7039513430

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2007 AUS 27 AN 10: 12

	· · · · · · · · · · · · · · · · · · ·	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
First Colonies Anesthesia Ass	sociates, LLC Political Action Committee	
	1901 Research Boulevard, Suite 350	
ADDRESS (number and street)		
Check if different than previously reported. (ACC)	Rockville	MD 20850
2. FEC IDENTIFICATION N	IUMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
O0416305	3. IS THIS NEW REPORT (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar 20 (M3) Jun 20 (M6)	[F] D. 00 (1440)
April 15	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (July 15 Quarterly Report (PRF-Flection	General (12G) Runoff (12R)
October 15	Report for the: Convention (12C)	Special (12S)
Quarterly Report (January 31 Year-End Report (ا لوموا السمية المادة	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	Report for the:	in the State of
5. Covering Period	1	/ T 310 / T 2006 Y Y
I certify that I have examined t	this Report and to the best of my knowledge and belief it is to	rue, correct and complete.
Type or Print Name of Treasur	er Jeremy Roth, MD	
Signature of Treasurer	Jung B Wat	Date 08 / LJ / LOS
NOTE: Submission of false, erro	neous, 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
FE5AN015		

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:	/ 1280 / 12006 T	o: 2006
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		6,831.64
(b) Cash on Hand at Beginning of Reporting Period	18,890.37	
(c) Total Receipts (from Line 19)	0.00	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)	3,477.60	20,540.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18,542.77	18,542.77
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	ate committee. (see FEC FORM 1M)	
For	further information contact:	
Fe	ederal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

FE5AN015

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From:	" / "28" / " 2006" To): Tam / Tam / Tago6
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	22,970.00
(i) Itemized (use Schedule A)		22,910.00
	0.00	11,265:0
(ii) Unitemized		<u> </u>
(iii) TOTAL (add	0.00	34,235.0
Lines 11(a)(i) and (ii)▶		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		<u></u>
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0.00	34,235.0
2. Transfers From Affiliated/Other		
Party Committees		
B. All Loans Received		
1. Loan Repayments Received		
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		<u> </u>
7. Other Federal Receipts		
(Dividends, Interest, etc.)	L	
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(NOM Schedule 115)		
/h) Louis Founds /forms Debadula LIF)		
(b) Levin Funds (from Schedule H5)		
(a) Total Transfers (add 19(s) and 19(h))		
(c) Total Transfers (add 18(a) and 18(b))	<u></u>	<u></u>
9. Total Receipts (add Lines 11(d),		<u> </u>
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	34,235.0
, -, -, -, -, -, -, -, -, -, -, -, -, -,		
D. Total Federal Receipts		
-	0.00	ll
(subtract Line 18(c) from Line 19) ▶)	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

ursements

Page 4

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)	Total Tills Fellou	Calendar Year-10-Date		
	(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		4,500.00		
	and Other Political Committees	750.00	4,500.00		
	Independent Expenditures				
25.	(use Schedule E)				
	(use Schedule F)				
26.	Loan Repayments Made				
	Loans Made				
28.	Refunds of Contributions To: (a) Individuals/Persons Other				
	Than Political Committees	Lange of the second	<u></u>		
	(b) Political Party Committees				
	(c) Other Political Committees				
	(such as PACs)				
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶				
		770760	10.800.341		
29.	Other Disbursements	2,727.60	19,600.31		
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				
	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))	3,477.60	27,017.54		
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	[3,477.60]	27,017.54		

