

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Electronically Filed by Dr. Jeremy Roth Date 03 18 2009

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

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		36708.64
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11565.00	28115.00
(i) Itemized (use Schedule A) .....		
(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) .....	0.00	0.00
(d) Total Contributions (add Lines 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 Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	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

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1043.29	29255.26
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1043.29	29255.26
32. 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

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

# 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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4170 Bethesda Ave. #719	<b>Transaction ID:</b> SA11AI.4687
	City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Asso Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Marc Beck	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 16 Norris Run Court	<b>Transaction ID:</b> SA11AI.4658
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Bunker	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 15229 National Pike	<b>Transaction ID:</b> SA11AI.4616
	City State Zip Code Hagerstown MD 21740	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Donald Charney		Date of Receipt
	Mailing Address 3707 Meadowhill Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Phoenix	MD	21131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4659
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	<input type="text" value="150.00"/>
			payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stayam Chary		Date of Receipt
	Mailing Address 9 Alterwood Lane		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Owings Mill	MD	21117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4660
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	<input type="text" value="150.00"/>
			payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Chau		Date of Receipt
	Mailing Address 7204 Loch Edin Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4637
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	<input type="text" value="150.00"/>
			payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 8 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dwayne Chen

Mailing Address 11415 Commonwealth Drive  
#204

City State Zip Code  
Rockville MD 20852

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.4640

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edward Chen

Mailing Address 10209 Fleming Avenue

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.4638

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jen Chen

Mailing Address 1104 Mill Ridge Road

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.4639

Amount of Each Receipt this Period  
150.00

payroll deduction

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William Chester	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 5801 Nicholon Lane #1915	<b>Transaction ID:</b> SA11AI.4641
	City North Bethesda State MD Zip Code 20852	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4846 Lee Hollow Place	<b>Transaction ID:</b> SA11AI.4661
	City Ellicott City State MD Zip Code 21043	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 825.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 18720 Shremor Drive	<b>Transaction ID:</b> SA11AI.4642
	City Derwood State MD Zip Code 20855	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 550.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Lauren Deloach

Mailing Address 15114 Pepperridge Drive

City State Zip Code  
Bowie MD 20721

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4608

Amount of Each Receipt this Period

150.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Danielle Dugan

Mailing Address 104 Ellingwood Lane

City State Zip Code  
Frederick MD 21702

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4617

Amount of Each Receipt this Period

60.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Karen Dugan

Mailing Address 4107 Vickie Lynn Court

City State Zip Code  
Mt. Airy MD 21771

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 370.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4618

Amount of Each Receipt this Period

150.00

payroll deduction

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

360.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Todd Epstein	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 11305 Struttman Terrace	<b>Transaction ID:</b> SA11AI.4671
	City State Zip Code North Bethesda MD 20852	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Evans	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 6436 West Langley Lane	<b>Transaction ID:</b> SA11AI.4688
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Asso physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4107 Vickie Lynn Court	<b>Transaction ID:</b> SA11AI.4619
	City State Zip Code Mt. Airy MD 21771	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 504 Reserve Champion Drive	<b>Transaction ID:</b> SA11AI.4620
	City State Zip Code Rockvillern MD 20850	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Grube	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 13895 Foxtower Road	<b>Transaction ID:</b> SA11AI.4621
	City State Zip Code Thurmont MD 21788	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Keith Hairston	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 12312 Highstakes Drive	<b>Transaction ID:</b> SA11AI.4662
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Glen Hessinger	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 8101 Ruston Crossing Road	<b>Transaction ID:</b> SA11AI.4663
	City State Zip Code Towson MD 21204	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 1614 Randallwood Court	<b>Transaction ID:</b> SA11AI.4664
	City State Zip Code Jarrettsville MD 21084	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Sung Hong	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 8525 Huntspring Drive	<b>Transaction ID:</b> SA11AI.4665
	City State Zip Code Lutherville MD 21093	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Steven Hopper		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 4550 N. Park Avenue #101		<b>Transaction ID:</b> SA11AI.4672
City State Zip Code Chevy Chase MD 20815	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Stuart Hough		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 9110 Travener Circle		<b>Transaction ID:</b> SA11AI.4643
City State Zip Code Frederick MD 21704	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 225.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Sean Isaac		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 920 Newington Ave.		<b>Transaction ID:</b> SA11AI.4666
City State Zip Code Baltimore MD 21217	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Asso	Occupation physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Johnson		Date of Receipt
	Mailing Address 5506 Bootjack Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frederick	MD	21702
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4622 Amount of Each Receipt this Period <input type="text" value="150.00"/> payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Christina Johnston		Date of Receipt
	Mailing Address 3458 Holland Cliffs Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Huntingtown	MD	20639
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4609 Amount of Each Receipt this Period <input type="text" value="150.00"/> payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. James Kaufman		Date of Receipt
	Mailing Address 7514 Arrowwood Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.4674 Amount of Each Receipt this Period <input type="text" value="150.00"/> payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 / 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol		Date of Receipt
	Mailing Address 6579 Prestwick Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Highland	MD	20777
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4623
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Ko		Date of Receipt
	Mailing Address 4101 Hunt Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fairfax	VA	22032
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4675
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri		Date of Receipt
	Mailing Address 11722 Split Tree Circle		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4644
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="150.00"/>
payroll deduction			

