

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

First Colonies Anesthesia Associates, LLC Political Action Committee

ADDRESS (number and street) 1901 Research Boulevard, Suite 350

Check if different than previously reported. (ACC)
Rockville MD 20850

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

C 00416305

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on 11 / 07 / 2006 in the State of MD

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2006 through 10 / 18 / 2006

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

Type or Print Name of Treasurer Jeremy Roth, MD

Signature of Treasurer  Date 08 / 23 / 2007

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

Office Use Only							
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27039513386

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From:

10 / 19 / 2006

To:

11 / 27 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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
8. 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	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

27039513387

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7,260.00	22,970.00
(ii) Unitemized	0.00	11,265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7,260.00	34,235.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7,260.00	34,235.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7,260.00	34,235.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7,260.00	34,235.00

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....	0.00	2,717.23
(b) Other Federal Operating 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)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements	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		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	23,539.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	23,539.94

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

27039513390

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

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

FOR LINE NUMBER: PAGE 1 OF 26

(check only one)

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

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

NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas K. Chau, M.D.

Mailing Address
7204 Loch Edin Court

City State Zip Code

Rockville, MD 20854

FEC ID number of contributing federal political committee.

C

Name of Employer
First Colonies Anesthesia Associates

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

B. Edward G. Chen, M.D.

Mailing Address
10209 Fleming Ave

City State Zip Code

Bethesda, MD 20814

FEC ID number of contributing federal political committee.

C

Name of Employer
First Colonies Anesthesia Associates

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

C. Jen W. Chen, M.D.

Mailing Address
1104 Mill Ridge

City State Zip Code

McLean, VA 22102

FEC ID number of contributing federal political committee.

C

Name of Employer
First Colonies Anesthesia Associates

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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).....▶

300.00

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

300.00

27039513391

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

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

FOR LINE NUMBER: PAGE 2 OF 26 (check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dwayne Chen, M.D.

Mailing Address
 11415 Commonwealth Dr., Unit 204
 City State Zip Code
 Rockville, MD 20852

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 100.00
 50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Melvin V. Coursey, M.D.

Mailing Address
 18720 Shremor Drive
 City State Zip Code
 Derwood, MD 20855

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 100.00
 50 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Lauren J. DeLoach, M.D.

Mailing Address
 15114 Pepperidge Drive
 City State Zip Code
 Bowie, MD 20721

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 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)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶ 600.00

27039513392

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 26
(check only one)
 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. Danielle A. Dugan, D.O.

Full Name (Last, First, Middle Initial)
 Mailing Address
 19053 Sawyer Terrace
 City State Zip Code
 Germantown, MD 20874

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 100.00

50.00 per payroll deduction

B. Todd A. Epstein, M.D.

Full Name (Last, First, Middle Initial)
 Mailing Address
 11305 Struttmann Terrace
 City State Zip Code
 North Bethesda, MD 20852

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 100.00

50 per month payroll deduction

C. Tamara H. Gabrielli, M.D.

Full Name (Last, First, Middle Initial)
 Mailing Address
 504 Reserve Champion Drive
 City State Zip Code
 Rockville, MD 20850

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 100.00

50 per month payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶ 900.00

27039513393

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 26	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steven M. Grube, D.O.		Date of Receipt 11 / 16 / 2006
Mailing Address 13895 Foxtower Road City State Zip Code Thurmont, MD 21788		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Steven Hopper, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 4550 North Park Ave, #101 City State Zip Code Chevy Chase, MD 20815		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Stuart W. Hough, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 9110 Travener Circle City State Zip Code Frederick, MD 21704		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		75 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	1,250.00

27039513394

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

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

FOR LINE NUMBER: PAGE 5 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A. Johnson, M.D.

Mailing Address

5506 Bootjack Dr.

City

State

Zip Code

Frederick, MD 21702

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

B.

Full Name (Last, First, Middle Initial)
Cristina Chan Johnston, M.D.

Mailing Address

3458 Holland Cliffs Road

City

State

Zip Code

Huntingtown, MD 20639

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

0-50 per payroll deduction

C.

Full Name (Last, First, Middle Initial)

James A. Kaufman, M.D.

Mailing Address

7514 Arrowood Road

City

State

Zip Code

Bethesda, MD 20817

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ▶

300.00

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

1,550.00

27039513395

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

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

FOR LINE NUMBER: PAGE 6 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

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

Mailing Address
6579 Prestwick Drive

City State Zip Code
Highland, MD 20777

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00

50 per payroll deduction

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

Mailing Address
4101 Hunt Road

City State Zip Code
Fairfax, VA 22032

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00

50 per payroll deduction

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

Mailing Address
11722 Split Tree Circle

City State Zip Code
Potomac, MD 20854

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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).....▶ 300.00

TOTAL This Period (last page this line number only).....▶ 1,850.00

27039513396

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Stephen D. Martin, M.D.

Mailing Address
3336 O Street NW
City State Zip Code
Washington D.C. 20007

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Anna L. Noriega, M.D.

Mailing Address
603 Queen Street, #4
City State Zip Code
Alexandria, VA 22314

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
200.00

100 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Dennis J. O'Fallon, M.D.

Mailing Address
12123 Merricks Court
City State Zip Code
Monrovia, MD 21770

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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

27039513398

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 26
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
 First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)
A. H. Philip Owens, M.D.

Mailing Address
 141 Adams Street, NW
 City State Zip Code
 Washington D.C. 20001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Paul M. Park, M.D.

Mailing Address
 821 Oak Knoll Terrace
 City State Zip Code
 Rockville, MD 20850

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 100.00

50 payroll deduction

Full Name (Last, First, Middle Initial)
C. Michael J. Peck, M.D.

Mailing Address
 4 Farm Haven Court
 City State Zip Code
 Rockville, MD 20852

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 11 / 16 / 2006

Amount of Each Receipt this Period
 150.00

75 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

TOTAL This Period (last page this line number only)..... ▶ 3,000.00

27039513399

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ramani Peruvemba, M.D.

Mailing Address

8400 Tysons Trace Court

City

State

Zip Code

Vienna, VA 22182

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Eugen Arpad Pirovic, M.D.

Mailing Address

3912 Calverton Drive

City

State

Zip Code

Hyattsville, MD 20782

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Clyde W. Pray, M.D.

Mailing Address

13517 Hunting Hill Way

City

State

Zip Code

North Potomac, MD 20878

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ▶

300.00

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

3,300.00

27039513400

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

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

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

Full Name (Last, First, Middle Initial) A. Kathleen A. Ranney, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 15 Mountain Road City State Zip Code Thurmont, MD 21788		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C		50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Marianne C. Ries, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 114 Midtown Road City State Zip Code Gaithersburg, MD 20878		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C		50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Alexander S. Rubin, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 6611 Hunter Trail Way City State Zip Code Frederick, MD 21702		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C		50 per payroll deduction
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	3,600.00

27039513401

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 26	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Suzanne N. Scattergood, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 14700 Crossway Road City State Zip Code Rockville, MD 20853		Amount of Each Receipt this Period 200.00 100 per payroll deduction
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	
Name of Employer First Colonies Anesthesia Associates Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) B. Gerald Scheinman, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 8010 Summer Mill Court City State Zip Code Bethesda, MD 20817		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	
Name of Employer First Colonies Anesthesia Associates Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Nader E. Soliman, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 22905 David Mill Road City State Zip Code Germantown, MD 20876		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	
Name of Employer First Colonies Anesthesia Associates Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	4,000.00

27039513402

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

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

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

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

Full Name (Last, First, Middle Initial)

A. Robert Study, M.D.

Mailing Address
6 Beall Spring Ct

City State Zip Code
Potomac, MD 20854

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date 500.00**

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00
 50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Lisa M. Sullivan, M.D.

Mailing Address
2454 Five Shillings Road

City State Zip Code
Frederick, MD 21701

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date 500.00**

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00
 50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Louis W. Swann, M.D.

Mailing Address
PO Box 6081

City State Zip Code
McLean, VA 22106-6081

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

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date 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)..... ▶

300.00

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

4,300.00

27039513403

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

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

Full Name (Last, First, Middle Initial) A. John A. Tam, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 10905 Cripplegate Road City State Zip Code Potomac, MD 20854		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	
Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rojack F. Tan, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 507 Goodland Place City State Zip Code Rockville, MD 20850		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	
Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bernard W. Tsai, M.D.		Date of Receipt 11 / 16 / 2006
Mailing Address 10013 New London Drive City State Zip Code Potomac, MD 20854		Amount of Each Receipt this Period 100.00 50 per payroll deduction
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	
Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	4,600.00

27039513404

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark D. Vogt, M.D.

Mailing Address

1149 Colonial Road

City

State

Zip Code

McLean, VA 22101

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Christopher Wahlgren, M.D.

Mailing Address

1200 Colvin Meadows Lane

City

State

Zip Code

Great Falls, VA 22066

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Timothy G. Wex, M.D.

Mailing Address

11429 Cedar Ridge Drive

City

State

Zip Code

Potomac, MD 20854

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ▶

300.00

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

4,900.00

27039513405

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

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

FOR LINE NUMBER: PAGE 16 OF 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard M. Wilpon, M.D.

Mailing Address

18212 Wickham Road

City

State

Zip Code

Olney, MD 20832

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Aiqin Yu, M.D.

Mailing Address

13508 Gumspring Road

City

State

Zip Code

Gaithersburg, MD 20850

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. J. Amy Yun, M.D.

Mailing Address

2057 Thurston Road

City

State

Zip Code

Frederick, MD 21704

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ▶

300.00

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

5,200.00

27039513406

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

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

FOR LINE NUMBER: PAGE 17 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. William L. Chester, M.D.

Mailing Address
14700 Pettit Way
City

State Zip Code

Potomac, MD 20854

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

First Colonies Anesthesia Associates

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Paul S. Van Nice, M.D.

