

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2007 AUG 27 AM 10:12

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 / / in the State of

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

Election on / / in the State of

5. Covering Period

/ / through / /

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

Jeremy B. Roth

Date

/ /

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

27039513418

**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: / / To: / /

27039513419

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2006"/>		<input type="text" value="6,831.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16,744.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="26,975.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="16,744.04"/>	<input type="text" value="33,806.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5,113.67"/>	<input type="text" value="22,175.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11,630.37"/>	<input type="text" value="11,630.37"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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:

MM / DD / YYYY
10 / 01 / 2006

To:

MM / DD / YYYY
10 / 18 / 2006

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

0.00
0.00
0.00

15,710.00
11,265.00
26,975.00

- (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).....▶

0.00

26,975.00

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)).....▶

0.00

26,975.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.00

26,975.00

27039513420

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		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		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,750.00	3,750.00
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	1,363.67	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)) ..	5,113.67	23,539.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5,113.67	23,539.94

27039513421

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)	0.00	26,975.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	26,975.00
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)		

27039513422

**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 checked="" 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

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) Miller, Mike		Date of Disbursement 10 / 01 / 2006	
Mailing Address State House, H-107			
City Annapolis	State MD	Zip Code 21401-1991	
Purpose of Disbursement Political Contribution		011	
Candidate Name Mike Miller		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 27		
		Amount of Each Disbursement this Period 500.00	

Full Name (Last, First, Middle Initial) Kelly, Delores G.		Date of Disbursement 10 / 01 / 2006	
Mailing Address 11 Bladen St., Room 302			
City Annapolis	State MD	Zip Code 21401	
Purpose of Disbursement Political Contribution		011	
Candidate Name Delores G. Kelly		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 10		
		Amount of Each Disbursement this Period 250.00	

Full Name (Last, First, Middle Initial) Exum, Nathaniel		Date of Disbursement 10 / 01 / 2006	
Mailing Address 11 Bladen St., Room 303			
City Annapolis	State MD	Zip Code 21401	
Purpose of Disbursement Political Contribution		011	
Candidate Name Nathaniel Exum		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 24		
		Amount of Each Disbursement this Period 250.00	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	1,000.00

27039513423

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

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

FOR-LINE NUMBER:
(check only one)

PAGE 2 OF 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

<p>A. Klausmeier, Kathy</p> <p>Mailing Address 110 College Ave.</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Kathy Klausmeier</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 8</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 10 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>250.00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 011</p>		

<p>B. Busch, Mike</p> <p>Mailing Address State House</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Mike Busch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 30</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 10 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>500.00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 011</p>		

<p>C. Pendergrass, Shane</p> <p>Mailing Address 6 Bladen St., Room 262</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District:</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY 10 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>250.00</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 011</p>		

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

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

2,000.00

27039513424

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Hammen, Pete

Mailing Address
6 Bladen St., Room 241

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Pete Hammen

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MD District: 46

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kach, Wade

Mailing Address
6 Bladen St., 201

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Wade Kach

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MD District: 5B

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2006

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Zirkin, Bobby

Mailing Address
11 Bladen St., 2 West Wing

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Bobby Zirkin

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: MD District: 11

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2006

Amount of Each Disbursement this Period

100.00

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

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

2,550.00

27039513425

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 4 OF 4
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Mooney, Alex			Date of Disbursement MM / DD / YYYY 10 / 01 / 2006		
Mailing Address 11 Bladen St., Room 402			Amount of Each Disbursement this Period 200.00		
City Annapolis	State MD	Zip Code 21401			
Purpose of Disbursement Political Contribution		Candidate Name Alex Mooney	Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District: 3					

Full Name (Last, First, Middle Initial) B. Briggs, Jeff			Date of Disbursement MM / DD / YYYY 10 / 01 / 2006		
Mailing Address			Amount of Each Disbursement this Period 1000.00		
City Annapolis	State MD	Zip Code 21401			
Purpose of Disbursement Political Contribution		Candidate Name Michael Steele	Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement Political Contribution		Candidate Name Bobby Zirkin	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	3,750.00

27039513426

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 1				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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

A.
 Full Name (Last, First, Middle Initial)
 Barbara Marx Brocato & Associates
 Mailing Address
 18 Pinkney St
 City State Zip Code
 Annapolis, MD 21401
 Purpose of Disbursement
 Lobbyist Fees
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Lobbyist Fees
 State: District:

Date of Disbursement
 M¹⁰ / D⁰⁹ / Y²⁰⁰⁶

Amount of Each Disbursement this Period
 1,363.67

Category/Type
 001

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement
 M / D / Y

Amount of Each Disbursement this Period

Category/Type

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

Date of Disbursement
 M / D / Y

Amount of Each Disbursement this Period

Category/Type

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

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

1,363.67

27039513427

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): Shipping Date
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

8/27/07
DATE PREPARED

27039513428