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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE 1901 RESEARCH BOULEVARD SUITE 350 ADDRESS (number and street) Check if different than previously **ROCKVILLE** MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00416305 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 3 0 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Jeremy Roth Type or Print Name of Treasurer Electronically Filed by Dr. Jeremy Roth 03 18 2009 Signature of Treasurer 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 **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE [®] D " D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 36708.64 2008 January 1 (b) Cash on Hand at 42165.83 Begining of Reporting Period 11515.00 29790.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 53680.83 66498.64 6(a) and 6(c) for Column B) 13144.16 25961.97 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 40536.67 40536.67 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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. 06/2004) Page 3

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	0 7 0 1 2 0 0 8 T	o: D D D 2 0 0 8
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	10695.00	12995.00
(ii) Unitemized	820.00	16795.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11515.00	29790.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11515.00	29790.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Fund	ds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11515.00	29790.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11515.00	29790.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal	Į.	
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees4. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	13144.16	25961.97
D. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13144.16	25961.97
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	13144.16	25961.97
= 11.10 0 1 /	10177.10	20001.07

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)	11515.00	29790.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	11515.00	29790.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one) X 11a
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and addres	ss of any political committee to	o solicit contributions from such committee.
 	Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Court City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate Ye	Zip Code 21136 ear-to-Date ▼	Date of Receipt M M M
	Full Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pike City Hagerstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate Ye	Zip Code 21740 ear-to-Date ▼	Date of Receipt M M M / D D / 25 2008 Transaction ID: SA11AI.4429 Amount of Each Receipt this Period 150.00 payroll deduction
-	Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Cour City Phoenix FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician	Zip Code 21131 ear-to-Date ▼	Date of Receipt M M M C D D C 25 2008 Transaction ID: SA11AI.4474 Amount of Each Receipt this Period 150.00 payroll deduction
s	UBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/30 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stayam Chary Mailing Address 9 Alterwood Lane City Owings Mill FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation Physician		Date of Receipt M M C D D C D C D C D C D C D C D C D C
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Cou City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupation Physician		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwayn Chen Mailing Address 11415 Commonwea #204 City Rockville	Ith Drive State MD	350.00 Zip Code 20852	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician	n	150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional))		450.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/30 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Avenue City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupatio Physician		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Jen Chen Mailing Address 1104 Mill Ridge Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State VA C Occupatio Physicial Aggregate		Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. William Chester Mailing Address 5801 Nicholon Lane #1915 City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupatio Physicial Aggregate		Date of Receipt M M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•		450.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore Mailing Address 4846 Lee Hollow Place City	e State	Zip Code	Date of Receipt 0 9 25 2008 Transaction ID: SA11AI.4476
	Ellicott City FEC ID number of contributing federal political committee.	MD C	21043	Amount of Each Receipt this Period 225.00
	Name of Employer First Colonies Anesthsia Receipt For: Primary General Other (specify) ▼	Occupatio Physician Aggregate		payroll deduction
- З.	Full Name (Last, First, Middle Initial) Dr. Melvin Coursey Mailing Address 18720 Shremor Drive			Date of Receipt 0 9 2 5 2 0 0 8
	City Derwood FEC ID number of contributing federal political committee.	State MD	Zip Code 20855	Transaction ID: SA11AI.4453 Amount of Each Receipt this Period 150.00
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupatio Physicial		payroll deduction
-).	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge Dr	ive		Date of Receipt 0 9 2 5 2 0 0 8
	City Bowie	State MD	Zip Code 20721	Transaction ID: SA11AI.4422 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	n	payroll deduction
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physicia		