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	34,235.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	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)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 1 OF 1			
TEMIZED RECEIPTS	for each category of the	(check only one)			
	Detailed Summary Page	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 pe	rson for the purpose of soliciting contributions			
or for commercial purposes, other than using the name an	d 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)		Pate of Paralli			
Mailing Address		Date of Receipt			
City State	Zip Code				
FEO ID annulus at a series at		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	<u></u>				
Name of Employer Occupati	tion	7			
Descint For	nesiologist	_			
	ate Year-to-Date ▼				
Other (specify)	1 <u>7</u>				
Full Name (Last, First, Middle Initial)		Patro d'Escalia			
Mailing Address		Date of Receipt			
City State	Zip Code	A			
EEC ID number of contribution		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer Occupat		7			
Bessint For	esiologist	4			
Aggregation Aggregation Primary General Compared Compare	ate Year-to-Date ▼				
Other (specify)					
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address					
City	Zin Codo	<u> </u>			
City State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing	<u> </u>	Amount of Each Receipt this Period			
federal political committee.		L. n.			
Name of Employer Occupation	tion				
Receipt For: Aggrega	ate Year-to-Date ▼	╡			
Primary General	^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Other (specify) ▼	<u> </u>				
SUBTOTAL of Receipts This Page (optional)	_				
TOTAL This Period (feet ness this line number each)		0.00			
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC FOIIII 3X)	llas sanarata ashadula(a)	FOR LINE N	NUMBER: PAGE 1 OF 2
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 X 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem 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)			Date of Dishurasment
Lisa Gladden			Date of Disbursement
Mailing Address 111 Bladen St., 2 East Wing			11 30 2006
City S	State Zip Code		
Annapolis, MD 21401 Purpose of Disbursement	Γ		
Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name Lisa Gladden		Category/ Type	250.00
Office Sought: House Disbursen	nent For:	Type	
	Primary X General		
State: MD District: 41	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Date of Dishursersont
Thomas Middleton			Date of Disbursement
Mailing Address 11 Bladen St., 3 East Wing			12 01 2006
Annapolis, MD 21401	State Zip Code		
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	[500.00]
Thomas Middleton Office Sought: House Disbursen		Туре	
X Senate	Primary X General		
State: MD District: 28	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Cook Districtions of this Bud.
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	L. r. o. r.
Senate	Primary General		
State: District:	Other (specify) ▼		
			750.00
SUBTOTAL of Disbursements This Page (optional)			750.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)

TEMIZED DIODUDOCHIENTO	Use separate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 2 OF v one)			1 2	
TEMIZED DISBURSEMENTS	for each category of the	CHECK ON	y one) 22	23	724 [25	26
	Detailed Summary Page	27	28a	28b	28c X	⊣	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or used e and address of any political	by any pers	son for the	purpose of	soliciting c	ontribut	ons ee.
NAME OF COMMITTEE (In Full)							
First Colonies Anesthesia Associates, LLC Polit	tical Action Committee						
Full Name (Last, First, Middle Initial)							
1.			Date of	Disbursem	ent		
Barbara Marx Brocato & Associates			M12M	√ [<u>106</u>] / [/ 2006	<u>, , , , , , , , , , , , , , , , , , , </u>	Y
Mailing Address 18 Pinkney St.							
	tate Zip Code			·	<u>- </u>		·
Purpose of Disbursement		001	1 .				
Lobbyist Fees Candidate Name			Amount	of Each Di	isbursemer		
Calmidate Hallie		Category/ Type		_ <u>-</u>	_ , ,	~2,72 ~~~	20.60
Office Sought: House Disbursem			1				
	Primary General						
President X	Other (specify) Lobbyist	Fees					
Full Name (Last, First, Middle Initial)				<u> </u>			
3.			Date of	Disbursem		_	
Mailing Address			- WI - WI	م م] ([]	<u>~~~~</u>	~]
City	tate Zip Code						
Purpose of Disbursement			1	of Fort 5	lah	A AL-!	1 d d
Candidate Name				t of Each Di	isbursemer	it this F	eriod
		Category/ Type		<u></u>	<u>_,,,_,,</u>	~	
Office Sought: House Disbursem							
	Primary ☐ General Other (specify) ▼						
State: District:	Carol (opooliy) 🔻						
Full Name (Last, First, Middle Initial)							
2.				Disbursem			
Mailing Address		-		محما ، [م	مما المح	<u> </u>	~
	<u> </u>				~: <u></u>		≓4
City	itate Zip Code						
Purpose of Disbursement	l F		1				
Candidate Name			Amount	of Each Di		nt this F	eriod
Canunato Hamo		Category/ Type		~~~	<u>√</u> √		
Office Sought: House Disburser				··	<u>7\\</u>		<u></u>
├ ├ -	Primary General						
State: District:	Other (specify) ▼						
SUBTOTAL of Disbursements This Page (optional)				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7 ~ ~ ~	2,7	20.60
				~ ~ ~ ·	~	3,4	70:60
TOTAL This Period (last page this line number only).				<u>~_~~</u>	<u>~~~</u> ~		

DANS				Use separate schedule(s for each category of the Detailed Summary Page		PAGE FOR L	1 OF INE 13 OF	1 FORM 3X
ME OF COMMITTEE (In Full)	i .		<u></u>					
First Colonies Anesthesia Associa	tes, LLC P	olitical Action	n Committee					
LOAN SOURCE Full Name (Last	, First, Mid	dle Initial)		<u></u>		ection:		
						Primary		
Mailing Address						General Other (sp	necify) —	
Walling Addiess					-] 0 (6,	, , , , , , , , , , , , , , , , , , ,	
City		State	ZIP Code)				
Original Amount of Loan		Cumulative	Payment To D	ate	Balance	Outstandin	g at Close	of This Pe
								de Treste
TERMS			Data Davi		latana at Bata	<u> </u>		
Date Incurred		/ N / D	Date Due	/	nterest Rate	 % (ap		ured: Yes
List All Endorsers or Guarantors	(if any) to	Loan Sour	ce					
1. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer			
Mailing Address		_ _		Occupation				
			F	Amount				
City	State	ZIP Code	I .	Guaranteed Outstanding:		وسنساء		
2. Full Name (Last, First, Middle I	nitial)			Name of Emp	loyer		<u> </u>	
Mailing Address		- 		Occupation				
	. .			Amount				
City	State	ZIP Code	I .	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle I	nitial)			Name of Emp	loyer			
Mailing Address				Occupation	******			
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
4. Full Name (Last, First, Middle I	nitial)			Name of Emp	oloyer		<u> </u>	
Mailing Address		_		Occupation				
			-	Amount			War week	
City	State	ZIP Code		Guaranteed Outstanding:				
			1					(1 * 6° 4 * 6° 7°
UBTOTALS This Period This Page	(optional).				>			
OTALS This Period (last page in th	in time and							0.0

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER)	Amount of Loan	<u> </u>	Interest Rate (APR)
Full Name			
			<u></u> %
Mailing Address			
Maining Address	Date Incurred or Established		المحمومين العرما المعروا
			\ \[\begin{align*} a
City State Zip Code	Date Due	[
A. Has loan been restructured? No Yes	If yes, date originally incurred		, bra , krana
B. If line of credit,	Total Outstanding		الماسانية بيانات
Amount of this Draw:	Balance:		
	- 10		
C. Are other parties secondarily liable for the debt incurred in the liable for the liable for the debt incurred in the liable for the liable	ea? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the			value of this collateral?
property, goods, negotiable instruments, certificates of	deposit, chattel papers,		
stocks, accounts receivable, cash on deposit, or other	r similar traditional collateral?	<u></u>	
No Yes If yes, specify:		Does the ler	nder have a perfected security
		interest in it	_ `_ `
E. Are any future contributions or future receipts of interes		What is the	estimated value?
collateral for the loan? No Yes If yes, s	;pecity:		
			<u> </u>
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
السميريا ، العبميا ، المبمميريا	City State 7in		
	City, State, Zip:		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	as pledged for this loan, or if the was made and the basis on wh	amount pledo nich it assures	ged does not equal or exceed is repayment.
G. COMMITTEE TREASURER		DATE	
Typed Name		لبسمسا	المبيمييما المبيميا ا
Signature			
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te	erms of the loan and other inform	nation regardi	ng the extension of the loan
are accurate as stated above.	•	_	_
 The loan was made on terms and conditions (in similar extensions of credit to other borrowers of 		vorable at the	time than those imposed for
III. This institution is aware of the requirement that	a loan must be made on a basi		res repayment, and has
complied with the requirements set forth at 11 C	700 100.02 and 100.142 in Mak	DATE	
Typed Name			\ [\frac{1}{4} \] \ \[\frac{1}{4} \frac{1}{4} \] \ \[\frac{1}{4} \frac{1}{4} \frac{1}{4} \frac{1}{4} \]
Signature Tit	tle		

