name of Employer First Colonies Anesthesia	Physicial		
	Receipt For:	, ' 	e Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
_	Full Name (Last, First, Middle Initial)			
	Dr. Lincoln Coore			Date of Receipt
	Mailing Address 4846 Lee Hollow Place)		12 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.4661
	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	Occupation Physicial		payroll deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		825.00	
_	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey			Date of Receipt
	Mailing Address 18720 Shremor Drive			12 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.4642
	Derwood	MD	20855	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:		e Year-to-Date 🔻	
	Primary General Other (specify)	33 -33	550.00	1
	out (opoon)/ ▼		0 0 0 0 0 0 0	1

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 31 (check only one) X
A or	ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements mag the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
4 .	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach			Date of Receipt
	Mailing Address 15114 Pepperridge [12 31 2008
	City Bowie	State MD	Zip Code 20721	Transaction ID: SA11AI.4608 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicial		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan Mailing Address 104 Ellingwood Lane			Date of Receipt
				12 / 31 / 2008
	City Frederick	State MD	Zip Code 21702	Transaction ID: SA11AI.4617 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	11102	60.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Dr. Karen Dugan			Date of Receipt
	Mailing Address 4107 Vickie Lynn Co	ourt		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID: SA11AI.4618 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthsia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 370.00	
	SUBTOTAL of Receipts This Page (optional)			360.00

SCHEDULE A (FEC Form	13X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may using the name and add	not be sold or used by any persodress 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 ANESTHES	SIA ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Todd Epstein			Date of Receipt
Mailing Address 11305 Struttma	an Terrace		1 2 3 1 2 0 0 8
City	State MD	Zip Code	Transaction ID: SA11AI.4671
North Bethesda FEC ID number of contributing federal political committee.	C	20852	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 ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Richard Evans Mailing Address 6426 West Last	alou Lone		Date of Receipt
Mailing Address 6436 West Lar			12 31 2008
City McLean	State VA	Zip Code 22101	Transaction ID: SA11AI.4688 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
Asso Receipt For:	1'''	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. Philip Ferkler			Date of Receipt
Mailing Address 4107 Vickie Ly	nn Court		12 31 2008
City Mt. Airy	State MD	Zip Code 21771	Transaction ID: SA11AI.4619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21//1	90.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General		Year-to-Date ▼	
Other (specify) ▼		330.00	
SUBTOTAL of Receipts This Page (or	ational\		390.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/31 (check only one) X 11a
ny information copied from such Reports and a for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli Mailing Address 504 Reserve Champio			Date of Receipt 1 2 3 1 2 0 0 8
City Rockvillem	State MD	Zip Code 20850	Transaction ID: SA11AI.4620
FEC ID number of contributing federal political committee.	C	20030	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Steven Grube Mailing Address 13895 Foxtower Road	l		Date of Receipt 1 2 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4621
<u>Thurmont</u>	MD	21788	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 ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Keith Hairston Mailing Address 12312 Highstakes Dri	ve		Date of Receipt 1 2 3 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4662
Reisterstown	MD	21136	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	n	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional) .			450.00

- ''	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	y not be sold or used by any persodress 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
Α.	Full Name (Last, First, Middle Initial) Dr. Glen Hessinger			Date of Receipt
	Mailing Address 8101 Ruston Crossin			12 31 2008
	City Towson	State MD	Zip Code 21204	Transaction ID: SA11AI.4663 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth Mailing Address 1614 Randallwood C	Gourt		Date of Receipt
	City	State	Zip Code	12 31 2008
	Jarretsville	MD	21084	Transaction ID: SA11AI.4664 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 ▼ 550.00	
—).	Full Name (Last, First, Middle Initial) Dr. Sung Hong			Date of Receipt
	Mailing Address 8525 Huntspring Driv	/e		12 31 2008
	City Lutherville	State MD	Zip Code 21093	Transaction ID: SA11AI.4665
	FEC ID number of contributing federal political committee.	C	21093	Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthesia	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 550.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			375.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 31 (check only one) X
or for commercial purposes NAME OF COMMITTEE	, other than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. DMMITTEE
Full Name (Last, First, MDr. Steven Hopper Mailing Address 4550 #101 City Chevy Chase FEC ID number of contrifederal political committee Name of Employer First Colonies Anesthes Receipt For: Primary Other (specify)	State MD ibuting ee. Occupation Physicia		Date of Receipt 1 2
Full Name (Last, First, MDr. Stuart Hough Mailing Address 9110 City Frederick FEC ID number of contrifederal political committee Name of Employer First Colonies Anesthes Receipt For:	State MD ibuting ee. Occupation Physicia		Date of Receipt M
City Baltimore FEC ID number of contribution federal political committee Name of Employer First Colonies Anesthes Asso Receipt For:	Newington Ave. State MD ibuting ee. Occupation physicia		Date of Receipt M M D D 2 0 0 8
SUBTOTAL of Receipts T	his Page (optional)		525.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any per using the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr. David Johnson Mailing Address 5506 Bootjack City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	, 	Date of Receipt M M
Full Name (Last, First, Middle Initia Dr. Christina Johnston Mailing Address 3458 Holland City Huntingtown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	,	Date of Receipt M M
Full Name (Last, First, Middle Initial Dr. James Kaufman Mailing Address 7514 Arrowwo City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	, 	Date of Receipt 12 31 2008 Transaction ID: SA11AI.4674 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)	450.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 31 (check only one) X 11a
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any personant the name and address of any political committee to the ASSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol Mailing Address 6579 Prestwick City Highland FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Drive State Zip Code MD 20777 C Occupation Physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Richard Ko Mailing Address 4101 Hunt Road City Fairfax FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22032 C Occupation Physician Aggregate Year-to-Date 550.00	Date of Receipt M M 2 0 0 8
Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree 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 MD 20854 C Occupation Physician Aggregate Year-to-Date 550.00	Date of Receipt M M 3 1 2 0 0 8
SUBTOTAL of Receipts This Page (opti	ional)	450.00

SCHEDULE A (FECE) ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 31 (check only one) X 11a
or for commercial purposes, othe	er than using the name and ad Full)	ly not be sold or used by any persidress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee. OMMITTEE
Full Name (Last, First, Middle Dr. Kathleen Leavitt Mailing Address 3467 Nor City Arlington FEC ID number of contributin federal political committee. Name of Employer First Colonies Anesthesia	state VA Goccupatic Physicia	n	Date of Receipt M M J J J J J J J J
Receipt For: Primary Gene Other (specify) ▼ Full Name (Last, First, Middle	ral	e Year-to-Date ▼ 550.00	
Dr. Thomas Malone Mailing Address 11667 Fa City Ijamsville FEC ID number of contributin federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary Other (specify)	Occupation Physicia Aggregate		Date of Receipt 1 2
Full Name (Last, First, Middle Dr. Mollyann March Mailing Address 6504 Gre City Bethesda FEC ID number of contributin federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD G Occupation Physicia Aggregati		Date of Receipt M M M
SUBTOTAL of Receipts This P	age (optional)		600.00

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 31 (check only one) X 11a
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Fu FIRST COLONIES ANEST	han using the name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. OMMITTEE
Full Name (Last, First, Middle In Dr. Stephen Martin Mailing Address 3336 O Str City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	eet, NW State DC C Occupation Physician Aggregate N	Zip Code 20007 /ear-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle In Dr. Anna Noriega Mailing Address 603 Queer #4 City Alexandria FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Street State VA C Occupation Physician Aggregate V	Zip Code 22314 ✓ ear-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle In Dr. Denis O'Fallon Mailing Address 12123 Mer City Monrovia 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 Aggregate N	Zip Code 21770 /ear-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page	e (optional)		600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/31 (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 persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Philip Owens			Date of Receipt
Mailing Address 141 Adams Street,	12 31 2008		
City Washington	State DC	Zip Code 20001	Transaction ID: SA11AI.4647 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 ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Kent Ozkum			Date of Receipt
Mailing Address 10720 Dern Road	12 31 2008		
City Emmisburg	State MD	Zip Code 21727	Transaction ID: SA11AI.4628 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer First Colonies Anesthesia	Occupation physiciar		payroll deduction
Asso Receipt For: ☐ Primary ☐ General ☐ Other (specify) ♥		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Paul Park			Date of Receipt
Mailing Address 821 Oak Knoll Terr	1 2 3 1 2 0 0 8		
City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.4648 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 ▼ 550.00	
SUBTOTAL of Receipts This Page (optional	al)		450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 31 (check only one) X
Any information copied from such Reports and or 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	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis Mailing Address 1813 Solitaire Lane			Date of Receipt 1 2 3 1 2 0 0 8
City McLean FEC ID number of contributing	State VA	Zip Code 22101	Transaction ID: SA11AI.4649 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupatio Physicial		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Michael Peck Mailing Address			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 Rockville FEC ID number of contributing federal political committee. Name of Employer	State MD C	Zip Code 20852	Transaction ID: SA11AI.4677 Amount of Each Receipt this Period 225.00 payroll deduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physicia		
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8400 Tysons Trace C	Court		Date of Receipt
City Vienna FEC ID number of contributing federal political committee.	State VA	Zip Code 22182	Transaction ID: SA11AI.4650 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)			525.00