	SUBTOTAL of Receipts This Page (optional)			525.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	SOCIATES I	LLC POLITICAL ACTION CO	DMMITTEE
۷.	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan			Date of Receipt
	Mailing Address 104 Ellingwood Lane			09 / 25 / Y Y Y Y Y Y
	City Frederick	State MD	Zip Code 21702	Transaction ID: SA11AI.4431 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify)	, ' ' ' 	e Year-to-Date ▼ 290.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Todd Epstein			Date of Receipt
	Mailing Address 11305 Struttman Terra	ace		09 25 YYYY 2008
	City	State	Zip Code	Transaction ID: SA11AI.4486
	North Bethesda	MD	20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payron deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial)			Potent Provide
•	Dr. Philip Ferkler Mailing Address 4107 Vickie Lynn Cou	rt		Date of Receipt 0 9 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4432
	Mt. Airy	MD	21771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00 payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physicia	n	payron deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	
Г				330.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/30 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli			Date of Receipt
Mailing Address 504 Reserve Cham	pion Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockvillem	State MD	Zip Code 20850	Transaction ID: SA11AI.4433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Steven Grube			Date of Receipt
Mailing Address 13895 Foxtower Ro	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Thurmont	State MD	Zip Code 21788	Transaction ID: SA11AI.4434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt
Mailing Address 12312 Highstakes [Orive		0 9 2 5 2 0 0 8
City Reisterstown	State MD	Zip Code 21136	Transaction ID: SA11AI.4477 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21100	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	.(1)		450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/30 (check only one) X 11a
Any or f	r information copied from such Reports and State or commercial purposes, other than using the r	atements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
١.	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSO	OCIATES L	LC POLITICAL ACTION CO	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
	Mailing Address 1614 Randallwood Cou	rt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Jarretsville	State MD	Zip Code 21084	Transaction ID: SA11AI.4479 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
•	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Sung Hong Mailing Address 8525 Huntspring Drive			Date of Receipt
	City	State	Zip Code	0 9 2 5 2 0 0 8 Transaction ID: SA11AI.4480
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
•	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
-	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 350.00]
	Full Name (Last, First, Middle Initial) Dr. Steven Hopper			Date of Receipt
	Mailing Address 4550 N. Park Avenue #101			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chevy Chase	State MD	Zip Code 20815	Transaction ID: SA11AI.4487 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 350.00	
	IBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stuart Hough Mailing Address 9110 Travener Circl City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	e State Zip Code MD 21704 C Occupation Physician Aggregate Year-to-Date 525.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. David Johnson Mailing Address 5506 Bootjack Drive City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21702 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M 25 2008 Transaction ID: SA11AI.4435 Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Christina Johnston Mailing Address 3458 Holland Cliffs City Huntingtown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Road State Zip Code MD 20639 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M 25 2008 Transaction ID: SA11AI.4423 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)	525.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 30 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood Road			Date of Receipt M
City <u>Bethesda</u> FEC ID number of contributing federal political committee.	State MD	Zip Code 20817	Transaction ID: SA11AI.4488 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol Mailing Address 6579 Prestwick Drive			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Highland FEC ID number of contributing federal political committee.	State MD	Zip Code 20777	Transaction ID: SA11AI.4436 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Richard Ko Mailing Address 4101 Hunt Road	l		Date of Receipt
City Fairfax FEC ID number of contributing federal political committee.	State VA	Zip Code 22032	Transaction ID: SA11AI.4489 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		payroll deduction
SUBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	Statements may not be sold or used by any persename and address of any political committee to SOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri Mailing Address 11722 Split Tree Circle City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20854 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt Mailing Address 3467 North Venice Str City Arlington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22207 C Occupation Physician Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place City Ijamsville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21754 C Occupation Physician Aggregate Year-to-Date 525.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		525.00