SCHEDULE D (FEC Form 3X)	(Use	(Use separate PAGE 1 OF 1			
DEBTS AND OBLIGATIONS	sche	schedule(s) FOR LINE NUMBER:			
Excluding Loans		each ered line)	(check only one) 9		
NAME OF COMMITTEE (In Full)					
First Colonies Anesthesia Associates, LLC Political Action Committee					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	1	Nature of D	ebt (Purpose):		
Mailing Address					
City State Zip Code					
Outstanding Balance Beginning This Period					
Amount Incurred This Period Payment This Period		Outetandir	ng Balance at Close of This Period		
Allouit incured this relied Payment this relied	^-]		ig balance at Close of This Feriod		
Landana Landana		ــــــــــــــــــــــــــــــــــــــ	<u></u>		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	ı	Nature of D	ebt (Purpose):		
Mailing Address	-+		!		
City State Zip Code					
Outstanding Balance Beginning This Period					
Amount Incurred This Period Payment This Period		Outstandir	ng Balance at Close of This Period		
	الـــــــــــــــــــــــــــــــــــــ	L	_ <u></u>		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):		
Mailing Address					
City State Zip Code					
			-		
Outstanding Balance Beginning This Period					
Amount Incurred This Period Payment This Period		Outstandir	ng Balance at Close of This Period		
	الـــــــــــــــــــــــــــــــــــــ		<u></u>		
4) CURTOTAL C This David This David (artisant)					
1) SUBTOTALS This Period This Page (optional)	P	<u></u>			
2) TOTALS This Period (last page this line number only)	▶	<u> </u>	0.00		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶		0.00		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			0.00		

į.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES	PAGE 1 OF 1 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	
First Colonies Anesthesia Associates, LLC Political Action Committee	FEC IDENTIFICATION NUMBER ▼
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
Maining Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:
Name of Pederal Candidate Supported of Opposed by Expenditure.	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Signature	السميس ، المميض
Signature	

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY **POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)** ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE **PAGE** 1 OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if First Colonies Anesthesia Associates, LLC Political Action Committee 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES \neg NO Mailing Address If YES, name the designating committee: ZIP Code City State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City Zip Code State Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ **Mailing Address** Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Туре **Mailing Address** State Zip Code יםריים ו Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: **Presidential** Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional).....

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

0.00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)				
First Colonies Anesthesia Associates, LLC Political Action Committee				
USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
B. Separate Segregated Funds and Nonconnected Committees				
Flat Minimum Federal Percentage				
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or				
If the committee is spending more than 50% federal funds, indicate ratio below				
Federal%				
Nonfederal%				
· This ratio applies to (check all that apply):				
Administrative Generic Voter Drive Public Communications Referencing Party Only				

ONEDOLE TIE (TEO TOTAL ON)						
ALLOCATION RATIOS		PAGE 1 OF 1				
NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Committee						
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.						
Methods of allocation:						
 FUNDRAISING activities are allocated using the "funds received meti expenses must equal the federal proportion of monies raised. 	 FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. 					
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method.	it derived by federal candi nunications or voter drives	dates from the ac- that refer to both				
ACTIVITY OR EVENT IDENTIFIER						
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %				
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	FEDERAL %	NONFEDERAL %				
New Revised Same as Previously Reported ACTIVITY OR EVENT IDENTIFIER						
ACTIVITY IS:	FEDERAL %	NONFEDERAL %				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u></u> %	<u></u> %				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %				
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	<u> </u>				
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS:	FEDERAL %	NONFEDERAL %				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%				

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR

		FERS FROM NONFEDERAL AC		3			PAGE	1 OF	1
							FOR LIN	IE 18a OF	FORM 3X
		F COMMITTEE (In Full)							
F	irst	Colonies Anesthesia Associates, LLC Polit	ical Action Comm	ittee					
N	IAM	E OF ACCOUNT	DATE OF RECE		***	TOTAL A	- 1		
В	RE/	AKDOWN OF TRANSFER RECEIVED		-					
	i)	Total Administrative		••••••	••••••			<u> </u>	<u> </u>
	II)	Generic Voter Drive					-7		
	ili)	Exempt Activities			••••••				8
	lv)	Direct Fundralsing (List Activity or Event Ide	ntifier) '			⇒ n			
		a)				<u>]</u>			
		b)							
		c) Total Amount Transferred For Direct Fundra				Carlo			7
	v)	Direct Candidate Support (List Activity or Ev	·		The second second	TT-1			
		a)			<u></u>	اِ			
		b)				j)			
		c) Total Amount Transferred For Direct Candi	date Support		••••••	H	-	Bentanta	
	vi)	Public Communications Referring Only to	Party (Made by PA	(C)		,,			
		TOTALS FO	OR BREAKDOWN (OF TRANS	FER RECEIVE	ĒD			
TOT	ΓAL	This Period (Administrative)				0.0	00		
TOT	TAL	This Period (Generic Voter Drive)				· · · · · · · · · · · · · · · · · · ·	0.00		
тот	ΓAL	This Period (Exempt Activities)					0.0	0	
TOI	TAL	This Period (Direct Fundraising)				7		0.00	-
тот	ΓAL	This Period (Direct Candidate Support)						0.00	<u> </u>
TO1	TAL	This Period (Public Communications Reterring	Only to Party)					7	0.00
тот	ΓAL	This Period (Total Amount Transferred)			•••••••				0.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	0	F	1	
FOR	LINE	21a	OF	FORM	3X

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N/	ME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Co	ommittee	
Ā.	Full Name (Last, First, Middle Initial)	<u>-</u>	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
	Other Times	Ondo	Voter Drive Direct Candidate Support
	City State Zip	Code	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	Date MIN / DID / YIYIY
	FEDERAL SHARE + NONF	EDERAL SHARE	= TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City State Zi) Code	Public Comm (ref to party only) by PAC
	·		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:		
		Category/ Type	Date M / D D / V V V V V V V V V V V V V V V V
	FEDERAL SHARE + NONF	EDERAL SHARE	= TOTAL AMOUNT
c.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zij	Code	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	─┤└──	
		Category/ Type	Date M M / D D / Y Y Y Y Y
	FEDERAL SHARE + NONE	EDERAL SHARE	= TOTAL AMOUNT
			0.00
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONF	EDERAL SHARE	= TOTAL AMOUNT
	حصبا لتمسيمينا		0.00
T	OTAL This Period (last page for each line only)(Federal share to 21 FEDERAL SHARE NONF	(a)(i) and NonFederal sh EDERAL SHARE	nare to 21(a)(ii)) TOTAL AMOUNT
			0.00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

_						FOR LINE 180 OF FORM	<i>></i> ∧
N	IAME OF COMMITTI	EE (In Full)					
	First Colonies And	esthesia Associates, LLC P	olitical Action Commit	tee			
7	NAME OF ACCOUNT	NT.	DATE OF DECEME		70741 41401		_
١	NAME OF ACCOUNT	V I	DATE OF RECEIPT		TOTAL AMOU	NT TRANSFERRED	
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-	ii) Voter	in .		V	OTER ID		
	•	Amount Transferred for Voter	ID	1		`	
						*	
-	iii) GOTV				GOTV		
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١		ic Campaign Activity					
١	Total A	Amount Transferred for Gener	ic Campaign Activity				
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Ì	BDEAKDOWN OF	THIS TRANSFER					_
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l	iotai /	anount manoiomed to votor					
	iii) GOTV			····	GOTV		
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1					GENERIC CAMP	AIGN ACTIVITY	
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	Total A	Amount Transferred for Gener	ric Campaign Activity				
		TOTALS FOR BRI	EAKDOWN OF TRANS	FER RECEIVED (L	ast Page Only)		
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	TOTAL This is	Desired (Mater Desiretion)			0.00		
	IOIAL INIS	Period (Voter Registration)			0.00		
							ľ
	TOTAL This	Period (Voter ID)		1	0.	.00	
	TOTAL This	Period (GOTV)				0.00	
				LL			ļ
	TOTAL This	Period (Generic Campaign Ad	etivity)	Γ		0.00	
	IOIAL IIIIS	onou (Gonone Campaigh Ac	,	L			
						1000	1
	TOTAL This	Period (Total Amount of Trans	sters Received)		<u>L</u>	0.00	
					— — — — — — — — — — — — — — — — — — —		
_							

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1 FOR LINE 30a OF FORM 3X
cated Activity or Event: legistration GOTV Generic Campaign
d Activity or Event Year-To-Date
للمحديدين المحري المحري
TOTAL AMOUNT
cated Activity or Event: legistration GOTV Generic Campaign
d Activity or Event Year-To-Date
TOTAL AMOUNT
cated Activity or Event: Registration GOTV Generic Campaign
d Activity or Event Year-To-Date
, <u>ranana</u>
TOTAL AMOUNT
TOTAL AMOUNT
TOTAL AMOUNT

NAME OF COMMITTEE (In Full)	
First Colonies Anesthesia Associates, LLC Political Action Committee	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Addrson	Allocated Activity or Event Year-To-Date
Mailing Address	Vilogiting Vilogiting of Event 169-10-299
City State Zip Code	
	(((((((((((((((((((
Purpose of Disbursement Category/ Type	Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
	Time of Allegated Activity of France
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
City State Zip Code	
Purpose of Disbursement Category/	Land \ Land \ Land
Type	Date
<u></u> -	
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
	Type of Allocated Activity or Event:
	Type of Allocated Activity or Event: Voter Registration GOTV
	Type of Allocated Activity or Event: Voter Registration GOTV
	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT O.00
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailling Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii) and Levin share to 30(a)(iii) and Levin share to 30(a)(iii) and Levin share to 30(a)(iiii) and Levin share to 30(a)(iiii) and Levin share to 30(a)(iiii) and Levin share to 30(a)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE LEVIN SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 3 FEDERAL SHARE	Type of Allocated Activity or Event: Voter Registration GOTV Generic Campaign Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Committee					
NAM	NAME OF ACCOUNT					
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)					
	(b) Unitemized					
	(c) Total					
2.	OTHER RECEIPTS					
3.	TOTAL RECEIPTS(Add Lines 1c and 2)					
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
	(b) Voter ID					
	(c) GOTV					
	(d) Generic Campaign					
	(e) Total					
5.	OTHER DISBURSEMENTS					
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)					
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)					
8.	RECEIPTS(from Line 3)					
9.	SUBTOTAL(Add Lines 7 and 8)					
10.	DISBURSEMENTS(From Line 6)					
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					

ITEMIZED RECEIPTS OF LEVIN FUNDS

SCHEDULE L-A (FEC Form 3X) PAGE 1 Use separate schedule(s) for each category of the FOR LINE NUMBER: Aggregation Page (check only one) 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) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. **Mailing Address** Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City Zip Code State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER:	PAGE	1	OF	1
(check only one)	4a 🔲	40	;	5
. □	4b 🛄	40	1	

OF LEVIN FUNDS	Aggregation Page	4b4d				
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a						
NAME OF COMMITTEE (In Full)						
First Colonies Anesthesia Associates, LLC Poli		<u> </u>				
Full Name (Last, First, Middle Initial) / Full Organizatio	n Name	Date of Disbursement				
		MUMI / LEGID / LUXUVA AL				
Mailing Address						
City State	e Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement						
Full Name (Last, First, Middle Initial) / Full Organizatio	n Name	Date of Disbursement				
В.		Date of Disbursement				
Mailing Address						
City State	e Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement						
Full Name (Last, First, Middle Initial) / Full Organization	n Name	Date of Disharran				
C.		Date of Disbursement				
Mailing Address						
City Stat	e Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement						
Full Name (Last, First, Middle Initial) / Full Organization	on Name					
D.		Date of Disbursement				
Mailing Address						
City Stat	e Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement		Lannan				
Full Name (Last, First, Middle Initial) / Full Organization	on Name					
Е.		Date of Disbursement				
Mailing Address						
City Stat	te Zip Code	Amount of Each Disbursement this Period				
Purpose of Disbursement						
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(3/2005)

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): UPS 8/21/27 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): DATE PREPARED