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt		Date of Receipt
	Mailing Address 3467 North Venice Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4676
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Malone		Date of Receipt
	Mailing Address 11667 Fairmont Place		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ljamsville	MD	21754
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4624
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="825.00"/>	<input type="text" value="225.00"/>
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Mollyann March		Date of Receipt
	Mailing Address 6504 Greentree Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4625
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="825.00"/>	<input type="text" value="225.00"/>
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen Martin		Date of Receipt
	Mailing Address 3336 O Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20007
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4645
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 150.00
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Anna Noriega		Date of Receipt
	Mailing Address 603 Queen Street #4		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4646
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	<input type="text"/> 300.00
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon		Date of Receipt
	Mailing Address 12123 Merricks Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Monrovia	MD	21770
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4626
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 150.00
payroll deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Philip Owens		Date of Receipt
	Mailing Address 141 Adams Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum		Date of Receipt
	Mailing Address 10720 Dern Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Emmisburg	MD	21727
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia Asso		Occupation physician	<b>Transaction ID:</b> SA11AI.4628
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="150.00"/>
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Park		Date of Receipt
	Mailing Address 821 Oak Knoll Terrace		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4648
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="550.00"/>	<input type="text" value="150.00"/>
payroll deduction			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kestutis Pauliukonis

Mailing Address 1813 Solitaire Lane

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4649

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Peck

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 Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4677

Amount of Each Receipt this Period  
225.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Ramani Peruvemba

Mailing Address 8400 Tysons Trace Court

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4650

Amount of Each Receipt this Period  
150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic		Date of Receipt
	Mailing Address 3912 Calverton Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hyattsville	MD	20782
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4678
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="150.00"/>
		<input type="text" value="550.00"/>	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Clyde Pray		Date of Receipt
	Mailing Address 908 Oak Knoll Terrace		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4689
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="150.00"/>
		<input type="text" value="550.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney		Date of Receipt
	Mailing Address 1819 N. Greenleese Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	<b>Transaction ID:</b> SA11AI.4629
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="150.00"/>
		<input type="text" value="550.00"/>	payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 6409 Pinehurst Road	<b>Transaction ID:</b> SA11AI.4668
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonis Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 2212 Dalewood Road	<b>Transaction ID:</b> SA11AI.4669
	City State Zip Code Timonium MD 21093	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jeremy Roth	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 913 Hillstead Drive	<b>Transaction ID:</b> SA11AI.4611
	City State Zip Code Lutherville MD 21093	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer: First Colonies Anesthesia Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Alexander Rubin		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 6611 Hunter Trail Way		<b>Transaction ID:</b> SA11AI.4630
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 14700 Crossway Road		<b>Transaction ID:</b> SA11AI.4631
City Rockville	State MD	Zip Code 20853
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 8010 Summer Mill Court		<b>Transaction ID:</b> SA11AI.4651
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Nader Soliman		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 22905 David Mill Road		<b>Transaction ID:</b> SA11AI.4652
City Germantown	State MD	Zip Code 20876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Robert Study		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 6 Beall Spring Court		<b>Transaction ID:</b> SA11AI.4680
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 2454 Five Schillings Road		<b>Transaction ID:</b> SA11AI.4634
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 2454 Five Schillings Road	<b>Transaction ID:</b> SA11AI.4635
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Louis Swann	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address PO Box 6081	<b>Transaction ID:</b> SA11AI.4681
	City State Zip Code McLean VA 22106	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Tam	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 10905 Cripplegate Road	<b>Transaction ID:</b> SA11AI.4653
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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

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

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

FOR LINE NUMBER: PAGE 26 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 507 Goodland Place

City State Zip Code  
Rockville MD 20850

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4682

Amount of Each Receipt this Period  
150.00

payroll deduction

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

Mailing Address 10013 New London Drive

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4654

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Reed Underwood

Mailing Address 1518 T Street, NW

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
First Colonies Anesthesia Asso physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4690

Amount of Each Receipt this Period  
150.00

payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon		Date of Receipt
	Mailing Address 22 Woodfield Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Reisterstown	MD	21136
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.4612
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="550.00"/>	payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief		Date of Receipt
	Mailing Address 405 Apple Grove Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Silver Spring	MD	20904
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.4613
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="550.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice		Date of Receipt
	Mailing Address 71401 Meadow Lane		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chevy Chase	MD	20815
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID:</b> SA11AI.4655
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value="550.00"/>	payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 28 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Nicholas Visnich, Jr.  
Mailing Address 10816 Willow Run Circle

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.4683

Amount of Each Receipt this Period  
75.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark Vogt  
Mailing Address 1149 Colonial Road

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.4685

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christopher Wahlgren  
Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2008

**Transaction ID:** SA11AI.4656

Amount of Each Receipt this Period  
150.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy Wex	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 11429 Cedar Ridge Drive	<b>Transaction ID:</b> SA11AI.4686
	City State Zip Code Potomac VA 20854	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Wheeler	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 7108 Collingwood Court	<b>Transaction ID:</b> SA11AI.4670
	City State Zip Code Elkridge MD 21075	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 611 W. 2nd Street	<b>Transaction ID:</b> SA11AI.4614
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Howard Wilpon		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 18212 Wickham Road		<b>Transaction ID:</b> SA11AI.4615
City Olney	State MD	Zip Code 20832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Aiqin Yu		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 13508 Gumspring Road		<b>Transaction ID:</b> SA11AI.4657
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Jungim Yun		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 2057 Thurston Road		<b>Transaction ID:</b> SA11AI.4636
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11565.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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.** Full Name (Last, First, Middle Initial)  
Barbara Marx Brocato & Associates

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
lobbying

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB29.4604

Date of Disbursement

12 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Koontz Dan

Mailing Address 1901 Research Blvd.  
Suite 350

City Rockville State MD Zip Code 20850

Purpose of Disbursement  
mileage reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB29.4605

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

43.29

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

1043.29

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

1043.29