ľ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) X 11a
0	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA AS	SOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Mollyann March			Date of Receipt
	Mailing Address 6504 Greentree Road		7:01	09 25 2008
	City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.4438
	FEC ID number of contributing federal political committee.	C	20017	Amount of Each Receipt this Period 225.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	, ' 	Year-to-Date ▼ 525.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Stephen Martin			Date of Receipt
	Mailing Address 3336 O Street, NW			09 / 25 / Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4456
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00 payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physician		payron doddonon
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_ c.	Full Name (Last, First, Middle Initial) Dr. Anna Noriega			Date of Receipt
	Mailing Address 603 Queen Street #4			M M / D D / Y Y Y Y Y Y Y 2008
	City Alexandria	State VA	Zip Code 22314	Transaction ID: SA11AI.4457 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	300.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
	SUBTOTAL of Receipts This Page (optional) .			675.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to A ASSOCIATES LLC POLITICAL ACTION CO	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon Mailing Address 12123 Merricks C City Monrovia	State Zip Code MD 21770	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	Occupation Physician	150.00 payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Philip Owens Mailing Address 141 Adams Stree	t, NW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4458
Washington	DC 20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Paul Park	'	Date of Receipt
Mailing Address 821 Oak Knoll Te	rrace	09 25 2008
City	State Zip Code	Transaction ID: SA11AI.4459
Rockville	MD 20850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	nal)	450.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 30 (check only one) X
or for commercial	copied from such Reports and Sta I purposes, other than using the D DMMITTEE (In Full) ONIES ANESTHESIA ASSO	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. DMMITTEE
Dr. Kestutis Pa Mailing Addres City McLean FEC ID numb federal politica Name of Emp First Colonies Receipt For: Primary	er of contributing al committee.	State VA C Occupation Physician Aggregate		Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Michael Pe Mailing Addres City Rockville FEC ID numb federal politica Name of Emp First Colonies Receipt For: Primary	er of contributing al committee.	State MD C Occupation Physician Aggregate	Zip Code 20852	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Ramani Pe Mailing Addres City Vienna FEC ID numb federal politica Name of Emp First Colonies Receipt For: Primary	er of contributing al committee.	State VA C Occupation Physician		Date of Receipt M M M 25 25 2008 Transaction ID: SA11AI.4461 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTAL of F	Receipts This Page (optional)			525.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/30 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for com	ation copied from such Reports and St mercial purposes, other than using the OF COMMITTEE (In Full) COLONIES ANESTHESIA ASS	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. DMMITTEE
Dr. Eug Mailing City Hyatts FEC ID federal Name of First Co	number of contributing political committee. of Employer plonies Anesthesia	State MD C Occupation Physician Aggregate		Date of Receipt M M M D D D 25 2008 Transaction ID: SA11AI.4492 Amount of Each Receipt this Period 150.00 payroll deduction
Dr. Clyc Mailing City Rockv FEC ID federal Name of First Co	Address 908 Oak Knoll Terrace ille number of contributing political committee. of Employer plonies Anesthesia	State MD C Occupation Physician Aggregate		Date of Receipt M M M
Dr. Kath Mailing City Fredel FEC ID federal Name of First Control Receipt	number of contributing political committee. of Employer plonies Anesthesia	State MD C Occupation Physician		Date of Receipt M M M 25 25 2008 Transaction ID: SA11AI.4442 Amount of Each Receipt this Period 150.00 payroll deduction
SUBTOTA	AL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(check only only)
or for commercial purposes, other the NAME OF COMMITTEE (In Full	ports and Statements may not be sold or used by any an using the name and address of any political commit	ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Init Dr. Marianne Ries		Date of Receipt
Mailing Address 114 Midtowi		09 / 25 / 2008
City Gaithersburg	State Zip Code MD 20878	Transaction ID: SA11AI.4462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.0	11
Full Name (Last, First, Middle Init Dr. Charles Rizzuto	<u>'</u>	Date of Receipt
Mailing Address 6409 Pinehu	09 25 2008	
City	State Zip Code	Transaction ID: SA11AI.4483
<u>Baltimore</u>	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	payroll deduction
Name of Employer First Colonis Anesthesia	Occupation Physician	payron deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.0	0
Full Name (Last, First, Middle Init Dr. Timothy Robinson	al)	Date of Receipt
Mailing Address 2212 Dalew	ood Road	09 / 25 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4484
Timonium FEC ID number of contributing federal political committee.	MD 21093	Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0
CURTOTAL of Descists This Desc	(optional)	450.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 30 (check only one) X 11a
A C	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	OCIATES L	LC POLITICAL ACTION CO	DMMITTEE
. ∠ \.	Full Name (Last, First, Middle Initial) Dr. Jeremy Roth			Date of Receipt
	Mailing Address 913 Hillstead Drive			09 25 7 2008
	City Lutherville	State MD	Zip Code	Transaction ID: SA11AI.4424
	FEC ID number of contributing federal political committee.	C	21093	Amount of Each Receipt this Period 90.00
	Name of Employer First Colonies Anesthesia	Occupation		payroll deduction
	Receipt For: Primary General Other (specify)	Physician Aggregate	Year-to-Date ▼ 210.00]
 3.	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin			Date of Receipt
	Mailing Address 6611 Hunter Trail Way	,		09 25 7 2008
	City	State	Zip Code	Transaction ID: SA11AI.4443
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood			Date of Receipt
•	Mailing Address 14700 Crossway Road			0 9 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4444
	Rockville	MD	20853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
Г	SUBTOTAL of Receipts This Page (optional)			540.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/30 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persorress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman			Date of Receipt
Mailing Address 8010 Summer Mill	Court		09 25 2008
City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.4463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Nader Soliman			Date of Receipt
Mailing Address 22905 David Mill R	oad		09 25 2008
City Germantown	State MD	Zip Code 20876	Transaction ID: SA11AI.4464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20070	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify)		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Robert Study			Date of Receipt
Mailing Address 6 Beall Spring Cou	rt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4493 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	150.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional			450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITICAL ACTION (COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan		Date of Receipt
	Mailing Address 2454 Five Schillings I		09 / 25 / 2008
	City Frederick	State Zip Code MD 21701	Transaction ID: SA11AI.4445 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer First Colonies Anesthsia	Occupation Physician	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan		Date of Receipt
	Mailing Address 2454 Five Schillings I	09 25 2008	
	City	State Zip Code	Transaction ID: SA11AI.4446
	Frederick FEC ID number of contributing federal political committee.	MD 21701	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
-).	Full Name (Last, First, Middle Initial) Dr. Louis Swann		Date of Receipt
	Mailing Address PO Box 6081		09 / 25 / Y Y Y Y Y
	City McLean	State Zip Code VA 22106	Transaction ID: SA11AI.4494 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	CURTOTAL of Possints This Page (antional)		450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/30 (check only one)
Ai	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS			
	Full Name (Last, First, Middle Initial) Dr. John Tam			Date of Receipt
	Mailing Address 10905 Cripplegate Roa	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.4466
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Dr. Rojack Tan			Date of Receipt
	Mailing Address 507 Goodland Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4495
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial)			Data of Daggiet
	Dr. Bernard Tsai Mailing Address 10013 New London Dri	ve		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.4467
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
_	UBTOTAL of Receipts This Page (optional)			450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck drilly drie)
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	e name and address of any political comm	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee. ON COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon Mailing Address 22 Woodfield Court City Reisterstown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21136 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Martha Van Clief Mailing Address 405 Apple Grove Roa City Silver Spring FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20904 C Occupation Physician Aggregate Year-to-Date 350	Date of Receipt M M Z D Z Z D Z D Z D Z D D
Full Name (Last, First, Middle Initial) Dr. Paul Van Nice Mailing Address 71401 Meadow Lane City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20815 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	1	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 30 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark Vogt Mailing Address 1149 Colonial Road			Date of Receipt 0 9 2 5 2 0 0 8
City McLean FEC ID number of contributing federal political committee.	State VA	Zip Code 22101	Transaction ID: SA11AI.4497 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meado	ws Lane		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Great Falls FEC ID number of contributing	State VA	Zip Code 22066	Transaction ID: SA11AI.4469 Amount of Each Receipt this Period
federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		payroll deduction
Full Name (Last, First, Middle Initial) Dr. Timothy Wex Mailing Address 11429 Cedar Ridge	e Drive		Date of Receipt
City Potomac FEC ID number of contributing	State VA	Zip Code 20854	Transaction ID: SA11AI.4498 Amount of Each Receipt this Period
federal political committee. Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	_ ' ' ' _ '	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	ત્રી)		450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each cal	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 27 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	the name and address of any po	litical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 7108 Collingwood (Court		Date of Receipt
City Elkridge FEC ID number of contributing	State Zip Code MD 21075		Transaction ID: SA11AI.4485 Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date	1 1 1 1	payroll deduction
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Wherry Mailing Address 611 W. 2nd Street City	State Zip Code	350.00	Date of Receipt M M
Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	MD 21701 C Occupation Physician Aggregate Year-to-Date	▼ 350.00	Amount of Each Receipt this Period 150.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon Mailing Address 18212 Wickham Ro	oad State Zip Code		Date of Receipt M
Olney FEC ID number of contributing federal political committee.	MD 20832	1 1	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	▼ 350.00	payroll deduction
SUBTOTAL of Receipts This Page (optional	l)		450.00

A.

PAGE 28/30 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Dr. Aiqin Yu Mailing Address 13508 Gumspring Road 09 25 2008 City State Zip Code Transaction ID: SA11AI.4472 Rockville MD 20850 Amount of Each Receipt this Period FEC ID number of contributing 150.00 C federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 350.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. Jungim Yun Date of Receipt Mailing Address 2057 Thurston Road 0 9 25 2008 City State Zip Code Transaction ID: SA11AI.4447 **Frederick** MD 21704 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

		000.00
SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number only)	•	10695.00

350.00

Other (specify)

	CHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)				NE NUMI	BEF	? :			P	AGE	29 / 3	30
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			heck o 21b 27	only one) 22 28	L		23 28b	F	24 28c	X	25 29	П
	ny Information copied from such Reports and Staten														;
Or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addre	ess or any political	CON	111111	ilee io	SOIICIL CO	TILTIK	Julic	IIS II	OIII	Such	COITII	muee	
\rangle	FIRST COLONIES ANESTHESIA ASSOC	IATES LL	C POLITICAL A	ACT	ΓΙΟ	N CO	MMITT	EE							
	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates									burs	em		.450	7	
	Mailing Address 18 Pinkney Street						0	7 ^M	_ ′	D (o 7	′	Ý Ž	0 Ď 8	3 ^Y
	City Annapolis	State MD	Zip Code 21401				Am	oun	t of	Each	n Di	isburs			-
	Purpose of Disbursement lobbying fees				•				•				10	0.00)
	Candidate Name			С	ate Typ	gory/ be									
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General ecify) ▼												
	State: District:														
	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates									n ID burs		SB29 ent	.450	8	
	Mailing Address 18 Pinkney Street						0	8 ^M	_ ′	D	2 8	1	Ž	0 0 8	3 Y
	City Annapolis	State MD	Zip Code 21401				Am	oun	t of	Each	n Di	isburs	emen	t this f	Period
	Purpose of Disbursement lobbying fees			Г	-		T L						10	0.00)
	Candidate Name			С	ate Typ	gory/ oe									
	Senate President	ement For: Primary Other (spe	General ecify) ▼												
	State: District: Full Name (Last, First, Middle Initial)						Tra	nsa	ctio	n ID):	SB29	450	9	
	Barbara Marx Brocato & Associates							te of	Dis	burs		ent			Υ
	Mailing Address 18 Pinkney Street	_												0 ŏ 0	
	City Annapolis	State MD	Zip Code 21401				Am	oun	t of	Each	n D	isburs	emen	t this f	erio
	Purpose of Disbursement lobbying fees					·							10	0.00)
	Candidate Name			С	ate Typ	gory/ be									
	Office Sought: House Disburse	ement For: Primary	General												
	Senate President	Other (spe													
		,													

В.

SC	CHEDULE B (FEC Form 3X)	Use sepa	Use separate schedule(s)			IE NUMBER: PAGE 30 / 30
ITEMIZED DISBURSEMENTS		for each	for each category of the			nly one)
		Detailed 9	Summary Page		21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	/ Information copied from such Reports and Stater					
or t	or commercial purposes, other than using the name	ne and addres	ss of any political	commit	tee to s	solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	CIATES LLC	C POLITICAL A	ACTIO	N COI	MMITTEE
	Full Name (Last, First, Middle Initial)					Transaction ID: SB29.4514
	Dan Koontz					Date of Disbursement
	Mailing Address 1901 Research Blvd. #350					M8 M / D2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rockville	State MD	Zip Code 20850			Amount of Each Disbursement this Period
	Purpose of Disbursement meals reimbursements			00	1	144.16
	Candidate Name			Cateo Typ		
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼			
	State: District:					
	Full Name (Last, First, Middle Initial)					Transaction ID: SB29.4512
	Maryland Republican Party					Date of Disbursement
	Mailing Address 15 West Street					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Annapolis	State MD	Zip Code 21401			Amount of Each Disbursement this Period
	Purpose of Disbursement contribution			,		10000.00
	Candidate Name			Categ		
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	2008 X General cify) ▼			

SUBTOTAL of Disbursements This Page (optional)	•	10144.16
TOTAL This Period (last page this line number only)	•	13144.16

State: MD

District: