

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 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 01 16 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.

Office Use Only **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		29548.64
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	34996.67									
(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) .....	46756.67	74968.64								
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)) .....	45713.38	45713.38								
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

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	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: PAGE 7 / 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. Donald Charney

Mailing Address 3707 Meadowhill Court

City State Zip Code  
Phoenix MD 21131

FEC ID number of contributing federal political committee. C

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

**Transaction ID:** SA11AI.4659

Amount of Each Receipt this Period 150.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stayam Chary

Mailing Address 9 Alterwood Lane

City State Zip Code  
Owings Mill MD 21117

FEC ID number of contributing federal political committee. C

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

**Transaction ID:** SA11AI.4660

Amount of Each Receipt this Period 150.00

payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas Chau

Mailing Address 7204 Loch Edin Court

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. C

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

**Transaction ID:** SA11AI.4637

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 8 / 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. Dwayne Chen		Date of Receipt
	Mailing Address 11415 Commonwealth Drive #204		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Rockville	MD	20852
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4640
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. Edward Chen		Date of Receipt
	Mailing Address 10209 Fleming Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4638
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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jen Chen		Date of Receipt
	Mailing Address 1104 Mill Ridge Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	McLean	VA	22102
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4639
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"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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) 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) 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) 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address 15114 Pepperridge Drive		<b>Transaction ID:</b> SA11AI.4608		
	City Bowie	State MD	Zip Code 20721	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address 104 Ellingwood Lane		<b>Transaction ID:</b> SA11AI.4617		
	City Frederick	State MD	Zip Code 21702	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Karen Dugan		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address 4107 Vickie Lynn Court		<b>Transaction ID:</b> SA11AI.4618		
	City Mt. Airy	State MD	Zip Code 21771	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	Aggregate Year-to-Date 370.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

**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: PAGE 11 / 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. Todd Epstein		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 11305 Struttman Terrace		<b>Transaction ID:</b> SA11AI.4671
City North Bethesda	State MD	Zip Code 20852
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. Richard Evans		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 6436 West Langley Lane		<b>Transaction ID:</b> SA11AI.4688
City McLean	State VA	Zip Code 22101
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 ▼ 300.00	

**C.**

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 Mt. Airy	State MD	Zip Code 21771
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 90.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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. C	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. C	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. C	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) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Glen Hessinger

Mailing Address 8101 Ruston Crossing Road

City State Zip Code  
Towson MD 21204

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 Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.4663

Amount of Each Receipt this Period  
75.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jean-Max Hogarth

Mailing Address 1614 Randallwood Court

City State Zip Code  
Jarrettsville MD 21084

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 Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.4664

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sung Hong

Mailing Address 8525 Huntspring Drive

City State Zip Code  
Lutherville MD 21093

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 Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.4665

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: 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		Transaction ID: SA11AI.4672
City Chevy Chase	State MD	Zip Code 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		Transaction ID: SA11AI.4643
City Frederick	State MD	Zip Code 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.		Transaction ID: SA11AI.4666
City Baltimore	State MD	Zip Code 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) .....	525.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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 MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 5506 Bootjack Drive	<b>Transaction ID:</b> SA11AI.4622
	City State Zip Code Frederick MD 21702	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. Christina Johnston	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3458 Holland Cliffs Road	<b>Transaction ID:</b> SA11AI.4609
	City State Zip Code Huntingtown MD 20639	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. James Kaufman	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 7514 Arrowwood Road	<b>Transaction ID:</b> SA11AI.4674
	City State Zip Code Bethesda MD 20817	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 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"/> 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
	Highland	MD	20777
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4623
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	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"/> 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
	Fairfax	VA	22032
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4675
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	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"/> 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
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4644
Name of Employer First Colonies Anesthesia		Occupation Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	payroll deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (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 MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 3467 North Venice Street	<b>Transaction ID:</b> SA11AI.4676
	City State Zip Code Arlington VA 22207	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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Malone	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 11667 Fairmont Place	<b>Transaction ID:</b> SA11AI.4624
	City State Zip Code Ijamsville MD 21754	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) ▼ Aggregate Year-to-Date ▼ 825.00	

