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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in fo		OR PRINT ▼		mple: If ty r the lines.		12FE	4M5 ^^		
Fi	rst Colonies Anesth	esia Associate	s, LLC Political A	ction Commi	ttee		111	1111		
L			1 1 1 1 1 1			1 1 1		1 1 1 1		
ΑĐ	DRESS (number and		01 Research Boul	evard, Suite	350			1111		
×	Check if differ than previous reported. (AC	ly Roc	ckville	 	1 1 1	1	MD	20850		
2.	FEC IDENTIFICA		R ▼	CITY ▲			STATE A	\	ZIP COD	DE 🛦
	C 00416305]	3. IS THIS REPORT	X	NEW (N) OF	?	AMENDED (A)		
4.	TYPE OF REPO	ORT (b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M	15)	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Repo	orts:		Mar 20 (M3)		Jun 20 (M	6)	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly	Report (Q1)	(c) 12-Day	Apr 20 (M4)		Jul 20 (M7		Oct 20 (M10)		Jan 31 (YE)
	July 15 Quarterly	Report (Q2)	(c) 12-Day PRE-Election	n 🖳	Primary (1	2P)	X Ge	neral (12G)	□ '	Runoff (12R)
	[X] October 1		Report for the	ne:	Convention			ecial (12S)		
	January 3 Year-End	31 Report (YE)	E	lection on		′ 07°	2006		in the State of	MD
	July 31 M Report (N Year Only	lon-election	(d) 30-Day POST-Electi	اكا	General (3	0G)	Ru	noff (30R)		Special (30S)
	Termination (TER)	on Report	·	lection on		ر مرق	/ [Y • Y	in the State of	
5.	Covering Period	10 m	01° ′ <u>20</u>	06	through	[¥0′	" / "18	′ 200	67	
I ce	I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.									
Тур	oe or Print Name of	Treasurer Jer	remy Roth, MD	······································	-					
Sig	nature of Treasurer		for	16			Date	<i>08</i> ′2	اً ' ال	2007
NO	TE: Submission of fa	alse, erroneøus.	or incomplete infor	mation may s	ubject the p	erson signing	g this Repo	t to the penalti	es of 2 U	.S.C. §437g.
	Office Use							FEC	FORI	M 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
First Colonies Anesthesia Associates, LLC	Political Action Committee	
Report Covering the Period: From:	10°	o: 11 / 27 / 2006 /
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		6,831.64
(b) Cash on Hand at Beginning of Reporting Period	11,630.37	
(c) Total Receipts (from Line 19)	7,260.00	34,235.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. [18,890.37]	41,066.64
7. Total Disbursements (from Line 31)	0.00	22,175.97
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18,890.37	18,890.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	. 0.00	
This committee has qualified as a mu	Iticandidate committee. (see FEC FORM 1M)	,
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name First Colonies Anesthesia Associates, LLC Political Action Committee мгуги 11 27 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 7,260.00 22,970.00 (i) Itemized (use Schedule A)..... 11,265.00 0.00 (ii) Unitemized (iii) TOTAL (add 7,260.00 34,235.00 Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 7.260.00 34,235,00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 7,260.00 34,235.00 12, 13, 14, 15, 16, 17, and 18(c))......... 20. Total Federal Receipts 7.260:00 (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		Calelidai leai-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(i) I edelal oriale		
(ii) Non-Federal Share	0.00	2,717.23
(b) Other Federal Operating		! <u> </u>
Expenditures		
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶		
22. Transfers to Affiliated/Other Party		
Committees		3,750.00
23. Contributions to		
Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures		
(use Schedule E)		
(2 U.S.C. §441a(d))		
(use scriedale i)		
26. Loan Repayments Made		
co. Loan repayments wade		
37 Lagra Mada		
27. Loans Made 28. Refunds of Contributions To:		<u></u>
(a) Individuals/Persons Other		
Than Political Committees		
(b) Delthing Deuty Organists		
(b) Political Party Committees		Language and the second
(c) Other Political Committees		
(such as PACs)		
(d) Takel Contribution Defined		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	L	<u> </u>
A OU BUL I I I I I I I I I I I I I I I I I I I	[17,072,71
29. Other Disbursements	0.00	17,072.71
	 	
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	Lever meneral	<u> </u>
(ii) "Levin" Share	L. L	
(b) Federal Election Activity Paid Entirely		
With Federal Funds		<u></u>
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		L
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	23,539.94
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	التسائستانسانسانسانسانسانسانسانسانسانسانسانسانسا	المساورة والمساورة والمساو
	0.00	
from Line 31)] []	li 123.539.94

DETAILED SUMMARY PAGE

of Disbursements

Page 5 FEC Form 3X (Rev. 02/2003) **COLUMN A** III. Net Contributions/Operating Ex-COLUMN B **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 34,235.00 7,260.00 (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) 7,260.00 34,235.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ 37. Offsets to Operating Expenditures (from Line 15, page 3) 38. Net Operating Expenditures (subtract Line 37 from Line 36)