Mailing Address
7101 Meadow Lane
City

State Zip Code

Chevy Chase, MD 20815

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

First Colonies Anesthesia Associates

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Nicholas Visnich, Jr, M.D.

Mailing Address
10816 Willow Run Court
City

State Zip Code

Potomac, MD 20854

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

First Colonies Anesthesia Associates

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

50.00

25 per payroll deduction

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

250.00

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

5,450.00

27039513407

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

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

FOR LINE NUMBER: PAGE 18 OF 26
(check only one)

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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marc L. Beck, M.D.

Mailing Address

16 Norris Run Court

City

State

Zip Code

Resisterstown, MD 21136

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Donald J. Charney, M.D.

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 Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Glen Hessinger, M.D.

Mailing Address

8101 Ruxton Crossing Road

City

State

Zip Code

Towson, MD 21204

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

50.00

25 per payroll deduction

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

250.00

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

5,700.00

27039513408

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

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

FOR LINE NUMBER: PAGE 19 OF 26
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sung-Soo Hong, M.D.

Mailing Address

8525 Huntspring Drive

City State Zip Code

Lutherville, MD 21093

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Kestutis J. Pauliukonis, M.D.

Mailing Address

1813 Solitaire Lane

City State Zip Code

McLean, VA 22101

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Jeremy B. Roth, M.D.

Mailing Address

913 Hillstead Drive

City State Zip Code

Lutherville, MD 21093

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

60.00

30 per payroll deduction

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

260.00

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

5,960.00

27059513409

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

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

FOR LINE NUMBER: PAGE 20 OF 26

(check only one)

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

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. Arnaldo Valedon, M.D.

Mailing Address

22 Woodfield Court

City

State

Zip Code

Resisterstown, MD 21136

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

B. Martha Van Clief, M.D.

Mailing Address

405 Apple Grove Road

City

State

Zip Code

Silver Spring, MD 20904

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2006

Amount of Each Receipt this Period

100.00

50 per payroll deduction

Full Name (Last, First, Middle Initial)

C. Thomas Wherry, M.D.

Mailing Address

611 West Second Street

City

State

Zip Code

Frederick, MD 21701

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate 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)..... ▶

300.00

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

6,260.00

2/US9513410

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 26	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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. John J. Bunker, M.D.

Mailing Address
15229 National Pike
City State Zip Code
Hagerstown, MD 21704

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00
50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Karen Dugan M.D.

Mailing Address
4107 Vickie Lynn Court
City State Zip Code
Mt. Airy, MD 21771

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
40.00
20 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Philip Ferkler, M.D.

Mailing Address
4107 Vickie Lynn Court
City State Zip Code
Mt. Airy, MD 21771

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
60.00
30 per payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	6,460.00

27039513411

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

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

FOR LINE NUMBER: PAGE 23 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

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

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

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00
50 per payroll deduction

Full Name (Last, First, Middle Initial)
B. Won Lee, M.D.

Mailing Address
6812 Koandah Gardens Court
City State Zip Code
Highland, MD 20777

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00
50 per payroll deduction

Full Name (Last, First, Middle Initial)
C. Satyam Chary, M.D.

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 Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate 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)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶ 6,760.00

27039513412

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

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

FOR LINE NUMBER: PAGE 24 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 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)
Keith Hairston, M.D.

Mailing Address
12312 High Stakes Drive

City Reisterstown, MD 21136

FEC ID number of contributing federal political committee. C

Name of Employer: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00

50 per payroll deduction

B. Full Name (Last, First, Middle Initial)
Jean-Max Hogarth M.D.

Mailing Address
1614 Randallwood Court

City Jarrettsville, MD 21084

FEC ID number of contributing federal political committee. C

Name of Employer: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period
100.00

50 per payroll deduction

C. Full Name (Last, First, Middle Initial)
Charles Rizzuto, M.D.

Mailing Address
6409 Pinehurst Road

City Baltimore, MD 21202

FEC ID number of contributing federal political committee. C

Name of Employer: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
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)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶ 7,060.00

27039513413

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

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

FOR LINE NUMBER: PAGE 25 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
First Colonies Anesthesia Associates, LLC Political Action Committee

A. Full Name (Last, First, Middle Initial)
Timothy Robinson, M.D.

Mailing Address
2212 Dalewood Road

City State Zip Code
Timonium, MD 21093

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period

50 per payroll deduction

B. Full Name (Last, First, Middle Initial)
David Wheeler, M.D.

Mailing Address
7108 Collingwood Court

City State Zip Code
Baltimore, MD 21212

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
11 / 16 / 2006

Amount of Each Receipt this Period

50 per payroll deduction

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M / D / YYYY

Amount of Each Receipt this Period

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

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

27039513414

**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)

<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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="text"/>
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

B.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="text"/>
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="text"/>
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

<input type="text"/>
<input type="text"/> 0.00

27039513415

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): *UPS* Shipping Date
8/21/07
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER
 (3/2005)

8/27/07

DATE PREPARED

27039513416