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

<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 18 / 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. Stephen Martin		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 3336 O Street, NW		<b>Transaction ID:</b> SA11AI.4645
City Washington	State DC	Zip Code 20007
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. Anna Noriega		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 603 Queen Street #4		<b>Transaction ID:</b> SA11AI.4646
City Alexandria	State VA	Zip Code 22314
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. Denis O'Fallon		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 12123 Merricks Court		<b>Transaction ID:</b> SA11AI.4626
City Monrovia	State MD	Zip Code 21770
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: (check only one)	PAGE 19 / 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. 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="150.00"/>
		<input type="text" value="550.00"/>	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="150.00"/>
		<input type="text" value="350.00"/>	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="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 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		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 1813 Solitaire Lane		<b>Transaction ID:</b> SA11AI.4649
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Michael Peck		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 4 Farm Haven Court		<b>Transaction ID:</b> SA11AI.4677
City Rockville	State MD	Zip Code 20852
FEC ID number of contributing federal political committee. C		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. Ramani Peruvemba		Date of Receipt MM / DD / YYYY 12 / 31 / 2008
Mailing Address 8400 Tysons Trace Court		<b>Transaction ID:</b> SA11AI.4650
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic		Date of Receipt
	Mailing Address 3912 Calverton Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Hyattsville	MD	20782
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.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"/> 150.00
		<input type="text"/> 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"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.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"/> 150.00
		<input type="text"/> 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"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer First Colonies Anesthesia		Occupation Physician	Transaction ID: SA11AI.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"/> 150.00
		<input type="text"/> 550.00	payroll deduction

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin		Date of Receipt
	Mailing Address 6611 Hunter Trail Way		<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	<b>Transaction ID:</b> SA11AI.4630
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. Suzanne Scattergood		Date of Receipt
	Mailing Address 14700 Crossway Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Rockville	MD	20853
	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.4631
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="300.00"/>
		<input type="text" value="1100.00"/>	payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman		Date of Receipt
	Mailing Address 8010 Summer Mill Court		<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	<b>Transaction ID:</b> SA11AI.4651
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="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: PAGE 24 / 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. Nader Soliman

Mailing Address 22905 David Mill Road

City State Zip Code  
Germantown MD 20876

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  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4652

Amount of Each Receipt this Period  
150.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Study

Mailing Address 6 Beall Spring Court

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) ▼ 550.00

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

**Transaction ID:** SA11AI.4680

Amount of Each Receipt this Period  
150.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lisa Sullivan

Mailing Address 2454 Five Schillings Road

City State Zip Code  
Frederick MD 21701

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  
MM / DD / YYYY  
12 / 31 / 2008

**Transaction ID:** SA11AI.4634

Amount of Each Receipt this Period  
150.00

payroll deduction

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 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. 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. C	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. C	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. C	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) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 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. Rojack Tan		Date of Receipt
	Mailing Address 507 Goodland Place		<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.4682
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. Bernard Tsai		Date of Receipt
	Mailing Address 10013 New London Drive		<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.4654
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. Reed Underwood		Date of Receipt
	Mailing Address 1518 T Street, NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20009
	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.4690
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="300.00"/>	<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 27 / 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. Arnaldo Valedon	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 22 Woodfield Court	<b>Transaction ID:</b> SA11AI.4612
	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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 405 Apple Grove Road	<b>Transaction ID:</b> SA11AI.4613
	City State Zip Code Silver Spring MD 20904	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 71401 Meadow Lane	<b>Transaction ID:</b> SA11AI.4655
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer Occupation First Colonies Anesthesia Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 28 / 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. Nicholas Visnich, Jr.		Date of Receipt	
	Mailing Address 10816 Willow Run Circle		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4683
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		75.00	
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 ▼		
		275.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Vogt		Date of Receipt	
	Mailing Address 1149 Colonial Road		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4685
	McLean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren		Date of Receipt	
	Mailing Address 1200 Colvin Meadows Lane		M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4656
	Great Falls	VA	22066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>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 29 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy Wex		Date of Receipt
	Mailing Address 11429 Cedar Ridge Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Potomac	VA	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.4686
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"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
payroll deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Wheeler		Date of Receipt
	Mailing Address 7108 Collingwood Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elkridge	MD	21075
	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.4670
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"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
payroll deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry		Date of Receipt
	Mailing Address 611 W. 2nd Street		<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.4614
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"/>	Amount of Each Receipt this Period <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 30 / 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. Howard Wilpon		Date of Receipt
	Mailing Address 18212 Wickham Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Olney	MD	20832
	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.4615
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"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
			payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu		Date of Receipt
	Mailing Address 13508 Gumspring Road		<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.4657
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"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
			payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jungim Yun		Date of Receipt
	Mailing Address 2057 Thurston Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Frederick	MD	21704
	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.4636
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"/>	Amount of Each Receipt this Period <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" value="11565.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 31

<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