S

SCHEDULE A (FEC Form 3X)	lien concrete cohedule(a)	FOR LINE NUMBER: PAGE 1 OF 26
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one) X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia Associates, LLC Political Ad	ction Committee	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 7204 Loch Edin Court		[11] / [16] / [12006];
City State	Zip Code	
Rockville, MD 20854		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Occupation	<u> </u>	50 per payroll contribution
First Colonies Anesthesia Associates Anesthesia	siologist	
Drimary V Ganaral	Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Edward G. Chen, M.D.		Date of Receipt
Mailing Address		
10209 Fleming Ave City State	Zip Code	2006
Bethesda, MD 20814	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		100.00
federal political committee.		100.00
Name of Employer Occupation		50 per payroll contribution
Descipt Com	siologist e Year-to-Date ▼	-
Primary X General	500.00	
Other (specify) ▼	<u> </u>	
Full Name (Last, First, Middle Initial) Jen W. Chen, M.D.		Date of Receipt
Mailing Address		
1104 Mill Ridge City State	Zip Code	11 1 2006
McLean, VA 22102		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Occupatio	n	50 per payroll deduction
First Colonies Anesthesia Associates Anesthesia	siologist	
Receipt For: Primary X General Aggregate	Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	•	300.00
		[

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 2 OF 26 (check only one)

X 11a 11b 11c 12

13 14 15 16 11

		Detailed Summary Page	X	11a 13	Н	11b	-	11c 15	12	□ 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma	ay not be sold or used by any pe ddress of any political committee	rson for	or the p	purp	pose	of s	oliciting	contribut	ions
NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, L										
Full Name (Last, First, Middle Initial) A. Dwayne Chen, M.D.				Date of	Red	ceipt				
Mailing Address 11415 Commonwealth Dr., Unit 204 City Pockville, MD 20852	State	Zip Code		11] <u>'</u>	16		(2006	
Rockville, MD 20852 FEC ID number of contributing federal political committee.	C		- 4	\mount	of 			•	is Period	100,00
Name of Employer First Colonies Anesthesia Associates Receipt For:	1	iologist Year-to-Date ▼	-	_	-	- {	50 p	er pay	roli dedu	ction
Primary X General Other (specify)	1	500.00								
Full Name (Last, First, Middle Initial) B. Melvin V. Coursey, M.D. Mailing Address 18720 Shremor Drive City	State	Zip Code	_ .	Date of	Re	eceipt	<u></u>]′[2006	
Derwood. MD 20855 FEC ID number of contributing federal political committee.	C		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\mount	of	Each	Re	ceipt th	is Period	100.00
Name of Employer First Colonies Anesthesia Associates Receipt For: Primary Receipt For:	Occupation Anesthes Aggregate		_				5(0 per pa	ayroll de	duction
Other (specify) ▼		500.00								
Full Name (Last, First, Middle Initial) C. Lauren J. DeLoach, M.D. Mailing Address 15114 Pepperidge Drive City	State	Zip Code	_	Date of	Re	eceipt]′[2006	
Bowie, MD 20721 FEC ID number of contributing federal political committee.	C	<u></u>	- '	\mount	of	Each	Re	ceipt th	is Period	00.00
Name of Employer First Colonies Anesthesia Associates Receipt For: Primary X General Other (specify)	Occupation Anesthes Aggregate	siologist Year-to-Date ▼	- - - - -			50 p	er p	oayroll (deduction	n
SUBTOTAL of Receipts This Page (optional)					-	₩	<u>=</u>			00.00
TOTAL This Period (last page this line number only)					<u></u>	<u>~</u>	' <u>ڀ</u>	- <u></u>		00.00

SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 3 OF 26
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia Associates, LLC Politica	Action Committee	
Full Name (Last, First, Middle Initial) A. Danielle A. Dugan, D.O.		Date of Receipt
Mailing Address		
19053 Sawyer Terrace	7.0.1.	11 16 2006
City State Germantown, MD 20874	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Occup	ation	
	thesiologist	50.00 per payroll deduction
	gate Year-to-Date ▼	
Primary X General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		<u> </u>
B. Todd A. Epstein, M.D.		Date of Receipt
Mailing Address 11305 Struttmann Terrace		16 / 7 2006
City State	Zip Code	
North Bethesda, MD 20852		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Occup	ation	
	thesiologist	50 per month payroll deduction
Receipt For: Primary X General Aggree	gate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)		
C. Tamara H. Gabrielli, M.D. Mailing Address		Date of Receipt
504 Reserve Champion Drive		11 16 2006
City State	Zip Code	
Rockville, MD 20850		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Occup	ation	50 per month payroll deduction
	thesiologist	
Receipt For: Aggre Primary X General	gate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number only)		900.00

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	}	

FOR LINE NUMBER: PAGE 4 OF 26 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Steven M. Grube, D.O. **Mailing Address** 2006 116 13895 Foxtower Road Zip Code City State Thurmont, MD 21788 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation 50 per payroll deduction First Colonies Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ **Primary** General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Hopper, M.D. Date of Receipt Mailing Address 2006 16 4550 North Park Ave, #101 City State Zip Code Chevy Chase, MD 20815 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. 50 per payroll deduction Name of Employer Occupation First Colonies Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ X General **Primary** 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt C. Stuart W. Hough, M.D. Mailing Address 2006 9110 Travener Circle State Zip Code Frederick, MD 21704 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation 75 per payroll deduction First Colonies Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ **Primary** General 750.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... 1,250.00 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 5 OF 26 (check only one)

X 11a 11b 11c 12

13 14 15 16 17

The purpose of soliciting contributions ress of any political committee to solicit contributions from such committee.

_			<u> </u>			
	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.					
$\sqrt{}$	NAME OF COMMITTEE (In Full)					
<u>/</u>	First Colonies Anesthesia Associates, LLC	Political Action Committee				
Δ.	Full Name (Last, First, Middle Initial) David A. Johnson, M.D.		Date of Receipt .			
-	Mailing Address		[11] / [16] / [7][2006]			
	5506 Bootjack Dr. City	State Zip Code				
	Frederick, MD 21702		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		100.00			
	Name of Employer	Occupation	50 per payroll deduction			
	First Colonies Anesthesia Associates	Anesthesiologist				
	Receipt For: Primary X General	Aggregate Year-to-Date ▼				
	Other (specify)	500.00				
В.	Full Name (Last, First, Middle Initial) Cristina Chan Johnston, M.D.		Date of Receipt			
	Mailing Address 3458 Holland Cliffs Road		[11] / [16] / [2006]			
	City	State Zip Code				
	Huntingtown, MD 20639		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	100.00			
	Name of Employer	Occupation	0-50 per payroll deduction			
	First Colonies Anesthesia Associates Receipt For:	Aggregate Vegr to Date T	deduction			
	Primary X General	Aggregate Year-to-Date ▼	·			
	Other (specify)	500.00				
^	Full Name (Last, First, Middle Initial) James A. Kaufman, M.D.		Date of Receipt			
U .	Mailing Address		11 / [16] / [7] 2006]			
	7514 Arrowood Road City	State Zip Code	[10]			
	Bethesda, MD 20817		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	100.00			
	Name of Employer	Occupation	50 per payroll deduction			
	First Colonies Anesthesia Associates Receipt For:	Anesthesiologist	·			
	Primary X General	Aggregate Year-to-Date ▼				
	Other (specify)	500.00				
s	SUBTOTAL of Receipts This Page (optional)					
Т	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER: PAGE 6 OF 26 (check only one)				
TEMIZED RECEIPTS	for each category of the	(check only one)			
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any pell address of any political committee	rson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
First Colonies Anesthesia Associates, LLC Political A	Action Committee				
Full Name (Last, First, Middle Initial)		Date of Receipt			
La Cynthia E. Kenol, M.D. Mailing Address					
6579 Prestwick Drive		11 16 7 2006 7			
City State	Zip Code	Amount of Each Possint this Ported			
Highland, MD 20777 FEC ID number of contributing		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer Occupati		50 per payroll deduction			
Pennint For:	esiologist	4			
Primary X General Aggregat	te Year-to-Date ▼				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial)					
Richard J. Ko, M.D.		Date of Receipt			
Mailing Address 4101 Hunt Road		11 / 16 / 2006			
City State	Zip Code				
Fairfax, VA 22032		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		100.00			
Name of Employer Occupati		50 per payroll deduction			
Pagaint For:	esiologist	4			
Primary X General Aggrega	te Year-to-Date ▼				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Harkisan A. Laheri, M.D.		Date of Receipt			
Mailing Address					
11722 Split Tree Circle	75-00-1-	11 / [16] / [2006]			
City State Potomac, MD 20854	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing	········				
federal political committee.		100.00			
Name of Employer Occupati	on	50 per payroll deduction			
Donoint For:	esiologist	4			
Aggrega Primary X General	te Year-to-Date ▼				
Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional)		300.00			
		1,850.00			
TOTAL This Period (last page this line number only)		1,000.00			

FOR LINE NUMBER: (check only one) PAGE 7 OF 26 Use separate schedule(s)

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a			
Any information copied from such Reports and Stator for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
First Colonies Anesthesia Associates, LLC F	Political Ac	tion Committee				
Full Name (Last, First, Middle Initial) A. Kathleen A. Leavitt, M.D. Mailing Address			Date of Receipt			
3467 N. Venice City Arlington, VA 22207	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C					
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthes		50 per payroll deduction			
Receipt For: Primary	Aggregate	Year-to-Date ▼500.00				
Full Name (Last, First, Middle Initial) B. Thomas E. Malone, M.D. Mailing Address 11667 Fairmont Place	OA-t-	Tin Code	Date of Receipt			
City Ijamsville, MD 21754	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		150.00			
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthes		75 per payroll deduction			
Receipt For: Primary	Aggregate	Year-to-Date ▼ 				
Full Name (Last, First, Middle Initial) C. Mollyann G. March, M.D.			Date of Receipt			
Mailing Address 6504 Greentree Road			11 / 16 / 7 2006			
City	State	Zip Code				
Bethesda, MD 20817 FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
Name of Employer	Occupation		75 per payroll deduction			
Primary X General Other (specify) ▼	Anesthe	year-to-Date ▼ 750.00				
SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line number of	nly)		2,250.00			

Use separate schedule(s)

FOR LINE (check only		PAGE	<u>8</u> C	<u>F</u> 26
X 11a	11b	11c	12	
1 13	14	15	1 16	17

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political A	Action Committee	
Receipt For: Primary X General Other (specify) ▼ Aggrega	Zip Code	Date of Receipt 11
Bassist Foru	Zip Code On esiologist te Year-to-Date ▼ 1,000.00	Date of Receipt 11 / 16 / 2006 Amount of Each Receipt this Period 200.00 100 per payroll deduction
Receipt For: Aggrega	Zip Code on esiologist te Year-to-Date ▼ 500.00	Date of Receipt 11 / 16 / 2006 Amount of Each Receipt this Period 100.00 50 per payroll deduction
SUBTOTAL of Receipts This Page (optional)		400.00

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

2,650.00

(J)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 9 OF 26 Use separate schedule(s) for each category of the (check only one)

TEMIZED NEOCH 10	Detailed Summary Page	X	11a	\Box	11b	F	11c	_	12	<u> </u>	_ !	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe	erson	13 for the	purp	14 oose	of s	15 soliciting	g co	16 ntributi	ons	_
NAME OF COMMITTEE (In Full)	i ilaine and a	dutess of any political committee	10 50	MICH COI		ulion:	- 111	oni_suc	11 00	minuce	<u>.</u>	_
First Colonies Anesthesia Associates, LLC	Political Ac	tion Committee										
Full Name (Last, First, Middle Initial) A. H. Philip Owens, M.D. Mailing Address 141 Adams Street, NW City Washington D.C. 20001	State	Zip Code		Date of	<u></u>	16	<u>_</u>	/ [veceipt the		2006 ^		
FEC ID number of contributing federal political committee.					<u>. </u>	<u>~~</u> .	_	л <u>л</u> л.	<u> </u>	10	00.00	
Name of Employer First Colonies Anesthesia Associates Receipt For: ☐ Primary ☐ X General ☐ Other (specify) ▼	Occupation Anesthes Aggregate			50 per payroll deduction					I			
Full Name (Last, First, Middle Initial) 3. Paul M. Park, M.D. Mailing Address 821 Oak Knoll Terrace				Date of	Re	ceipt	Ţ]′[~~~	200	6	
City Rockville, MD 20850	State	Zip Code	_	Amount	of	Each		ceipt th	nis F	eriod		
FEC ID number of contributing federal political committee.	C				л	<u>~</u>	<u> </u>	<u>~_~</u>		1 <u></u>	00.00	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthes					50	pay	rroll de	duc	tion		
Receipt For: Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 500.00								_	_	
Full Name (Last, First, Middle Initial) Michael J. Peck, M.D.				Date of	Re	ceipt						
Mailing Address 4 Farm Haven Court City	State	Zip Code		11] ′	16]	<u>~~</u> ~	200	6]	
Rockville, MD 20852	Sidle	Zip Code		Amount	of	Each	Re	ceipt th	his F	Period		_
FEC ID number of contributing federal political committee.	C				~ -	~— ~—		~_~~ ~		15	0.ŏ0	
Name of Employer			75 payroll deduction									
First Colonies Anesthesia Associates Receipt For: Primary Other (specify)	Anesthes	siologist Year-to-Date ▼ 750.00										
SUBTOTAL of Receipts This Page (optional)								<u>, , , , , , , , , , , , , , , , , , , </u>		350	.00	
TOTAL This Period (last page this line number only)								~~~~		3,00	00.00	

FE5AN015

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one)				PAGE	_1	0_0	F_26	
X	11a		11b		11c		12	
	13		14		15		16	17

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	ly not be sold or used by any peddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
First Colonies Anesthesia Associates, LLC	C Political Ac	tion Committee	
Full Name (Last, First, Middle Initial) A. Ramani Peruvemba, M.D.			Date of Receipt
Mailing Address			[11]] / [16]] / [7] 2006
8400 Tysons Trace Court City	State	Zip Code	
Vienna, VA 22182			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		50 per payroll deduction
First Colonies Anesthesia Associates Receipt For:	Anesthesi		_}
Primary	1	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
B. Eugen Arpad Pirovic, M.D. Mailing Address			
3912 Calverton Drive		7 0 1	11 16 7 7 2006
City Hyattsville, MD 20782	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	100.00
federal political committee.			
Name of Employer \	Occupation		50 per payroll deduction
First Colonies Anesthesia Associates Receipt For:	Anesthes	Year-to-Date ▼	7
Primary X General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) C. Clyde W. Pray, M.D.			Date of Receipt
Mailing Address	· — · · · ·		11 1 / 16 7 / 12006 N
13517 Hunting Hill Way City	State	Zip Code	
North Potomac, MD 20878			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		50 per payroll deduction
First Colonies Anesthesia Associates Receipt For:	Anesthes		-
Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
CURTOTAL of Possints Title Poss (call the			300.00
SUBTOTAL of Receipts This Page (optional)			

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

3,300.00

SCHEDULE A (FEC Form 3X)	:	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 26 (check only one)
ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	name and a	duress of any political committee	to solicit contributions from such committee.
)	Dalikiaal Aas	lian Canada Mar	
First Colonies Anesthesia Associates, LLC I	Political Ac	tion Committee	
Full Name (Last, First, Middle Initial) A. Kathleen A. Ranney, M.D.			Date of Receipt
Mailing Address			[11] / [16]] / [YYY2006]]
15 Mountain Road		·	2006
City Thurmont, MD 21788	State	Zip Code	Amount of East Resolut this Revised
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.			100.00
Name of Employer	Occupation		50 per payroll deduction
First Colonies Anesthesia Associates	Anesthes	iologist	
Receipt For: Primary X General		Year-to-Date ▼	
Other (specify)		500.00	
	<u> </u>	<u>^</u>	
Full Name (Last, First, Middle Initial)			
Marianne C. Ries, M.D. Mailing Address			Date of Receipt
114 Midtown Road			11 / 16 / 2006
City	State	Zip Code	
Gaithersburg, MD 20878			Amount of Each Receipt this Period
FEC ID number of contributing	C	~~~~~~~~~	100.00
federal political committee.	الـــــال	- <u>^</u> -^^^	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthes		50 per payroll deduction
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary X General		500.00	
Other (specify) ▼	<u></u>	<u> </u>	
Full Name (Last, First, Middle Initial)			Bata of Bassist
C. Alexander S. Rubin, M.D. Mailing Address			Date of Receipt
6611 Hunter Trail Way			11 / 16 / 2006
City	State	Zip Code	
Frederick, MD 21702			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	<u> </u>	100.00
Name of Employer	Occupation		50 per payroll deduction
First Colonies Anesthesia Associates	Anesthes	iologist	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary X General Other (specify)	<u> </u>	500.00	
	<u></u>	<u></u>	
SUBTOTAL of Receipts This Page (optional)			300.00
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TOTAL This Period (last page this line number of	nly)		3,600.00

FOR LINE NUMBER: PAGE 12 OF 26 Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 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 Politic	cal Action Committee							
Full Name (Last, First, Middle Initial)								
A. Suzanne N. Scattergood, M.D.		Date of Receipt						
Mailing Address		11 / 16 / 2006						
14700 Crossway RoadSte	ate Zip Code	الصطالكا لصكا						
Rockville, MD 20853		Amount of Each Receipt this Period						
FEC ID number of contributing								
federal political committee.	<u> </u>	200.00						
Name of Employer Occu	pation	400 par parall de directo						
	esthesiologist	100 per payroll deduction						
Possint For:	regate Year-to-Date ▼	†						
Primary X General	egate real-to-Date •							
Other (specify)	1,000.00"							
Full Name (Last, First, Middle Initial)		Date of Receipt						
B. Gerald Scheinman, M.D. Mailing Address								
8010 Summer Mill Court _		11 / 16 / 2006						
City Sta	ate Zip Code							
Bethesda, MD 20817		Amount of Each Receipt this Period						
FEC ID number of contributing		100.00						
federal political committee.	<u> </u>							
Name of Employer Occu	pation	50 per payroll deduction						
First Colonies Anesthesia Associates Ane	esthesiologist	·						
Receipt For: Aggi	regate Year-to-Date ▼	7						
Primary X General	500.00							
Other (specify) ▼								
Full Name (Last, First, Middle Initial)		 						
C. Nader E. Soliman, M.D.		Date of Receipt						
Mailing Address		[11] / [16]] / [7006]]						
22905 David Mill Road	ate Zip Code							
City Sta Germantown, MD 20876	ara zip Coue	Amount of Each Receipt this Period						
FEC ID number of contributing		T VINORII OI ESCIL LIBOSINI (IIIS LEUO)						
federal political committee.		100.00						
· · · · · · · · · · · · · · · · · · ·	pation	50 per payroll deduction						
' '	•	per payron deduction						
Descint For	esthesiologist regate Year-to-Date ▼	+						
Primary X General								
Other (specify)	500.00							
SUBTOTAL of Receipts This Page (optional)		400.00						
3- (
TOTAL This Period (last page this line number only)		4,000.00						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 13 OF 26 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 **Detailed Summary Page** 13 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia Associates, LLC	Political Action Committee	
Full Name (Last, First, Middle Initial) Robert Study, M.D. Mailing Address 6 Beall Spring Ct City Potomac, MD 20854 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Associates Receipt For: Primary Other (specify) General Other (specify)	State Zip Code Cl	Date of Receipt 11 / 16 / 2006 Amount of Each Receipt this Period 100.00 50 per payroll deduction
Full Name (Last, First, Middle Initial) Lisa M. Sullivan, M.D. Mailing Address 2454 Five Shillings Road City Frederick. MD 21701 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Associates Receipt For: Primary Other (specify)	State Zip Code C C C C C C C C C C C C C C C C C C	Date of Receipt 11 / 16 / 2006 Amount of Each Receipt this Period 100.00 50 per payroll deduction
Full Name (Last, First, Middle Initial) Louis W. Swann, M.D. Mailing Address PO Box 6081 City McLean, VA 22106-6081 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Associates Receipt For: Primary Other (specify)	State Zip Code C C Coupation Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt . 11
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	only)	4,300.00

FOR LINE NUMBER: PAGE 14 OF 26 Use separate schedule(s) (check only one)

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stateme for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Politic	cal Ac	tion Committee	
A.	Potomac, MD 20854 FEC ID number of contributing federal political committee. Name of Employer Circle Colonies Anesthesia Associates Page 15 Page 1		Zip Code iologist Year-to-Date ▼ 500.00	Date of Receipt 11 / 16 / 2006 Amount of Each Receipt this Period 100.00 50 per payroll deduction
В.	First Colonies Anesthesia Associates Ane	upation esthes	Zip Code Siologist Year-to-Date ▼ 500.00	Date of Receipt 11 / 16 / 2006 Amount of Each Receipt this Period 100.00 50 per payroll deduction
C.	Potomac, MD 20854 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Associates Proceint For:		Zip Code siologist Year-to-Date ▼ 500.00	Date of Receipt 11 / 16 / 2006 Amount of Each Receipt this Period 50 per payroll deduction
	UBTOTAL of Receipts This Page (optional)			300.00
T	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Mailing Address

Receipt For:

Primary

Mailing Address

Primary

Mailing Address

Receipt For:

Primary

City

City

City

FOR LINE NUMBER: PAGE 15 OF 26 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c **Detailed Summary Page** 13 14 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) A. Mark D. Vogt, M.D. Date of Receipt 2006 1149 Colonial Road State Zip Code McLean, VA 22101 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. 50 per payroll deduction Name of Employer Occupation First Colonies Anesthesia Associates **Anesthesiologist** Aggregate Year-to-Date ▼ X General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Christopher Wahlgren, M.D. 2006 1200 Colvin Meadows Lane Zip Code State Amount of Each Receipt this Period Great Falls, VA 22066 FEC ID number of contributing 100.00 C federal political committee. Name of Employer Occupation 50 per payroll deduction First Colonies Anesthesia Associates Receipt For: nesthesiologist Aggregate Year-to-Date ▼ X General Other (specify) 500.00 Full Name (Last, First, Middle Initial) C. Timothy G. Wex, M.D. Date of Receipt 2006 16 11429 Cedar Ridge Drive State Zip Code Potomac, MD 20854 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation 50 per payroll deduction First Colonies Anesthesia Associates Anesthesiologist Aggregate Year-to-Date ▼ X General 500.00 Other (specify)

FOR LINE NUMBER: (check only one) PAGE 16 OF 26 Use separate schedule(s)

HEMIZED RECEIPTS	Detailed Summary Page	[2	118	F	-	11b	, [_	11c		12			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						ırp			soli				ons	17
NAME OF COMMITTEE (In Full)		addison of any pointed sometimes	- 10 0		<u> </u>								<u>. </u>	
First Colonies Anesthesia Associates, LLC Poli	itical Ac	tion Committee												
Full Name (Last, First, Middle Initial) A. Howard M. Wilpon, M.D. Mailing Address 18212 Wickham Road City Olney, MD 20832 FEC ID number of contributing federal political committee.	State	Zip Code		Date of Receipt 11										
First Colonies Anesthesia Associates A	ccupation nesthes ggregate						50	per	pa	yroll (ded	duction	n	·
• •	State	Zip Code		Date		1	[1	6]] ′	, <u> </u>	<u>.</u>	2006		
First Colonies Anesthesia Associates A		n siologist Year-to-Date ▼ 500.0	FO 51	Amo	int o		√— 7`—	~ <u>~</u>		eipt thi	<u>~</u>	 _	00.00 n	<u>ַ</u>
Frederick, MD 21704 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Associates A		Zip Code Siologist Year-to-Date ▼		Date 11		′	Eac	6 h R	т <u> </u>	<u>-1</u> -	is P		 00.0	
SUBTOTAL of Receipts This Page (optional)			<u> </u>				7 <u>-</u>					, 300 5,200		

FOR LINE NUMBER: PAGE 17 OF 26 Use separate schedule(s) (check only one)

HEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and State for commercial purposes, other than using the na	son for the purpose of soliciting contributions										
7	NAME OF COMMITTEE (In Full)											
<u>/</u>	First Colonies Anesthesia Associates, LLC Po	olitical Act	tion Committee									
	, ,	State		Amount of Each Receipt this Period 50 per payroll deduction								
	Receipt For: Primary X General Other (specify) ▼	Anesthesi Aggregate	Year-to-Date ▼ 500.00									
В.	Full Name (Last, First, Middle Initial) Paul S. Van Nice, M.D. Mailing Address 7101 Meadow Lane			Date of Receipt								
	City Chevy Chase, MD 20815	State	Zip Code	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	<u></u>	100.00								
	First Colonies Anesthesia Associates	Anesthes Aggregate		50 per payroll deduction								
_	Full Name (Last, First, Middle Initial)			Date of Receipt								
.	Nicholus Visnich, Jr, M.D. Mailing Address 10816 Willow Run Court City Potomac, MD 20854	State	Zip Code	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	<u></u>	50.00								
	First Colonies Anesthesia Associates	Anesthes Aggregate		25 per payroll deduction								
S	UBTOTAL of Receipts This Page (optional)	250.00										
T	OTAL This Period (last page this line number only	5,450.00										

	R LINE	NUMBER one)	PAGE	18_OF	_26
X	11a	11b	11c	12	
	13	14	15	16	17

ITE	MIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any or fo	information copied from such Reports and Statements or commercial purposes, other than using the name an	may not be sold or used by any ped address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
├─	IAME OF COMMITTEE (In Full)		
F	irst Colonies Anesthesia Associates, LLC Political	Action Committee	
_	ull Name (Last, First, Middle Initial)		
-	Marc L. Beck, M.D.		Date of Receipt
	failing Address		11 / 16 / 7 2006
_	6 Norris Run Court	Zip Code	
	esisterstown, MD 21136		Amount of Each Receipt this Period
	EC ID number of contributing oderal political committee.	<u></u>	100.00
V	ame of Employer Occupat	ion	50 per payroll deduction
_		esiologist	
F	eceipt For: Aggrega	ate Year-to-Date ▼	
	Primary X General Other (specify) ▼	500.00	
	ull Name (Last, First, Middle Initial)		
_	onald J. Charney, M.D.		Date of Receipt
	Aailing Address 1707 Meadowhill Court		[11] / [16] / [7] / [2006]
_	State	Zip Code	
	Phoenix, MD 21131	2.p 0000	Amount of Each Receipt this Period
_	TC ID asserted acceptable at the control of the con	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Amount of Each Receipt this Feriod
	EC ID number of contributing ederal political committee.		100.00
7	lame of Employer Occupation	lion	50 per payroll deduction
		nesiologist	
F	Receipt For: Aggregation Aggregation	ate Year-to-Date ▼	
	Primary X General Other (specify) ▼	500.00	
	Cuter (specify)	<u> </u>	
	ull Name (Last, First, Middle Initial)	 	
_	Glen Hessinger, M.D.		Date of Receipt
	Mailing Address 1101 Ruxton Crossing Road		11 / [16] / [2006]
_	City State	Zip Code	
	owson, MD 21204	2.p 0010	Amount of Each Receipt this Period
F	EC ID number of contributing	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	50.00
	ederal political committee.	<u></u>	50.00
7	lame of Employer Occupa	tion	25 per payroll deduction
		nesiologist	
F	Receipt For: Aggregation Aggregation	ate Year-to-Date ▼	
	Primary X General Other (specify)	250.00	
Su	BTOTAL of Receipts This Page (optional)		250.00
 			5,700.00
			II 15,700.00I

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 OF 26
ITEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St			
or for commercial purposes, other than using the	name and a	daress of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
First Colonies Anesthesia Associates, LLC	Political Ac	tion Committee	
Full Name (Last, First, Middle Initial) A. Sung-Soo Hong, M.D.			Date of Receipt
A. Sung-Soo Hong, M.D. Mailing Address			
8525 Huntspring Drive			11 / 16 / 2006
City	State	Zip Code	
Lutherville, MD 21093			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	<u></u>	100.00
Name of Employer	Occupation		50 per payroll deduction
First Colonies Anesthesia Associates	Anesthes		_
Receipt For: Primary X General		Year-to-Date ▼	
Other (specify)		500.00	
			
Full Name (Last, First, Middle Initial) R Kastutis I Pauliukonis M.D.			Date of Receipt
B. Kestutis J. Pauliukonis, M.D. Mailing Address			
1813 Solitaire Lane			11 16 2006
City McLean, VA 22101	State	Zip Code	Amount of Each Desiret this Payled
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.			100.00
Name of Employer	Occupation		50 per payroll deduction
First Colonies Anesthesia Associates Receipt For:	Anesthes		_
Primary X General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial)			
C. Jeremy B. Roth, M.D.			Date of Receipt
Mailing Address			[11] / [16]] / [12006]]
913 Hillstead Drive City	State	Zip Code	
Lutherville, MD 21093			Amount of Each Receipt this Period
FEC ID number of contributing		<u> </u>	60.00
tederal political committee.		<u></u>	L
Name of Employer Occupation			30 per payroll deduction
First Colonies Anesthesia Associates	Anesthes		_
Receipt For: Primary X General	Aggregate	Year-to-Date ▼	
Other (specify)		300.00	
			<u> </u>
SUBTOTAL of Receipts This Page (optional)			260.00
			E 000 001
TOTAL This Period (last page this line number of	only))	5.960.00

SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 OF 26						
ITEMIZED RECEIPTS	for each category of the	(check only one) X 11a 11b 11c 12						
	Detailed Summary Page	13 14 15 16 17						
Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
First Colonies Anesthesia Associates, LLC Poli	tical Action Committee							
Full Name (Last, First, Middle Initial)								
A. Arnaldo Valedon, M.D. Mailing Address		Date of Receipt						
22 Woodfield Court		11 / 16 / 2006						
City	State Zip Code							
Resisterstown, MD 21136		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		100.00						
Name of Employer Oc	cupation	50 per payroll deduction						
First Colonies Anesthesia Associates Ar	nesthesiologist							
Receipt For: Ag Primary X General	gregate Year-to-Date ▼							
Other (specify)	500.00							
Still Marco (Lond Stand Middle India)		 						
Full Name (Last, First, Middle Initial) B. Martha Van Clief, M.D.		Date of Receipt						
Mailing Address								
405 Apple Grove Road		11 16 2006						
· ·	State Zip Code	Amount of Costs Descript this Desired						
Silver Spring, MD 20904		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		100.00						
Name of Employer Oc	cupation	50 per payroll deduction						
Pagaint For:	nesthesiologist	4						
Primary X General	gregate Year-to-Date ▼							
Other (specify)	500.00							
Full Name (Last, First, Middle Initial)		 						
C. Thomas Wherry, M.D.		Date of Receipt						
Mailing Address 611 West Second Street		11 / 16 / 2006						
	State Zip Code							
Frederick, MD 21701		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		100.00						
Name of Employer Oc	cupation	50 per payroll deduction						
	nesthesiologist							
	gregate Year-to-Date ▼							
Other (specify)	500.00							
SUBTOTAL of Receipts This Page (optional)		300.00						
TOTAL This Period (last page this line number only)		6,260.00						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 21 OF 26 Use separate schedule(s) for each category of the (check only one)

	LIVIIZED RECEIF 13		X	11a 13	P	1	1b	-	11c 15		12 16	17									
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements mand a	ay not be sold or used by any pe ddress of any political committee	rson f	or the	purp etrib	ро	se of	sol	liciting	COL	ntribut	ions								
$\overline{\ }$	NAME OF COMMITTEE (In Full)																				
<u>/</u>	First Colonies Anesthesia Associates, LLC	tion Committee			_																
۹.	Full Name (Last, First, Middle Initial) John J. Bunker, M.D.			Date of	Re	CE	aipt														
	Mailing Address		[11]] / [16]] / [2006]]																		
15229 National Pike City State Zip Code																					
	Hagerstown, MD 21704	<u> </u>	. <u> </u>	Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	C		100.00																	
	Name of Employer	Occupation		50 per payroll deduction																	
	First Colonies Anesthesia Associates	Anesthes	iologist	╛																	
	Receipt For:	Aggregate	Year-to-Date ▼																		
	Primary X General		500.00	i I																	
	Other (specify) ▼	<u>L </u>	<u></u>																		
_	Full Name (Last, First, Middle Initial)			\top							_										
3.	Karen Dugan M.D.			⊣ ′	Date of	Re	CE	eipt													
	Mailing Address 4107 Vickie Lynn Court			11 / 16 / / 2006																	
	City	State	Zip Code																		
	Mt. Airy, MD 21771			Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	C	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				~ ~		<u>~</u>	<u>÷</u> —			40.00								
	Name of Employer	Occupation		_																	
	First Colonies Anesthesia Associates	Anesthes		ı				20 pe	r	oayrol	l de	educt	ion								
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_	Full Name (Last, First, Middle Initial)													
Α.	Robert Sullivan, M.D.			_ Date o	f Re	ceipt								
	Mailing Address 2454 Five Shillings Road			11 / 16 / 17 2006										
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	9 Alterwood Lane]]		<u> </u>	<u>~_~</u>	-3-	<u> </u>				
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First Colonies Anesthesia Associates, LLC	Political A	ction Committee												
Full Name (Last First Middle Initial) Keith Hairston, M.D.	Date of Receipt													
Mailing Address 12312 High Stakes Drive			11 / 16 / Y Y 2006											
City Reisterstown, MD 21136	State	Zip Code	Amount of Each Receipt this Period											
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Full Name (I ast. First. Middle Initial) Jean-Max Hogarth M.D.			Date of Receipt											
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City Jarrettsville, MD 21084	State	Zip Code	Amount of Each Receipt this Period											
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Full Name (Last, First, Middle Initial) C. Charles Rizzuto, M.D.			Date of Receipt											
Mailing Address 6409 Pinehurst Road			11 / 16 / 77 2006											
City Baltimore, MD 21202	State	Zip Code	Amount of Each Receipt this Period											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

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— А.	Timothy Robinson, M.D.		Date of Receipt
	Mailing Address 2212 Dalewood Road		M11 / 16 / 2006
	City Timonium, MD 21093	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	50 per payroll deduction
	First Colonies Anesthesia Associates	Anesthesiologist	
	Receipt For: Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
<u> —</u> В.	Full Name (Last, First, Middle Initial) David Wheeler, M.D.		Date of Receipt
	Mailing Address 7108 Collingwood Court		11 16 2006
	Baltimore, MD 21212	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	50 per payroll deduction
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): IPS Next Business Day Delivery Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

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