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/31 (check only one)
Any inf	ormation copied from such Reports and Si commercial purposes, other than using the	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.
\	ME OF COMMITTEE (In Full) RST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL ACTION CC	DMMITTEE
	Name (Last, First, Middle Initial) Eugen Pirovic			Date of Receipt
	ling Address 3912 Calverton 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.4678
Hy	attsville	MD	20782	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		150.00
Nar Firs	ne of Employer tt Colonies Anesthesia	Occupation Physician		payroll deduction
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
	Name (Last, First, Middle Initial) Clyde Pray			Date of Receipt
Mailing Address 908 Oak Knoll Terrace				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.4689
	ckville	MD	20850	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С		150.00
Nar Firs	ne of Employer tt Colonies Anesthesia	Occupation Physician		payroll deduction
Rec	ceipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
	Name (Last, First, Middle Initial) Kathleen Ranney			Date of Receipt
	ling Address 1819 N. Greenleese Dr	1 2 3 1 2 0 0 8		
City		State	Zip Code	Transaction ID: SA11Al.4629
	ederick	MD	21701	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		150.00
	ne of Employer at Colonies Anesthesia	Occupation Physician		payroll deduction
Rec	eipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼		550.00	
	OTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 31 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	ne name and add	ress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road	I		Date of Receipt
City Baltimore FEC ID number of contributing	State MD	Zip Code 21212	Transaction ID: SA11AI.4668 Amount of Each Receipt this Period
Federal political committee. Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood Road City	d State	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Timonium FEC ID number of contributing federal political committee.	MD C	21093	Transaction ID: SA11AI.4669 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
Full Name (Last, First, Middle Initial) Dr. Jeremy Roth Mailing Address 913 Hillstead Drive			Date of Receipt
City Lutherville FEC ID number of contributing federal political committee.	State MD	Zip Code 21093	Transaction ID: SA11Al.4611 Amount of Each Receipt this Period 90.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		payroll deduction
SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	390.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23/31 (check only one)
Any i	information copied from such Reports and St r commercial purposes, other than using the	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.
1 \	AME OF COMMITTEE (In Full)	OCIATES L	LC POLITICAL ACTION CC	DMMITTEE
	ull Name (Last, First, Middle Initial)			Date of Receipt
_	lailing 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		
C	ity	State	Zip Code	Transaction ID: SA11Al.4630
<u>F</u>	rederick	MD	21702	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		150.00
N F	ame of Employer irst Colonies Anesthesia	Occupation Physician		payroll deduction
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
	ull Name (Last, First, Middle Initial) r. Suzanne Scattergood			Date of Receipt
M	lailing Address 14700 Crossway Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	ity	State	Zip Code	Transaction ID: SA11AI.4631
_	Rockville	MD	20853	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		300.00 payroll deduction
N F	ame of Employer irst Colonies Anesthesia	Occupation Physician		payroli deduction
R	eceipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1100.00	
	ull Name (Last, First, Middle Initial) rr. Gerald Scheinman			Date of Receipt
M	lailing Address 8010 Summer Mill Cou	1 2 3 1 2 0 0 8		
	ity	State	Zip Code	Transaction ID: SA11AI.4651
	Bethesda	MD	20817	Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	С		150.00 payroll deduction
_	ame of Employer irst Colonies Anesthesia	Occupation Physician		payroll deduction
R	eceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		550.00	
				600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/31 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any positive name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill R		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 Germantown FEC ID number of contributing federal political committee.	State Zip Code MD 20876	Transaction ID: SA11AI.4652 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 550.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court	rt	Date of Receipt 1 2 3 1 2 0 0 8
City Potomac	State Zip Code MD 20854	Transaction ID: SA11AI.4680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 550.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan		Date of Receipt
Mailing Address 2454 Five Schilling	s Road	12 31 7 2008
City Frederick	State Zip Code MD 21701	Transaction ID: SA11AI.4634 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 ▼ 550.00	0
SUBTOTAL of Receipts This Page (optional	١	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 31 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to ASSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert Sullivan Mailing Address 2454 Five Schilling City Frederick FEC ID number of contributing	State Zip Code MD 21701	Date of Receipt M M
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 550.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Louis Swann Mailing Address PO Box 6081 City	State Zip Code	Date of Receipt 1 2 3 1 2 0 0 8
McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	VA 22106 C Occupation Physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.4681 Amount of Each Receipt this Period 150.00 payroll deduction
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John Tam Mailing Address 10905 Cripplegate City Potomac		Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate Year-to-Date	Amount of Each Receipt this Period 150.00 payroll deduction
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (options)	550.00	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/31 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	o solicit contributions from such committee.
FIRST COLONIES ANESTHESIA AS	SSOCIATES LLC POLITICAL ACTION C	OMMITTEE
Full Name (Last, First, Middle Initial) Dr. Rojack Tan Mailing Address 507 Goodland Place		Date of Receipt 1 2 3 1 2 2 0 0 8
City Rockville	State Zip Code MD 20850	Transaction ID: SA11AI.4682
FEC ID number of contributing federal political committee.	C 20050	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 ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London [Drive	Date of Receipt
City	State Zip Code	1 2 3 1 2 0 0 8 Transaction ID: SA11AI.4654
Potomac	MD 20854	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 ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Reed Underwood		Date of Receipt
Mailing Address 1518 T Street, NW		12 31 2008
City Washington	State Zip Code DC 20009	Transaction ID: SA11AI.4690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	•	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 27 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
A 0	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 ad	dress of any political committee to	solicit contributions from such committee.
_	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon Mailing Address 22 Woodfield Court City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	MD C Occupatio	21136 n	Amount of Each Receipt this Period 150.00 payroll deduction
	First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physicia		
	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Road	d		Date of Receipt 1 2 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11Al.4613
	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	Occupatio Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice			Date of Receipt
	Mailing Address 71401 Meadow Lane			12 31 2008
	City	State	Zip Code	Transaction ID: SA11AI.4655
	Chevy Chase	MD	20815	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 ▼ 550.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 31 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any parties the name and address of any political committee. ASSOCIATES LLC POLITICAL ACTION	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich, Jr. Mailing Address 10816 Willow Run	Circle	Date of Receipt
City Potomac FEC ID number of contributing	State Zip Code MD 20854	Transaction ID: SA11AI.4683 Amount of Each Receipt this Period 75.00
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Mark Vogt Mailing Address 1149 Colonial Road	State Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	VA 22101 C Occupation Physician	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 ▼ 550.00	
Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meado	ws Lane	Date of Receipt 1 2 3 1 2 0 0 8
City Great Falls FEC ID number of contributing federal political committee.	State Zip Code VA 22066	Transaction ID: SA11AI.4656 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 550.00	payroll deduction
SUBTOTAL of Receipts This Page (optional	1)	375.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than u	ts and Statements may not be sold or used by any pers sing the name and address of any political committee to IA ASSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Timothy Wex Mailing Address 11429 Cedar Ri City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	dge Drive State Zip Code VA 20854 C Occupation Physician	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 7108 Collingwo City	od Court State Zip Code	Date of Receipt 1 2 3 1 2 0 0 8 Transaction ID: SA11AI.4670
Elkridge FEC ID number of contributing federal political committee.	MD 21075	Amount of Each Receipt this Period 150.00 payroll deduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Wherry Mailing Address 611 W. 2nd Str	eet	Date of Receipt 1 2 3 1 2 0 0 8
City Frederick	State Zip Code MD 21701	Transaction ID: SA11AI.4614 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 ▼ 550.00	
SUBTOTAL of Receipts This Page (op	ional)	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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 committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon Mailing Address 18212 Wickham Road City Olney FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State Zip Code MD 20832 C Occupation Physician Aggregate Year-to-Date ▼	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. Aiqin Yu Mailing Address 13508 Gumspring Roa City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)		Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Jungim Yun Mailing Address 2057 Thurston Road 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 550.00	Date of Receipt M M J J J J J J J J J J J J J J J J J
SUBTOTAL of Receipts This Page (optional)		450.00

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 31/31
TEMIZED DISBURSEMENTS	for each category of the	(check only one)	
	Detailed Summary Page	21b 22 27 28a	23 24 25 26 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
	and dedress of any pointed com		none from saon committee
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCI	ATES LLC POLITICAL ACT	ION COMMITTEE	
Full Name (Last, First, Middle Initial)		Transact	ion ID: SB29.4604
Barbara Marx Brocato & Associates		Date of D	Disbursement
Mailing Address 18 Pinkney Street		12	$\begin{array}{c c} & \begin{array}{ccccccccccccccccccccccccccccccccccc$
•	State Zip Code MD 21401	Amount o	of Each Disbursement this Period
Purpose of Disbursement lobbying			1000.00
Candidate Name	l l	ategory/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Koontz Dan			ion ID: SB29.4605 Disbursement
Mailing Address 1901 Research Blvd. Suite 350		1 2 M	12 / 2008
	State Zip Code MD 20850	Amount o	of Each Disbursement this Period
Purpose of Disbursement mileage reimbursement			43.29
Candidate Name	l l	ategory/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	1043.29
TOTAL This Period (last page this line number only)	•	1043.29

State: