

RECEIVED FEC MAIL CENTER

FIRST COLONIES ANESTHESIA ASSOCIATES^{M 29} M 10: 58

January 28, 2008

Federal Election Commission 999 E. Street N.W. Washington, DC 20463

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RE: First Colonies Anesthesia Associates, LLC Political Action Committee Year End Report

To whom it may concern:

Enclosed please find the First Colonies Anesthesia Associates, LLC (FCAA) Political Action Committee

Sincerely,

Jeremy Roth, M.D. Treasurer, FCAA PAC

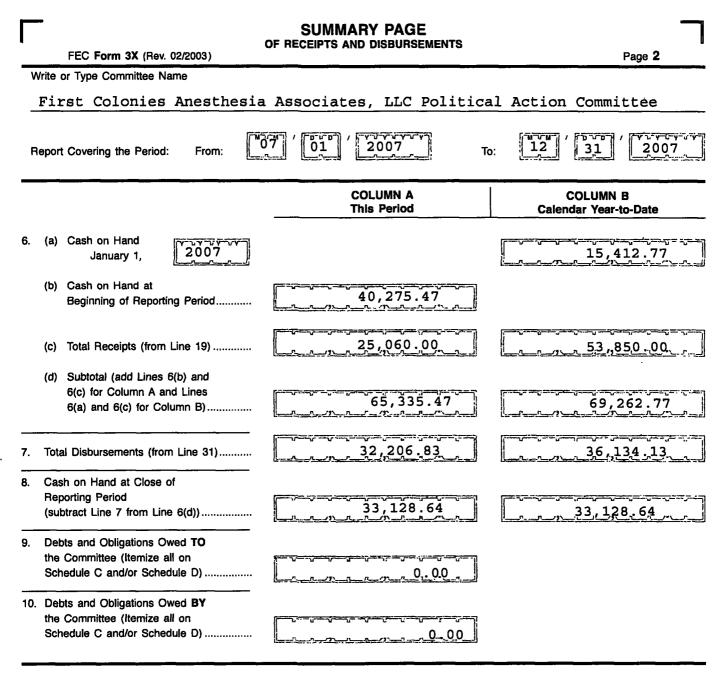
Enclosure

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FEC FORM 3X	AN	PORT O D DISBU	JRSEN	IENT	S			CENTER AM 10: 5	
1. NAME OF COMMITTEE (in full)	ТҮРЕ	OR PRINT ¥		mple: If typ the lines.	ing, type	12FE4M	and the second secon		
First Colonies Anesthesia Associates, LLC Political Action Committee									
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ADDRESS (number and	street)	901 ₁ Researd	ch Blvd.	. Ste.	<u>350 </u>	<u></u>	<u> </u>	<u></u>	
Check if different than previous reported. (AC	v .	ockville,	<u> </u>	<u></u>	─ └╶╵┈╵╵	 [_MD]	20850	╶┙╌╵╴╵╴╵	
2. FEC IDENTIFICA	TION NUMBE	R▼					:		
C 004163(5		IS THIS REPORT		NEW (N) OR	5 8	AMENDED A)		
4. TYPE OF REP (Choose One) (a) Quarterly Rep (a) April 15 Quarterly) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	Primary (12	May 20 (M5) Jun 20 (M6) Jul 20 (M7) P)		ug 20 (M8) ep 20 (M9) et 20 (M10) al (12G)	(Non-E Year C Dec (Non-E Year C (Non-E Year C	20 (M12) Election
October 1	Report (Q2) 5 Report (Q3)	PRE-Election Report for th) *****	Convention	(12C)	Specia	l (12S)	bual	
January S Year-End	Report (YE)	El	ection on	N N N				in the State of	
Heport (N Year Only	Ion-election	(d) 30-Day POST-Election Report for the	Curra C	General (30	G)	Runoff	(30R)	Spec	ial (30S)
r ^{محم} Terminati کی۔ ⁽ (TER)	on Report		ection on	H M N			<u>à</u>	in the State of	
5. Covering Period 07 01 2007 through 12 31 2007									
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Jeremy Roth, M.D.									
Signature of Treasurer	Signature of Treasurer								
NOTE: Submission of fa	se, erroneous,	or incomplete inform	nation may su	bject the pe	rson signing	this Report to	the penaltie	es of 2 U.S.C.	§437g.
Office Use Only								FORM 3 ev. 12/2004	×

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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

Γ		DETAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004) rite or Type Committee Name		Page 3
~~		- Description - TTO Delibit	
	First Colonies Anestnesi	a Associates, LLC Politic	cal Action Committee
R	eport Covering the Period: From:	7 (01) (2007) 1	
	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)	25,,060.00.	53,850.00
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶		
	 (b) Political Party Committees (c) Other Political Committees (such as PACs) 		
12.	 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25,060.00	<u>53,850.00</u>
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made		<u></u>
17.	to Federal Candidates and Other Political Committees Other Federal Receipts		
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fund (a) Non-Federal Account	s <u>L</u>	
	(from Schedule H3)	<u></u>	
	(b) Levin Funds (from Schedule H5)		[]
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	25,060.00	53,850.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	25,060.00	53,850.00

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DETAILED SUMMARY PAGE of Disbursements

76 1 -.

FEC Form 3X (Rev. 02/2003)

COLUMN A

Fotal This Period

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COLUMN B **Calendar Year-to-Date**

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Page 4

		II. Disbursements	Ter
21.	Öpe	erating Expenditures:	Tot
	(a)	Allocated Federal/Non-Federal	· ···
		Activity (from Schedule H4)	
		(i) Federal Share	
		(ii) Non-Federal Share	
	(b)	Other Federal Operating	
	()	Expenditures	
	(C)	Total Operating Expenditures	
	(-)	(add 21(a)(i), (a)(ii), and (b))	
22.	Trai	sfers to Affiliated/Other Party	<u></u>
		nmittees	
23.	Cor	tributions to	
	and	eral Candidates/Committees Other Political Committees	
24.	Inde	ependent Expenditures	10
	(use	Schedule E) rdinated Party Expenditures	
25.		rdinated Party Expenditures J.S.C. §441 <u>a(</u> d))	<u>المعمومين محمومين المعمومين المعمومين المعمومين المعمومين المعمومين المعمومين المعمومين المعمومين المعمومين ال</u>
	(use	Schedule F)	1 n n n n n
26.	Loa	n Repayments Made	L
27. 28.		ns Made	L
28.	(a)	unds of Contributions To: Individuals/Persons Other	مي بيدي بيدي بيدي الم
	• •	Than Political Committees	[/1\
	(b)	Political Party Committees	L <u>r_r_r_</u>
	(c)	Other Political Committees	
		(such as PACs)	<u>L</u>
	(م)	Total Cantributian Defunda	
	(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))►	
		(add Lines 20(a), (b), and (c))	<u>L_r_r_r</u>
29	Oth	er Disbursements	
20.	Qui		<u> </u>
30.	Fed	leral Election Activity (2 U.S.C. §431(20))	
•••	(a)	Allocated Federal Election Activity	
	(/	(from Schedule H6)	
		(i) Federal Share	
			محمد کردید کردید کردها مربع محمد محمد کردها
		(ii) "Levin" Share	n n n n
	(b)	Federal Election Activity Paid Entirely	
		With Federal Funds	[
	(c)	Total Federal Election Activity (add	

Lines 30(a)(i), 30(a)(ii) and 30(b)) >

31. Total Disbursements (add Lines 21(c), 22,

32. Total Federal Disbursements

23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ...

(subtract Line 21(a)(ii) and Line 30(a)(ii)

from Line 31).....

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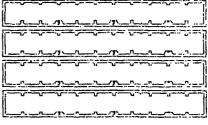
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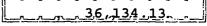
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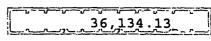
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FEC Form 3X (Rev. 02/2003)	DETAILED SUMMARY PAGE of Disbursements	Page 5
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25,060.00	53,580.00
34. Total Contribution Refunds (from Line 28(d))	······································	······································
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		53,580.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)	۲۰۰۰-۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰۲ ۲۰۰۲	
<ul> <li>38. Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ul>	الم	<u>الم مرحم من من</u>

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE   OF 24 (check only one)				I	
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 13	11b	4	12 16 [	17	
A	ny information copied from such Reports and State for commercial purposes, other than using the nation	ements may	not be sold or used by any pe lress of any political committee	on for the pu o solicit contr	irpose of s	oliciting con	tributio	ens e.	
$\left[ \right]$	NAME OF COMMITTEE (In Full)		· ·,						
Ľ	First Colonies Anesthesi	ia Asso	ociates, LLC Pol	tical A	Action				ł
A.	Full Name (Last, First, Middle Initial) Chau, Thomas K.			Date of F	Receipt				
	Mailing Address 7204 Loch Edin Court			(M-X.M)	· ۵.۰۵ ۱	) / [ <del>**</del> ***	7 <del>γ 1/*γ</del> 		
	City Rockville, MD 20854	State	Zip Code	Amount o	f Each Be	ceipt this Pe	ariod		-
	FEC ID number of contributing federal political committee.	C				,			
	Name of Employer O FCAA	Anest	nesiologist	50 pe	er pay	roll c	ont	ribu	tion
	Receipt For: A		ar-to-Date V						
_	Other (specify)	<u> </u>	600.00		_				
в.	Full Name (Last, First, Middle Initial) Chen Edward, G			Date of F	Receipt	<u></u>			1
	Mailing Address 1029 Fleming Ave.		/ 0-0-0-	) / <del>  ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>		ī.			
	City	State	Zip Code	[ <u>^_]</u>		<u>ال</u>			-
	Bethesda, MD 20814					ceipt this Pe			
	FEC ID number of contributing tederal political committee.				-3		<u>0.0</u>		
		Anesth	esiologist	50 per	r payr	oll co	ntr	ibut	ion
		Aggregate Ye	ear-to-Date V						
	Other (specify) ▼	^	<u>, 600.00</u>						
с.	Full Name (Last, First, Middle Initial) Chen Jen, W.			Date of F	Receipt				•
	Mailing Address 1104 Mill Ridge	ailing Address 104 Mill Ridge				/ / / / / / /	<u>,</u>	94 94	
	City McLean, VA 22102	State	Zip Code	Amount	of Each Be	ceipt this Po			-
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		Anesth	esiologist	50 per	payr	oll com	ntr:	ibut	ion
	Passiat For:		ear-to-Date ▼	į					
	Other (specify) ▼		600.00						
	SUBTOTAL of Receipts This Page (optional)		••••••					<u></u>	
	OTAL This Period (last page this line number only	y)	•			·			_

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 2 OF 24 (check only one)
			Detailed Summary Page	13 14 15 16 17
or	for commercial purposes, other than using the	name and	address of any political committee	to solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
Ľ	First Colonies Anesthe	sia As	sociates, LLC Po	litical Action Committee
A.	Full Name (Last, First, Middle Initial) Chester William, L.	Date of Receipt		
	Mailing Address 5801 Nicholson Lane #	1915		
	City North Bethesda, MD 20	State 852	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	IC	ין המרכן או הערק אי הערק ההאר אין האר אין אי או אין איני אין איז אין איז אין איז אין איז אין איז אין איז אין א איז איז איז איז איז איז איז איז איז איז	350.00
	Name of Employer FCAA	Anest	hesiologist	50 per payroll contribution
	Receipt For: Primary [_] General Other (specify) ▼	Providence of the second second	) Year-to-Date ▼ 600.00	
в.	Full Name (Last, First, Middle Initial) Coursey Melvin, V.	Date of Receipt		
	Mailing Address 18720 Shremor Drive	Charles ' Let M. ' Landauran		
	City Derwood, MD 20855	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		ารกร้างการรูปและรูปและรูปการรูปการกรุ การรู้แกรม (เมษารูปการรูปการรูปการรูปการรูปการรูป	
	Name of Employer FCAA	Occupatio	n thesiologist	50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
— c.	Full Name (Last, First, Middle Initial) Hough Stuart, W.		<u></u>	Date of Receipt
	Mailing Address 9110 Travenor Circle			There , Barred , Warder way
	City Frederick, MD 21704	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	ar an	525.00
	Name of Employer FCAA	Occupation	m thesiologist	75 per payroll contribution
	Receipt For: Primary Other (specify) ▼	in a stand of a	e Year-to-Date ▼ 900.00	
	SUBTOTAL of Receipts This Page (optional)			
ŀ	FOTAL This Period (last page this line number	only)		ר כי איביא פאריקיייני אייני געריין גערייני אייני א אייניא פאריגי אייני אי אייניא פאריגי אייני א

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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 24 (check only one)
Any Information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (in Full) First Colonies Anesthe	name and address of any political committee	13     14     15     16     17       rson for the purpose of soliciting contributions to solicit contributions from such committee.     11       litical Action Committee
Full Name (Last, First, Middle Initial)         A.       Kenol, Cynthia E.         Mailing Address         6579       Prestwick Drive         City         Highland, MD 20777         FEC ID number of contributing tederal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       C     C       Occupation       Anesthesiologist       Aggregate Year-to-Date ▼       6000.00°	Date of Receipt Amount of Each Receipt this Period 350.00 50 per payroll contribution
B. Full Name (Last, First, Middle Initial) KO, Richard J. Mailing Address 4101 Hunt Road City Fairfax, VA 22032 FEC ID number of contributing federal political committee. Name of Employer FCAA Receipt For: Primary General Other (specify) ▼	State     Zip Code       Ci     Ci       Occupation     Anesthesiologist       Aggregate Year-to-Date ▼     600.00	1
Full Name (Last, First, Middle Initial)         C.       Lahari, Harkisan A.         Mailing Address         11722       Split         Tree       Cirlo         City         Potomac, MD 20854         FEC ID number of contributing federal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General         Other (specify) ▼		Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	All a statistical Population industrial and interesting and the second states of the second states of the second states and the seco

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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE DF24			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17				
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments ma me and a	ay not be sold or used by any pe ddress of any political committee	son for the purpose of soliciting contributions			
1 \	NAME OF COMMITTEE (In Full) First Colonies Anesthesia	a Ass	sociates, LLC Pol	litical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Martin, Stephen D. Malling Address						
	3336 O Street N.W.	State	Zip Code				
	FEC ID number of contributing federal political committee.	C	1994	Amount of Each Receipt this Period			
	FCAA Z	ccupation Anest	hesiologist	50 per payroll contribution			
	Primary General	2017.5.5% 2017.5%	Year-to-Date ▼ 				
в.	Full Name (Last, First, Middle Initial) Noriega, Anna L. Mailing Address			Date of Receipt			
	603 Queen Street #4 City	meretine merete produce merete					
	Alexandria, VA 22314	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	angelon barahar nganangaran Angelon Sanatan nganangaran				
		Anest	hesiologist	100 per payroll contribution			
	Primary General	مدي ويتم أريمه	Year-to-Date ▼ 1200.00				
с.	Full Name (Last, First, Middle Initial) Owens, Phillip H.			Date of Receipt			
	Mailing Address <u>141 Adams Street N.W.</u> City	State	Zip Code				
	Washington, DC 20001			Amount of Each Receipt this Period			
	FEC ID number of contributing iederal political committee.	CL.	มกระบบการรู้จะของมีสามาร์ และสารรัสสารรู้รายเหตุ เหตุ้านการรู้จะของมีสามาร์ และสารรัสสารรู้รายเรื่อง	350.00			
		Anest	hesiologist	50 per payroll contribution			
	Primary General		Year-to-Date ▼				
	SUBTOTAL of Receipts This Page (optional)		•	And a second provide statement of and the second statement of and the second statement of a			
1	rotal This Period (last page this line number only	y)	• • • • • • • • • • • • • • • • • • •	ร้ มีเหาะสินครณ์การณ์วิวังการมีสามาริมาณร์วิวารณ์-รายาริการนี้เวินบาชนากระ 			

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF 24 (check only one)		
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
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$\square$	NAME OF COMMITTEE (In Full)					
V	First Colonies Anesthes	ia Ass	sociates, LLC Pol	litical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Park, Paul M.			Date of Receipt		
	Mailing Address 821 Oak Knoll Terrace			- Caracteria Construction		
	Chy Rockville, MD 20850	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		ะหรู่นาย หลูกสารสารสารสารสารกรุณหลางสารกรุ สารสารกรรรมสารสารสารสารสารสารสารสารสารสารสารสารสารส	350.00		
	Name of Employer FCAA	Occupation Anest	hesiologist	50 per payroll contribution		
	Receipt For:					
	Other (specify)		600.00			
в.	Full Name (Last First, Middle Initial) Pauliukonis, Kestutis	Date of Receipt				
	Mailing Address 1813 Solitaire Lane					
	City McLean, VA 22101					
	FEC ID number of contributing federal political committee.		ายรู้สถาวศูกรรณ์การกับการสุขาวที่สาวาร์	Amount of Each Receipt this Period		
	Name of Employer FCAA	Occupation	hesiologist	50 per payroll contribution		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General Other (specify) ▼		600.00			
с.	Full Name (Last, First, Middle Initial) Peruvemba, Ramani			Date of Receipt		
Mailing Address 8400 Tysons Trace Court City State Vienna, VA 22182		rt		and the second sec		
		Zip Code				
	FEC ID number of contributing tederal political committee.			Amount of Each Receipt this Period		
	Name of Employer	Occupation				
	FCAA Receipt For:		chesiologist	50 per payroll contribution		
	Primary General Other (specity) v	190-1297 B-1806-1	) Year-to-Date ▼ 600.00			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE C OF 24 (check only one)			
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An or	for commercial purposes, other than using the	tatements m name and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
Ν	NAME OF COMMITTEE (In Full)	_					
Ľ		sia As	ssociates, LLC Po	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Pray, Clyde W.			Date of Receipt			
	Mailing Address 908 Oak Knoll Terrace			and a second a se			
	City Rockville, MD 20850	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		สมาริราการในระหรับสายาร์กระหรับสายาร์	350.00			
	Name of Employer FCAA	Anest	hesiologist	50 per payroll contribution			
	Receipt For: Primary General		Year-to-Date ▼				
	Other (specify)	- and an far	600.00				
в.	Full Name (Last, First, Middle Initial) Ries, Marianne			Date of Receipt			
	Mailing Address 114 Midtown Road	and see a serie free a serie free series and s					
	City Gaithersburg, MD 20878	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		เอง หรือเหตุการกับการกับการกับการกับ เกมร์การกับการการการการกับการกับการกับการกับการกับการการการการการการการการก	350.00			
	Name of Employer FCAA	Anest	n chesiologist	50 per payroll contribution			
	Receipt For:		e Year-to-Date ♥	-1			
	☐ Primary General Other (specify) ▼	an a					
		Larderal.		· · · · · · · · · · · · · · · · · · ·			
C.	Full Name (Last, First, Middle Initial) Scheinman, Gerald M.			Date of Receipt			
	Mailing Address 8010 Summer Mill Court			and the second			
	City State Bethesda, MD 20817 FEC ID number of contributing tederal political committee.		Zip Code	Amount of Each Receipt this Period			
			ระ สารามารถุของ รายางของ อาการสาราสาราย 	350.00			
			n chesiologist	50 per payroll contribution			
	Receipt For: Primary ☐ General Other (specify) ▼	State Tennet	9 Year-to-Date ▼ 				
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>)</b>	Use separate schedule(s)	FOR LINE NUMBER: PAGE FOR OF 2-1
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements mathematic the name and a	ay not be sold or used by any pe address of any political committee	arson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ogia Ag	cogistog IIC Po	litical Action Committee
Full Name (Last, First, Middle Initial)			
A. Grube, Stephen	. <u> </u>		Date of Receipt
Mailing Address 13895 Foxtower Road			Marine ( Barel )
City Thurmont, MD 21788	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing tederal political committee.		an generation also as presentantes interestingueses and an antipart of the second	350.00
Name of Employer FCAA	Occupation	n hesiologist	50 per payroll contribution
Receipt For:		Year-to-Date ▼	
Primary General Other (specify)	and South a	ዾዹዾ፟ኯኯኯፙዀኯኯፙዀዹዼፙዄፚኯኯጜ፟ኯኯፙዀኯፙዀኯዿዀ፟ዾዸዸዹ	<u>s</u>
	Acer Bran Ace	600.00	
Full Name (Last, First, Middle Initial) B. Johnson, David		- <u></u>	Date of Receipt
Mailing Address 5506 Bootjack Drive			
City Frederick, MD 21702	State	Zip Code	
FEC ID number of contributing federal political committee.	C	เตรียนกร้างหน่างเหมืองหรือเหมือง แก่ว่ามาร่ายมากกระดูกระบาร์จะการ์	Amount of Each Receipt this Period
·			- 50 per payroll contribution
Name of Employer FCAA	Occupation	n hesiologist	50 per payrorr concribation
Receipt For:		Year-to-Date V	-
Primary General		ردهاه تشتعلاها أرهادوت وعنارك والمتأثرية ورابات ترديك عهرمك وتهدت أراما	••• .
Other (specify) 🔻	land-in-ite	600.00	£
Full Name (Last, First, Middle Initial) C. Malone, Thomas E.			Date of Receipt
Mailing Address 11667 Fairmont Place	8		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City Ijamsville, MD 21754	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	า คะสูงกระกับระการ(กระการกระกระกรุษณฑร) พ.ศ.โกมสรร้างระกระกระกระกระกระกระกระกร	525.00
Name of Employer	Occupatio		75 per payroll contribution
FCAA Receipt For:		chesiologist	
Primary ☐ General Other (specily) ▼	. ระการสาวมาระดับ	e Year-to-Date ♥ ************************************	4
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE S OF 24 (check only one)	
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Ar or	information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ments may not be sold or used by any pe me and address of any political committee	rson for the purpose of soliciting contributions	
V	First Colonies Anesthesi	a Associates, LLC Po	litical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Van Nice, Paul S.	······································	Date of Receipt	
	Mailing Address 7101 Meadow Lane	State Zip Code		
	Chevy Chase, MD 20815	·	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	n an far an	350.00	
	FCAA	ccupation Anesthesiologist	50 per payroll contribution	
	Primary General Other (specify)	ngregate Year-to-Date ▼ 600.00 		
в.			Date of Receipt	
	Mailing Address 10816 Willow Run COurt City	Consideration and street a substance of the substance of		
	Potomac, MD 20854	State Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing	an a		
	FCAA	Ccupation Anesthesiologist	25 per payroll contribution	
	Primary General	Aggregate Year-to-Date ▼ 300.00		
с.	Full Name (Last, First, Middle Initial) Wahlgren, Christopher J	•	Date of Receipt	
	Mailing Address 1200 Colvin Meadows Lan	e	The second	
	City Great Falls, VA 22066	State Zip Code	Amount of Each Receipt this Period	
		restancia de la contra de la contra de la contra de la contra contra de la contra de la contra de la contra de Classifica de la contra de la Classifica de la contra de	350.00	
	FCAA Z	Anesthesiologist	50 per payroll contribution	
	Primary General	Aggregate Year-to-Date ▼ 600.00		
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 OF 24	
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$\rangle$	• •	esia A	ssociates,LLC Po	litical Action Committee
A.	Full Name (Last, First, Middle Initial) Yu, Aiqin			Date of Receipt
	Mailing Address 13508 Gumspring Road City	State	Zip Code	and a start a start and a star
	Rockville, MD 20850	51818		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		eligi kati ng katagan kati jeta kapa katagan ya Mala sang katagan katag Mala sang katagan katag	350.00
	Name of Employer FCAA	Occupation	hesiologist	50 per payroll contribution
	Receipt For:		Year-to-Date V	]
	Other (specify) ▼	ł.		
в.	Full Name (Last, First, Middle Initial) Chen, Dwayne			Date of Receipt
	Malling Address 11415 Commonwealth Dr.	Unit State	204 Zip Code	- Andrewson and the second sec
	Rockville, MD 20852			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	andyaline gine and a single section of and a section of a se	
	Name of Employer FCAA	Occupation	hesiologist	50 per payroll contribution
	Receipt For: Primary General			
	Other (specify) V		600.00	
с.	Full Name (Last, First, Middle Initial) Epstein, Todd A.			Date of Receipt
	Mailing Address 11305 Struttmann Terrace City State Zip Code North Bethesda, MD 20852		7in Oo da	- Connections in an antipatrate in the second secon
				Amount of Each Receipt this Period
	FEC ID number of contributing tederal political committee.		าส์รัฐสะหมีเราะ (สรูการเหตุ ระวาทรูสราชกรฐาวทาง) เราะวิทมธรรมสายกรฐางกระกับรายสร้างกระกับ	350.00
	Name of Employer FCAA	Occupatio Anest	n hesiologist	50 per payroll contribution
	Raceipt For: Primary General Other (specify) ▼	Sumationsta	9 Year-to-Date ▼ 600.00	
s	SUBTOTAL of Receipts This Page (optional)		•	per se a presentar a serie de la companya de la comp
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SCHEDULE	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 163 OF 24         (check only one)       III         IIIa       11b         IIIa       11b         IIIa       11b         IIIa       11b         IIIa       11b         III       11c         IIII       11c         IIII       11c         IIII       11c         IIII       11c         IIIII       11c         IIIIII       11c         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
or for commercia	al purposes, other than using the OMMITTEE (In Full)	name and a	address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
A. Hopper Mailing Addre 4550 No City Chevy FEC ID numl federal politic Name of Emp FCAA Receipt For: Primary Other (	orth Park Ave. # Chase, MD 20815 ber of contributing cal committee. ployer General specify) v	State CCupation Anest Aggregate	Zip Code hesiologist Year-to-Date V 600.00	Date of Receipt Mount of Each Receipt this Period 50 per payroll contribution
B. Kaufma Mailing Addre 7514 City Bethe FEC ID numl Iederal politic Name of Em FCAA Receipt For:	Arrowood Road sda, MD 20817 ber of contributing cal committee. ployer	Occupation Anest Aggregate	Zip Code n hesiologist Year-to-Date ▼ 600.00	Date of Receipt
C. Leavit Mailing Addr 3467 M City Arlin FEC ID num tederal politic Name of Em FCAA Receipt For:	V. Venice Street agton, VA 22207 ber of contributing cal committee. ployer	Occupatio Anest Aggregate	Zip Code n :hesiologist a Year-to-Date ▼ 600.00	
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FEC Schedule A (Form 3X) Rev. 02/2003

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Ar or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	latements manna and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
$\langle \rangle$		sia Ass	sociates, LLC Pol	litical Action Committee		
Α.	Full Name (Last, First, Middle initial) March, Mollyann G.			Date of Receipt		
	Mailing Address 6504 Greentree Road City	State	710 Codo			
	Bethesda, MD 20817	21918	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		$\label{eq:second} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^{n$	525.00		
	Name of Employer FCAA	Occupation Anest	hesiologist	75 per payroll contributio	m	
	Receipt For: Primary General Other (specify) V		Year-to-Date ▼ 900.00			
в.	Full Name (Last, First, Middle Initial) Peck, Michael J.			Date of Receipt		
	Mailing Address 4 Farm Haven Court City	State	Zip Code			
	Rockville, MD 20852		2000e	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		er fan skjante i gemeente fan skjante fan skjante	Lander and the state of the sta		
	Name of Employer FCAA	Occupation	hesiologist	75 per payroll contributio	on	
	Receipt For: Primary General Other (specify)	arstructure). {	Year-to-Date ▼			
c.				Date of Receipt		
	Mailing Address 6 Beall Spring COurt City	State	Zip Code			
	Potomac, MD 20854			Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	านการการการการการการการการการการการการการก	350.00		
	Name of Employer FCAA	Anest	n hesiologist	50 per payroll contributio	on	
	Receipt For: Primary General Other (specify)	her and a surface	99ar-to-Date ♥ 			
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Ľ	First Colonies Anesthes	sia As	sociates, LLC Po	lit	ica	l Act	tion	Com	mit	tee	
A.	Full Name (Last, First, Middle Initial) Swann, Louis W.				Date of	Receipt					-
	Mailing Address P.O. Box 6081			٦ i	л v u	1.100	11 1 1	ر سر <del>ا مط</del> ور کرد. د	<b>V</b>	<b>^</b>	
	City McLean, VA 22106	State	Zip Code		incritive Lemme	تعمد بل الله. 	hani	10-10/36 v. 6		enă 	-
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	federal political committee.		ระประ ศึกรามในการใจระเพิ่งของกับระบดไ			cž zmili mai	ion national	35	0.0	, 0 	
	Name of Employer FCAA	Occupation	hesiologist	5	0 p	er pa	yro	11 c	ont	ribı	ition
	Receipt For:		Year-to-Date ▼								
	Other (specify) ▼		133 acade 174 ye - angar ay a magan ay a ta bara 600.00 730 arai - a a a a a a a a a a a a a a a a a a	Law and							
в.	Full Name (Last. First, Middle Initial) Tan, Rojack F.				Date o	l Receipt		<u> </u>			-
	Mailing Address 507 Goodland Place				Sear Strict prove prover guerran and a series						
	City State Zip Code								-		
	Rockville, MD 20850		ana ini viteraati kuninda aana kata a			t of Each	•				
	FEC ID number of contributing tederal political committee.	Ci	ามโลรารโสรนส์บระสารการใจรระไ		ares Sara	ndr en Donard	inere lazari		.00		
	Name of Employer FCAA	Occupation	hesiologist	-	50 <u>p</u>	ber p	ayro	)11 c	cont	rit	ution
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	Other (specify) ▼		600.00 	2 I -							
— с.	Full Name (Last, First, Middle Initial) Vogt, Mark				Date o	f Receipt					-
	Mailing Address 1149 Colonial Road				u u	1.1	1 123	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	::	1	
	City	State	Zip Code			ne 7 Dawrett	2				-
	McLean, VA 22101		a suisse sin a fair air an			it of Each		ot this Po	eriod سيكمينية		
	FEC ID number of contributing federal political committee.	C	คงสำหารของสำหรัง สาราช การเสียงสาราช			ndere Terre	Sumbres	35	0.0	0	
	Name of Employer FCAA	Occupatio Anest	n chesiologist	5	0 p	er pa	ayro	11 c	ont	ribu	ution
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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 12 OF 24           (check only one)         11a           11a         11b         11c
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (in Full)	tatements mane and a	ay not be sold or used by any pe address of any political committee	13     14     15     16     17       rson for the purpose of soliciting contributions to solicit contributions from such committee.     17
$\langle \rangle$		sia As	sociates, LLC Po	litical Action Committee
Α.	Full Name (Last, First, Middle Initial) Wex, Timothy G. Mailing Address			
	11429 Cedar Ridge Driv City Potomac, MD 20854	7e State	Zip Code	- landored interior breath astronomy with
	FEC ID number of contributing federal political committee.	C	ารรักษารู้แกระวันการให้เหตุรายมารู้เกมเรื่อง เริ่มหารู้แกระวันการให้เหตุรายมารู้แหน่ง เริ่มหารู้เกมระวันการให้เหตุราย	Amount of Each Receipt this Period
	Name of Employer FCAA	Occupation Anest	hesiologist	50 per payroll contribution
	Receipt For: Primary ☐ General Other (specify) ▼	ด การเหติมอาสามร	Year-to-Date ▼ 600.00	
В.	······································		······································	Date of Receipt
	Mailing Address 3912 Calverton Drive City	State	Zip Code	
	Hyattsville, MD 20782 FEC ID number of contributing federal political committee.		ungalangkangkangkangkang Kanangkangkangkangkang	Amount of Each Receipt this Period
	Name of Employer FCAA	Occupation Anest	hesiologist	50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	ine dand.	Year-to-Date ▼ 	
c.	Full Name (Last, First, Middle Initial) Beck, Mark L.			Date of Receipt
	Mailing Address <u>16 Norris Run Court</u> City	State	Zip Code	
	Reisterstown, MD 21136		تحسین که بروی در سین می باد. در م	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		الم محمود المحمود الموري والمحمد و 	50 per payroll contribution
	Name of Employer FCAA	Anes	n thesiologist	
	Receipt For: Primary General Other (specity) v	200 2010 201 201	• Year-to-Date ▼ • به میرد در میرد 600.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 14 OF 24 (check only one)
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Aror	y information copied from such Reports and Stateme for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ents may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions
2	First Colonies Anesthesia	Associates, LLC Po	litical Action Committee
A.	Full Name (Last, First, Middle Initial) Charney, Donald J. Mailing Address 3707 Meadowhill Court		Date of Receipt
	City St Phoenix, MD 21131	tate Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	การสารีการสารสารสารสารสารสารสารสารสารสารสารสารสา	350.00
		upation esthesiologist	50 per payroll contribution
	Primary General	regate Year-to-Date ▼	
в.	Full Name (Last, First, Middle Initial) Chary, Satyam		Date of Receipt
	Mailing Address 9 Alterwood Lane City St	late Zip Code	
	Owings Mill, MD 21117	tate Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	าราราราราราราราราราราราราราราราราราราร	350.00
	· · ·	nesthesiologist	50 per payroll contribution
	Primary General		
<u>с</u> .	Full Name (Last, First, Middle Initial) Hairston, Keith A.		Date of Receipt
		tate Zip Code	
	Reisterstown, MD 21136	12/2012/2 /# ·#ff #	Amount of Each Receipt this Period
	FEC ID number of contributing tederal political committee.	יישר האיז יישר לייין למצע לייי לי איז איז איז איז איז איז איז איז איז אי	350.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 15 OF 2 < 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pe	13 14 15 16 17 rson for the purpose of soliciting contributions to solicit contributions from such committee.
First Colonies Anesthe	sia Associates, LLC Po	litical Action Committee
A. Full Name (Last, First, Middle Initiat) A. Hessinger, Glen J. Mailing Address 8101 Ruxton Crossing I City Towson, MD 21204 FEC ID number of contributing federal political committee. Name of Employer FCAA Receipt For: Primary General	Road       State     Zip Code       C     C       Occupation     Anesthesiologist       Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ B. Hogarth, Jean-Max Mailing Address 1614 Randallwood COur City	300.00 t t State Zip Code	
Jarrettsville, MD 210 FEC ID number of contributing federal political committee. Name of Employer FCAA Receipt For: Primary General Other (specify) ▼	84 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 350.00 50 per payroll contribution
C. Full Name (Last, First, Middle Initial) Hong, Sung-Soo Mailing Address 8525 Huntspring Drive City Lutherville, MD 21093 FEC ID number of contributing federal political committee. Name of Employer FCAA Receipt For: Primary General Other (specify) ▼	State     Zip Code       C     C       Occupation     C       Anesthesiologist       Aggregate Year-to-Date ▼       600.00	Date of Receipt Amount of Each Receipt this Period 50 per payroll contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	······	an a

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE     G OF 24       (check only one)     11a     11b     11c     12       13     14     15     16     17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) First Colonies Aposthe	name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)         A. Rizzuto, Charles         Mailing Address         6409 Pinehurst Road         City         Baltimore, MD 21212         FEC ID number of contributing federal political committee.         Name of Employer FCAA         Receipt For:         Primary       General Other.(specify) ▼	State Zip Code C Occupation Anesthesiologist Aggregate Year-to-Date ¥ 600.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) RODINSON, TIMOTHY         Matling Address         2212 Dalewood Road         City         Timonium, MD 21093         FEC ID number of contributing tederal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General Other (specify) ▼	State     Zlp Code       C[     C[       Occupation     Anesthesiologist       Aggregate Year-to-Date ▼     600.00	Date of Receipt Amount of Each Receipt this Period 350.00 50 per payroll contribution
Full Name (Last, First, Middle Initial)         C.       Wheeler, David         Mailing Address         1108       Collingwood         City         Elkridge, MD       21075         FEC ID number of contributing federal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General         Other (specify) ▼		Date of Receipt Amount of Each Receipt this Period 50 per payroll contribution
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         PAGE
Any information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) First COlonies Anesthesi	me and address of any political committee	rson for the purpose of soliciting contributions
Huntingtown, MD 20639         FEC ID number of contributing tederal political committee.         Name of Employer         FCAA         Receipt For:         Primary         General         Other (specify) ▼	d State Zip Code C C C C C C C C C C C C C	Date of Receipt Amount of Each Receipt this Period 350.00 50 per payroll contribution
FCAA Receipt For:	State Zip Code Classical Content of Classical Cont	
Name of Employer FCAA Receipt For: Primary General Other (specify) =	State Zip Code C Decupation Anesthesiologist Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 350.00 50 per payroll contribution
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE / OF 24
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) First Colonies Anesthe	name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Roth, Jeremy B. Mailing Address 913 Hillstead Drive City Lutherville, MD 21093 FEC ID number of contributing federal political committee. Name of Employer FCAA Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation Anesthesiologist Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Valedon, Arnaldo         Mailing Address         22 Woodfield Court         City         Reisterstown, MD 21130         FEC ID number of contributing tederal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General Other (specify) ▼	State Zip Code C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 600.00	Date of Receipt The second se
Full Name (Last, First, Middle Initial)         C. Van Clief, Martha         Mailing Address, 405 Apple Grove Road         City         Silver Spring, MD 2090         FEC ID number of contributing tederal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code	Date of Receipt Amount of Each Receipt this Period 350.00 50 per payroll contribution
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 OF 24
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$ \rangle$	. ,	sia As	sociates LLC Po	litical Action Committee
۲ <u>ــــ</u>	Full Name (Last, First, Middle Initial) Wherry, Thomas M.			Date of Receipt
· · ·	Mailing Address         611       W. 2nd. Street         City         Frederick, MD 21701         FEC ID number of contributing federal political committee.         Name of Employer FCAA         Receipt For:         Primary       General Other (specify) ▼	C Occupation Anest Aggregate	Zip Code hesiologist Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 50 per payroll contribution
В.	Full Name (Last, First, Middle Initial)         Bunker, John         Mailing Address         15229       National Pike         City         Hagerstown, MD 21740         FEC ID number of contributing         federal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General         Other (specify) ▼	Occupation Anest Aggregate	Zip Code hesiologist Year-to-Date ▼ 600.00	
с.	Full Name (Last, First, Middle Initial)         Dugan, Danielle         Malling Address         104 Ellingwood Lane         City         Frederick, MD 21702         FEC ID number of contributing tederal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Zip Code In hesiologist e Year-to-Date ▼ 600.00	] [
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 20 OF 24
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NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia	a Associates, LLC Po	litical Action Committee
Full Name (Last, First, Middle Initial) A. Dugan, Karen	······	Date of Receipt
Mailing Address 4107 Vicki Lynn Court City	State Zip Code	- Construction Construction of the second
Mount Airy, MD 21771		Amount of Each Receipt this Period
federal calificat committee	יייד אין אינע אייראייר אייראיז אייראיי אייראיין אייראיין אייראיין אייראיין אייראיין אייראיין אייראיין אייראיין איירא אייראאייראיין אייראיין א	
7077	cupation lesthesiologist	20 per payroll contribution
Primary General	gregate Year-to-Date ▼ 	
Full Name (Last, First, Middle Initial) B. Ferkler, Phillip		Date of Receipt
Mailing Address 4107 Vicki Lynn Court City S	State Zip Code	
Mount Airy, MD 21771	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	an managan sa an ang sanang sa ang sa an Sa ang sa ang Sa ang sa ang	
	cupation	30 per payroll contribution
Possiat For	nesthesiologist	_
	lgregate Year-to-Date ▼ angenroen-galationnesseerate newspaces	
	360.00	
Full Name (Last, First, Middle Initial) C. Gabrielli, Tamara		Date of Receipt
Mailing Address 504 Reserve Champion Dri	ve	
City	State Zip Code	- Constant historical international and the second
Rockville, MD 20850		Amount of Each Receipt this Period
		350.00
	cupation nesthesiologist	50 per payroll contribution
Receipt For: An	ggregate Year-to-Date ▼	5 I
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 2: OF 2 4 (check only one)			
	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 117			
Any information copied from such Reports and S or for commercial purposes, other than using the	Stalements may not be sold or used by any per a name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
K	sia Associates, LLC Po	litical Action Committee			
Full Name (Last, First, Middle Initial) A. Grube, Stephen	<del></del>	Date of Receipt			
Mailing Address 13895 Foxtower Road		Marine Sciences Strategies of the			
City Thurmont, MD 21788	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		350.00			
Name of Employer FCAA	Occupation Anesthesiologist	50 per payroll contribution			
Receipt For:	Aggregate Year-to-Date ▼	-			
Other (specify) ▼	600.00				
Full Name (Last, First, Middle Initial) B. Johnson, David		Date of Receipt			
Mailing Address 5506 Bootjack Drive					
^{City} Frederick, MD 21702	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	רבי איבה רובי היא איב היה איר איב	350.00			
Name of Employer	Occupation	50 per payroll contribution			
FCAA Receipt For:	Anesthesiologist				
Primary []] General		; ]			
Other (specify) 🔻	600.00				
Full Name (Last. First, Middle Initial) C. Malone, Thomas E.		Date of Receipt			
Mailing Address 11667 Fairmont Place		aller a sugar a			
City Ijamsville, MD 21754	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		525.00			
Name of Employer	Occupation	75 per payroll contribution			
FCAA Receipt For:	Anesthesiologist				
Primary ☐ General Other (specify) <del>↓</del>	Aggregate Year-to-Date ▼ ການກາງອາຫາຊາຍການການການການອາຫາຊາຍແຫຼງການກາງອາຫາຊ ການກາງການການການການການການການການການການການການການກ	l l			
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 2.2 >F 2            (check only one)         111           11a         11b           11c         12
Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) First Colonies Anesthe	e name and address of any political committee	13     14     15     16     17       erson for the purpose of soliciting contributions to solicit contributions from such committee.       1itical Action Committee
Full Name (Last, First, Middle Initial) A. O'Fallon, Denis Mailing Address 12123 Merricks Court City Monrovia, MD 21770 FEC ID number of contributing federal political committee. Name of Employer FCAA Receipt For: Primary General Other (specify) ▼	State Zip Code C C C C C C C C C C C C C	
B. Full Name (Last, First, Middle Initial) Ranney, Kathleen Mailing Address <u>1819 N. Greenlease Dr</u> City Frederick, MD 21701 FEC ID number of contributing federal political committee. Name of Employer FCAA Receipt For: Primary General Other (specify) ▼	ive State Zip Code C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)         C. Rubin, Alexander         Mailing Address         6611 Hunter Trail Way         City         Frederick, MD 21702         FEC ID number of contributing tederal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General Other (specify) ▼	State Zip Code C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 5. 600.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		[	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 OF 24 (check only one)			
<b></b>			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Ar or	for commercial purposes, other than using the	Statements ma	y not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)						
Ľ	Full Name (Last, First, Middle Initial)	SIA ASS	Sociates, LLC Po	olitical Action Committee			
A.	Scattergood, Suzanne			Date of Receipt			
	Mailing Address 14700 Crossway Road			Line of the second s			
	City	State	Zip Code	- breation of the sales of the sales of the			
	Rockville, MD 20853		a da anticipa de la compañía de la c	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		ะ ซึ่งกราว ก็ _{ที่ การ} ๆ มีหระชาวในสูละ เป็นหูล หารีตระจานไ	700.00			
	Name of Employer FCAA	Occupation Anest	hesiologist	100 per payroll contributio	'n		
	Receipt For:		Year-to-Date ▼				
	PrimaryGeneral Other (specily) ▼		1,200.00				
в.	Full Name (Last, First, Middle Initial) Sullivan, Lisa			Date of Receipt			
	Mailing Address 2454 Fire Schillings						
	City State Zip Code Frederick, MD 21701			Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		a fait agus an an tao an	350.00			
	Name of Employer FCAA	Occupation Anest	hesiologist	50 per payroll contributior	1		
	Receipt For:		Year-to-Date ▼	-			
	Primary General Other (specify) ▼	۲۰۰۰، ۲۰۱۳، ۲۰۱۳، ۲۰۱۳، ۱۰ ۱۰ ماله ۲۰ مانه ۲۰۱۳، ۲۰۱۳،	600.00				
с.	Full Name (Last, First, Middle Initial) Sullivan, Robert	<u></u>	<u></u>	Date of Receipt			
	Mailing Address 2454 Five Schillings F	Road		and and margaret interpreter			
	City	State	Zip Code				
	Frederick, MD 21701 FEC ID number of contributing		لمد مدارد مد	Amount of Each Receipt this Period			
	federal political committee.	C	and an a former with some for a second second	350.00			
	Name of Employer FCAA	Occupation	hesiologist	50 per payroll contribution	n		
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) <del>↓</del>		600.00 600.00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 24 OF 24         (check only one)       I1a         I1a       11b         I1a       11b         I1a       11b         I1a       11b         I1a       11b         I1b       11c         I1a       11b         I1b       11c         I1a       11b         I1b       11c         I1a       11d         I1b       11c         I1a       11d         I1b       11c         I1a       11d         I1b       11c         I1a       11d         I1b       11c         I1a       I1d         I1b       I1c         I1c       I1c         I1b       I1c         I1b       I1c         I1b       I1c         I1b       I1c         I1b       I1c         I1b       I1c    <
Any information copied from such Reports and a or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) First Colonies Anesthe	e name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)         A.         Yun, Jungim A.         Mailing Address         2057         2057         Thurston Road         City         Frederick, MD 21704         FEC ID number of contributing federal political committee.         Name of Employer         FCAA         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 600.00	Date of Receipt Amount of Each Receipt this Period 350.00 50 per payroll contribution
Full Name (Last, First, Middle Initial)         B.         Mailing Address         City         FEC ID number of contributing tederal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial)         C.         Mailing Address         City         FEC ID number of contributing tederal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code C C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
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SCHEDULE B (FEC Form 3X)						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b		26 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		by any perso	n for the purpose of soliciting contributions	-00		
NAME OF COMMITTEE (In Full)						
First Colonies Anesthesia	Associates, LLC	Politic	cal Action Committee			
Full Name (Last, First, Middle Initial)	/		Date of Disbursement	_		
A. Max Brocato, Barbara	Max Brocato, Barbara					
Mailing Address 18 Pinkney Street			07 03 2007			
City S Annapolis, MD 21401	State Zip Code					
Purpose of Disbursement Lobbyist Fee		011	Amount of Each Disbursement this Period			
Candidate Name	<u>K</u>			=}		
		Category/ Type	1,363.63	-1 -1		
Office Sought: House Disbursen	nent For: Primary 🦳 General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. Max Brocato, Barbara			Date of Disbursement			
Mailing Address 18 Pinkney Street	<u>11</u> <u>20</u> <u>2007</u>					
City	State Zip Code					
Annapolis, MD 21401 Purpose of Disbursement						
Lobbyist Fee		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1,363.63	ן ו		
Office Sought: House Disbursen	nent For:	Туре	and the second	<u>-1</u>		
Senate	Primary General					
State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
<b>C.</b> Max Brocato, Barbara						
Mailing Address 18 Pinkney Street			12 15 2007			
City	State Zip Code					
Annapolis, MD 21401	<u> </u>					
Lobbyist Fee	Purpose of Disbursement					
Candidate Name		Category/		-1 1		
Office Sought: House Disbursen	nent For:	Туре	<u>1,363.63</u>	<u>.</u> 1		
Senate	Primary General	ł				
State: District:	Other (specify)					
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SUBTOTAL of Disbursements This Page (optional)	·····	•	<u> </u>	į		
TOTAL This Period (last page this line number only)		••••••	4,090.89			

SCHEDULE B (FEC Form 3X)		FOR LINE					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only					
	for each category of the Detailed Summary Page	216	22 7 23 24 25 26				
		27	28a 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full)							
First Colonies Anesthesia	Aggoriates T.		tical Action Committee				
	ABBOCIACES, D						
Α.	Full Name (Last, First, Middle Initial)						
Gargiola, Rob							
Mailing Address 11 Bladen Street Room 10	4		08 27 2007				
	itate Zip Code						
Annapolis, MD 21401 Purpose of Disbursement							
Political Contribution	Į Ĕ	011	Amount of Each Disbursement this Period				
Candidate Name		Category/	250.00				
Rob Gargiola Office Sought:   House   Disbursent		Туре	200.000 in a construction of the second s				
	Primary X General						
President	Other (specify)	}					
State: District: 15							
Full Name (Last, First, Middle Initial)							
^{B.} Harris, Andy		ĺ	Date of Disbursement				
Mailing Address 11 Bladen Street Room 41	.4		1I 08 2007				
······································	itate Zip Code						
Annapolis, MD 21401							
Purpose of Disbursement Political Contribution	have	011	Amount of Each Disbursement this Period				
Candidate Name		Category/	ร้างการใหก่องร้างหน่าง เราร่างการใจการสรรมกับราชสรรมการได้เหลาวี่				
Andy Harris		Type	2,300.00				
Office Sought: X House Disbursen							
Senate X	Primary General Other (specify)						
State: District: 1	( <b>****</b> ********************************						
Full Name (Last, First, Middle Initial)							
C. Harris Andy			Date of Disbursement				
Harris, Andy Mailing Address			11 ' 08 ' 2007				
11 Bladen Street Room 41	L4		ร่วยคลังและดั โรงแรงไทยหลัง โดงเขตรีมาและสามาร์				
	State Zip Code						
Annapolis, MD 21401 Purpose of Disburscment		inerthant faund					
Political Contribution			Amount of Each Disbursement this Period				
Candidate Name Andy Harris	\	Category/	2,300.00				
Office Sought: X House Disburser	ment For:	Туре	Interioritant Suctan Station Station				
	Primary X General	I					
President	Other (specify)						
State: District:			ייייין איז				
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only	))		4,850.00				

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SCHEDULE B (FEC Form 3X)		EOR LINE				DA.	<u> </u>	3	<u> </u>	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check on	NUMBER: PAGE 3 OF S							
	for each category of the Detailed Summary Page	210			23	24		25	□ 50	
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NAME OF COMMITTEE (In Full)									·	
$ \rangle$										
Full Name (Last, First, Middle Initial)	••••••••••••••••••••••••••••••••••••••									
Α.										
Rifkin, Livingston, Lev			1 1 1 1 1	Date of Disbursement						
Mailing Address 225 Duke of Gloucester	Street		11° ′ 20° ′ ′ 2007 · ·							
City Annapolis, MD 21401	State Zip Code							·····		
Purpose of Disbursement	18	and a subsection of the subsec	1							
Lobbyist Fees			1			Disburse				
	[	Category/ Type				22,2				
	ement For:		1							
Senate President	Primary General		1							
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)	······································		1							
В.			Date of	f Disl	burse					
Mailing Address	······································								Ϋ́́	
City	State Zip Code									
Purpose of Disbursement		ا المحمقات مطلعهما	]	Amount of Each Disbursement this Peri			Dariad			
Candidate Name		Colorony		Amount of Each Dispursement int		-				
		Category/ Type		f bra inn discollowiterschartDevoluus Institut				Ter; all	in the second	
	ement For:		ר							
Senate President	Primary General Other (specify)		}							
State: District:	J (-, -, -, -, -, -, -, -, -, -, -, -, -, -									
Full Name (Last, First, Middle Initial)										
С.			Date o							
Mailing Address	Mailing Address									
City	State Zip Code	<u> </u>				<u></u>		·	<u> </u>	
Purpose of Disbursement	Purpose of Disbursement									
Preselidate Nome						Disburs				
Candidate Name		Category/ Type		-			•			
	ement For:		<u>hanlandarilinestanika</u>		- LH (B-716)	99, 199, a 198, a				
Senate	Primary General									
State: District:	Other (specify)		1							
		<u> </u>			<b>.</b> (******	Saus - Transfe		-	بوسمنداری در میا	
SUBTOTAL of Disbursements This Page (optional	SUBTOTAL of Disbursements This Page (optional)							-		
TOTAL This Period (last page this line number or	t Succession		aland	22	250	6.9 ••••••	4			

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FEC Schedule B (Form 3X) Rev. 02/2003

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SCHEDULE B (FEC Form 3X)	<u> </u>	FOR LINE	NUMBER: PAGE 4 OF 5				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used e and address of any political	by any perso committee to	n for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
First Colonies Anesthesia	Associates, I	LC Pol:	itical Action Committee				
AMorhaim, Dan			Date of Disbursement				
Mailing Address 6 Bladen Street Room 363			11 ' '08 ' 2007				
Annapolis, MD 21401	tate Zip Code						
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period				
Candidate Name Dan Morhaim	1 1	Category/ Type	250.00				
Office Sought: X House Disbursem	ient For:	1700	โกรงหนึ่งสุดมีไขสาร์สุดหมู่สะบุรีไม่เหมืองทะไหร(กิโกระโกระไ				
President	Primary 🔲 General Other (specify) 🔻						
State: District: 11			·····				
B.			Date of Disbursement				
Mailing Address	Mailing Address						
·	itate Zip Code						
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Candidate Name	<u>}</u>	Category/ Type	การเขางการเราะเราะการเราะการเราะการเราะการเราะการเราะการ การเราะการเราะการเราะการเราะการการการการการการการการการการการการการก				
President	nent For: Primary General Other (specify) <del>v</del>						
State: District: Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			Inconduction according to a set of the set o				
City	State Zip Code						
Purpose of Disbursement	Purpose of Disbursement						
Candidate Name	Amount of Each Disbursement this Period						
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specity) ▼						
SUBTOTAL of Disbursements This Page (optional)		•					
TOTAL This Period (last page this line number only)		••••••	250.00				

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FEC Schedule B (Form 3X) Rev. 02/2003

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SCHEDULE B (FEC Form 3X)		FOR LINE							
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only							
	for each category of the Datailed Summary Page	216							
		27	28a 28b 28c X 29 30b						
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used	by any perso	n for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)	e and address of any political	committee to	solicit communes from such communee.						
$\langle \rangle$									
/First Colonies Anesthesia	Associates, L	LC Poli	tical Action Committee						
Full Name (Last, First, Middle Initial)	· · · ·								
A. Koontz, Dan			Date of Disbursement						
Mailing Address Hallor Research Blvd. Ste.	250	{	12 15 2007						
	350		how and have been how and have						
City Rockville, MD 20850	state Zip Code								
Purpose of Disbursement	· ·· · ···· · ····								
Reimbursement/Transport	to Leg. Rec.	011	Amount of Each Disbursement this Period						
Candidate Name	K	Category/	Level and the second of the second						
		Туре							
Office Sought: House Disbursen									
	Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)									
В.			Date of Disbursement						
Mailing Address	ii		Detail , Detail , here a second						
Mailing Address	handrad harden instantants.								
City	State Zip Code								
Purpose of Disburnements									
Purpose of Disbursement		27/192.2 W 2 / 1977	Amount of Each Disbursement this Period						
Candidate Name	i	Category/	ารระสัตรามสร้างกลาวัง เราะสร้าง สมรัตราชกระสุดารระดังรามสร้างการร้างการสร้าง						
		Туре	in the second						
Office Sought: House Disbursen									
President	Primary General								
State: District;	Other (specify) 🔻								
Full Name (Last, First, Middle Initial)									
C.			Date of Disbursement						
			ALLER & BEEGS & FREELS						
Mailing Address			international international and a description of the						
City	State Zip Code								
Purpose of Disbursement		an ril an strater and	Amount of Each Dichursement this Period						
Candidate Name		Category/	Amount of Each Disbursement this Period						
		Туре							
	ment For:								
Senate President	Primary General Other (specify) ▼								
State: District:	Anon (absould A								
SUBTOTAL of Disbursements This Page (optional)		•••••••	weiner to make and the stars in a star and the stars of the stars in a star and the stars of the						
	······································		759.00						
TOTAL This Period (last page this line number only	}	🕨	and and a strategy of the stra						

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## SCHEDULE C (FEC Form 3X) LOANS

LOANS	Use separate schedule(s) PAGE 1 OF 1					
	Detailed Summary Page FOR LINE 13 OF FORM 3X					
NAME OF COMMITTEE (In Full)						
First Colonies Anesthesia Associates, L						
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:					
	General					
Mailing Address	Other (specify)					
City State ZIP Co	nde					
Original Amount of Loan Cumulative Payment To	÷					
Date Incurred Date Due	Interest Rate Secured:					
	<u>~</u> % (apr) Yes No					
List All Endorsers or Guarantors (if any) to Loan Source						
1. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount [					
City State ZIP Code	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
	Outstanding:					
3. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount programment Guaranteed					
·						
4. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	<u></u>					
City State ZIP Code	Amount Guaranteed Outstanding:					
	ار دین در میروند. از دین در میروند می					
SUBTOTALS This Period This Page (optional)         TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no schedule D, carry forward to appropriate line of Summary.					

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SCHEDULE C-1 (FEC Form 3X)		Supplementary for		
LOANS AND LINES OF CREDIT FROM LE				
Federal Election Commission, Washington, D.C. 20463		Page of Schedule C		
NAME OF COMMITTEE (In Fuli)		FEC IDENTIFICATION NUMBER		
First Colonies Anesthesia Associat	tes, LLC PAC			
····	· · · · · · · · · · · · · · · · · · · ·			
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)		
		<u>~~~~</u> %		
Mailing Address	Data language Fatablished	ليفيمهمها المورعا السيرا		
	Date Incurred or Established			
City State Zip Code	Date Due			
A. Has loan been restructured?	If yes, date originally incurred			
B. If line of credit,	Total Outstanding			
Amount of this Draw:	Balance:			
C. Are other parties secondarily liable for the debt incurre		••••••••••••••••••••••••••••••••••••••		
	ist be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the lop property, goods, negotiable instruments, certificates of	emit iem eenere, percerim	What is the value of this collateral?		
stocks, accounts receivable, cash on deposit, or other	similar traditional collateral?			
No Yes If yes, specify:				
·····		Does the lender have a perfected security interest in it? No Yes		
E. Are any future contributions or future receipts of intere		What is the estimated value?		
collateral for the loan? No Yes If yes, s	pecify:			
	······································	<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:	•		
	City, State, Zip:			
F. If neither of the types of collateral described above was	····			
the loan amount, state the basis upon which this loan	was made and the basis on whi	ich it assures repayment.		
G. COMMITTEE TREASURER		DATE		
Typed Name				
Signature				
H. Attach a signed copy of the loan agreement.				
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:</li> <li>I. To the best of this institution's knowledge, the ten are accurate as stated above.</li> </ol>	rms of the loan and other inform	ation regarding the extension of the loan		
<ul> <li>II. The loan was made on terms and conditions (ind similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a</li> </ul>	comparable credit worthiness. a loan must be made on a basis	which assures repayment, and has		
complied with the requirements set forth at 11 Cl AUTHORIZED REPRESENTATIVE				
Typed Name				

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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS			PAGE 1 OF 1		
			FOR LINE NUMBER:		
	1	schedule(s) for each	(check only one) 9		
Excluding Loans		numbered line)	10		
NAME OF COMMITTEE (In Full)					
First Colonies Anesthesia A	ssociates, LLC Poli	tical Acti	lon Committee		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	Debt (Purpose):		
Mailing Address					
City State	Zip Code				
Outstanding Palaneo Registring This Pariod					
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period		
		h H	<u></u>		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creattor	Nature of L	Debt (Purpose):		
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
	<u></u>		<u>────────────────────────────────────</u>		
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	Debt (Purpose):		
Mailing Address	······································				
City	State Zip Code				
Outstanding Balance Beginning This Period	<u></u>		······································		
L					
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period		
			<del>ر</del>		
1) SUBTOTALS This Period This Page (optional)					
2) TOTALS This Period (last page this line number	r only)				
		<u></u>			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►				

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# 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 PAC	
Check if 24-hour notice 48-hour notice	
Full Name (Last, First, Middle Initial) of Payee	Date
	ليمينيني ( <u>لوميوا</u> ) ( <u>لوميوا</u> )
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee	<u>ال من من من من المن من من المن المن من من المن ال</u>
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	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	· •
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent or party committee) any political party committee or its agent.	
Signature Date	

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDED POLITICAL PARTY COMMITTEES OR DE			
ON BEHALF OF CANDIDATES FOR FED			PAGE 1 OF 1
(2 U.S.C. §441a(d)) (To be used only	by Political Committees In the Gene	ral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full) First Colonies Anesthesia Ass	ociates, LLC PAC		Check if
Has your committee been designated to make coordinated expenditures by a political party committee?	Full Name of Subordinate Committee		
	City	Stat	e ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee	4	Purpose of Expe	Category/
Mailing Address		Date	Туре
City State	Zip Code		· · · · · · · · · · · · · · · · · · ·
Name of Federal Candidate Supported Office Sough	nt: House State: Senate District: Presidential	Amount	
Expenditure for this Candidate	······································	Limit Rais ing (2 U.S	ed Due to Opponent's Spend- S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address		Purpose of Expe	nditure
		Date	iyhe
City State Name of Federal Candidate Supported   Office Sound	Zip Code		
Name of Federal Candidate Supported Office Sough	ht: House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ►	<u></u>	Limit Rais	ed Due to Opponent's Spend- S.C. §441a(i)/441a-1)
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expe	Inditure
Mailing Address		Date	
City State Name of Federal Candidate Supported   Office Source	Zip Code		
	ht: House State: Senate District: Presidential		<u></u>
Expenditure for this Candidate		¦ ∬ ing (2 ∪.9	ed Due to Opponent's Spend- S.C. §441a(i)/441a-1)
SUBTOTAL of Expenditures This Page (optional)		لا تحصيليني	
TOTAL This Period (last page this line number only)		<u> </u>	000

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FEC Schedule F (Form 3X) Rev. 02/2003

### 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
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check

# SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS	PAGE OF	
NAME OF COMMITTEE (In Full)	<u> </u>	
First Colonies Anesthesia Associates, LLC Poli	tical Action Con	mmittee
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
<ol> <li>FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.</li> </ol>	nod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acco where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a re- are allocated using a time/space method.	t derived by federal candic unications or voter drives	lates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
New Bevised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		· · · ·
	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	<u> </u>
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	%
CHECK IF THE RATIO IS:		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	<u>%</u>	<u> </u>
CHECK IF THE RATIO IS:		***
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	<u> </u>
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		

# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR **ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

		FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia As	sociates, LLC Politica	l Action Committee
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		i l
		[
BREAKDOWN OF TRANSFER RECEIVED		╏╾┚╼┚╾┚╾┚╴┚╾║
i) Total Administrative		L <u>ana and I</u>
II) Generic Voter Drive		lander of the state of the stat
.,		ل <del>است</del>
III) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Iden	ntifier)	
	۱	_
a)	 	
b)	المحمد (محمد) معمر (محمد) معمر (محمد) محمد) محمد (محمد) محمد) معمر (محمد) الم ال	
		┉╣ ╒╴ <del>╞╴╴╷┈╴╻╴╘╢╺╼╗╼╼╗╼╼╗╼╼╻</del> ╼╼ <del>╻</del> ╼╴╴
c) Total Amount Transferred For Direct Fundra	lising	
v) Direct Candidate Support (List Activity or Ev	ent Identifier)	
a)		
b)		
	<u></u>	ن <u>ید . میں دی میں میں میں میں میں میں دی میں اور</u> ا
c) Total Amount Transferred For Direct Candid	late Support	 
vi) Public Communications Referring Only to f		
TOTALS FC	DR BREAKDOWN OF TRANSFER RECEIV	
TOTAL This Period (Administrative)	······	
	<del>مدينينين محدي محلي المحالية الم</del>	······································
TOTAL This Period (Generic Voter Drive)		<u></u>
TOTAL This Period (Exempt Activities)		
	سی در محمد ا میں دی محمد عصور	ריים אלי אייר איז איי איז איז אייר א
TOTAL This Period (Direct Fundraising)	<u> </u>	<u> </u>
	<u> </u>	الــــ <del>الحداثـــات رايـــار ـــايـــرـــدار.</del>
TOTAL This Period (Direct Candidate Support)		$\frac{1}{2} \left[ \frac{1}{2} \left$
TOTAL This Period (Public Communications Referring	Only to Party)	
		الس <u>دي د حد ورسيم محموم معروميم المحمومي</u>
TOTAL This Period (Total Amount Transferred)		<u></u>

FEC Schedule H3 (Form 3X) Rev. 12/2004

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PAGE 1 OF

S	CHEDULE H4 (FEC Form 3X)		
	SBURSEMENTS FOR ALLOCATED		PAGE 1 OF 1
FE	EDERAL/NONFEDERAL ACTIVITY		FOR LINE 21a OF FORM 3X
N/ Fj	AME OF COMMITTEE (In Full) List Colonies Anesthesia Associates, LLC	Politic	cal Action Committee
Ā.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	· · · · · · · · · · · · · · · · · · ·		Administrative Event
	Mailing Address		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:	<u>i</u>	
		Category/ Type	
	FEDERAL SHARE + NONFEDERAL SH	HARE	= TOTAL AMOUNT
		······································	
8.	Full Name (Last, First, Middle Initial)	1	Allocated Activity or Event:
			Administrative E Fundraising Exempt
	Mailing Address		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:		line of the second seco
		Category/ Type	
	FEDERAL SHARE + NONFEDERAL SH	HARE	
č.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
Ψ.			Administrative Administrative Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code	<u></u>	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		
		Category/ Type	
	FEDERAL SHARE + NONFEDERAL SH	HARE	= TOTAL AMOUNT
_			·····
S	JBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SH	IARE	
т	<u>مسرو مسمع من السرو مسمع المسمو مسمع من المسمو مسمع مسمع مسمع المسمع مسمع المسمع مسمع المسمع مسمع الم</u> DTAL This Period (last page for each line only)(Federal share to 21(a)(i) and No		
	FEDERAL SHARE NONFEDERAL SH		
	- Lange and the contract of th	<u>, , , , , , , , , , , , , , , , , , , </u>	0.00

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FEC Schedule H4 (Form 3X) Rev. 12/2004

## SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used b	by State, District and Local	Party Committees Only)	1	FOR LINE 18b OF FORM 3X	
NAME OF COM	MMITTEE (In Full)		I		
First Co	lonies Anesthesia	Associates, LLC Politi	cal Action	Committee	
NAME OF A	CCOUNT	DATE OF RECEIPT		NT TRANSFERRED	
				<u>,</u>	
BREAKDOW	VN OF THIS TRANSFER		_		
i)	Voter Registration	VOTER REGISTF حمرہ صدر میں معرود میں ا			
	Total Amount Transferred for Voter	Registration	<u></u>		
	Voter ID		OTER ID		
	Total Amount Transferred for Voter	ID	-		
		lassfunder:	GOTV	:	
iii)	GOTV				
	Total Amount Transferred for GOT	/	<u>مراجعات المحاجدات</u>		
ív)	Generic Campaign Activity		GENERIC CAMPA	lGN ACTIVITY ک <del>ستی۔۔۔۔</del>	
	Total Amount Transferred for Gene	ric Campaign Activity	<u></u>	<u>}</u>	
NAME OF A	CCOUNT	DATE OF RECEIPT		NT TRANSFERRED	
]				·──··································	
				<u>//////////////////////</u>	
BREAKDOW	VN OF THIS TRANSFER				
) )	Voter Registration	VOTER REGISTI			
	Total Amount Transferred for Voter	Registration			
m			OTER ID		
117	Voter ID Total Amount Transferred for Voter	ID		)	
			' <del>سر:' کیسٹ سرا کیسٹ ر</del> GOTV	<u>زا جسم ا</u>	
111)	GOTV			······	
	Total Amount Transferred for GOT	V	<u></u>	<u></u>	
iv)	Generic Campaign Activity				
	_	ric Campaign Activity		······	
	TOTALS FOR BR	EAKDOWN OF TRANSFER RECEIVED (L	ast Page Only)		
		P_1 (			
TOTAL	L This Period (Voter Registration)	······	0.00		
		<u>محکوم میں محکوم میں کر کسی کسی کی محکوم</u> اور			
TOTAL	This Period (Voter ID)		Q O	0	
	(הראיה): ההרוי היה היאל היה היאל היה היה היה איני היאל היה היאל היה היא היה איני היאל היה היאל היה היא היאל הי היאל היאל היאל היאל היאל היאל היאל היאל				
TOTAL	This Period (GOTV)		 -/}`/`/`/`}`/`}`'	0,00	
		: محمد حمد الم			
TOTAL	L This Period (Generic Campaign A	ctivity)	<u></u>	<u>,0.00_</u>	
				<u>-^</u>	
TOTAL	L This Period (Total Amount of Tran	sfers Received)		0.00	

FEC Schedule H5 (Form 3X) Rev. 02/2003

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL A		PAGE 1 OF 1
FOR ALLOCATED FEDERAL ELEC (To be used by State, District and Local	FOR LINE 30a OF FORM 3X	
NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia A	ssociates, LLC Politi	cal Action Committee
A. Full Name (Last, First, Middle Initial) / Full Org	anization 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	
Purpose of Disbursement	Category/ Type	
FEDERAL SHARE +	LEVIN SHARE	
	<u>   </u>	
B. Full Name (Last, First, Middle Initial) / Full Org	anization 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	
Purpose of Disbursement	Category/ Type	
FEDERAL SHARE +	LEVIN SHARE	
C. Full Name (Last, First, Middle Initial) / Full Org	anization Name	Type of Allocated Activity or Event: Voter Registration Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State	Zip Code	
Purpose of Disbursement	Category/ Type	
FEDERAL SHARE +		
SUBTOTAL of Shared Federal and Levin Activity Thi FEDERAL SHARE +	s Page LEVIN SHARE	
TOTAL This Period (last page for each line only)(Fed	leral share to 30(a)(i) and Levin share to	
FEDERAL SHARE		TOTAL AMOUNT
	LEVIN SHARE	0.00
TOTAL This Period for the Levin Share	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

FEC Schedule H6 (Form 3X) Rev. 02/2003

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

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### NAME OF COMMITTEE (In Full)

		Anesthesia As	sociates, LLC	Political	Action C	ommittee	
NAME	E OF ACCOUNT						
L			COLUMN A TOTAL THIS PERIO	D		LUMN B R-TO-DATE	_
1.	(Use Schedule L-A)		<u></u>		<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
	(b) Unitemized		<del>ار رو کمر میر از در از رو رو رو </del>			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	(c) Total	······				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u></u>
2	OTHER RECEIPTS	·····	<u> </u>		┍╼ <del>╸</del> ┎╼╼┰╼╧┉┰╾╧ ╎	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>ן</u>

2.	OTHER RECEIPTS		
_		اليمينانين بالاستانين بالمسترجمة المسترجمة المسترجمية المسترجمية المسترجمية المسترجمية المسترجمية المسترجمية ا المسترجمين المسترجمة ا	ار میں ریمیں میں میں میں اور میں ایک اور میں میں میں میں اور
3.	(Add Lines 1c and 2)		<u>Lanana anna an I</u>
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS		
7.	BEGINNING CASH ON HAND		
8.	RECEIPTS (from Line 3)		
9.	SUBTOTAL (Add Lines 7 and 8)		
10.	DISBURSEMENTS (From Line 6)		۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰
11.	ENDING CASH ON HAND	· · · · · · · · · · · · · · · · · · ·	

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SCHEDULE L-A (FEC Form 3X)					
ITEMIZED RECEIPTS OF LEVIN FUNDS		Use separate schedule(s) for each category of the			
	w information confied from such Departs and Otalescole state	Aggregation Page			
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.					
N	NAME OF COMMITTEE (In Full)				
V	First Colonies Anesthesia Associat	es, LLC Politic	al Action Committee		
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt		
Α.	Mailing Address				
	City State	Zin Codo	Amount of Each Receipt this Period		
	City State	Zip Code			
	Name of Employer or Principal Place of Business		According Vorte-Date		
	Occupation		Aggregate Year-to-Date		
в.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt		
D.					
	Mailing Address		<u> </u>		
	City State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date		
	Occupation				
	Full Alama II and First Mill Laws B / F		<u>[]</u>		
C.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt <u>השיייעייייעייי</u> ן א <u>ה</u> יייייייייייייייייייייייייייייייייייי		
	Mailing Address				
	Mailing Address	-			
	City State	Zip Code	Amount of Each Receipt this Period		
	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		
D.	-		<u> </u>		
	Mailing Address				
	City State	Zip Code	Amount of Each Receipt this Period		
	Name of Employer or Principal Place of Business				
			Aggregate Year-to-Date		
	Occupation				
s	UBTOTAL of Receipts This Page (optional)		<u></u>		
Т	OTAL This Period (last page this line number only)	<b>&gt;</b>	Q.00		

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SCHEDULE L–B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 1			
OF LEVIN FUNDS		for each category of the Aggregation Page				
An	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.						
$\langle \rangle$	First Colonies Anesthesia Assoc	iates, LLC Politi	cal Action Committee			
—- A.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement			
<b>~</b> .						
	Mailing Address					
	City State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement		······································			
	Full Name (Last, First, Middle Initial) / Full Organization Name					
В.			Date of Disbursement [אריי איז אינו איין איין אין איין איין איין איין איין			
	Mailing Address					
	City State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement		المعنى معرفة من المعنى الم المعنى المعنى			
	Full Name (Last, First, Middle Initial) / Full Organization Name		<u> </u>			
C.			Date of Disbursement			
	Mailing Address					
	City State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement		······································			
	Full Name (Last, First, Middle Initial) / Full Organization Name					
D.			Date of Disbursement (האיזייאיליאיליאיליאיליאיליאיליאיליאיליאיל			
	Mailing Address					
	City State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement					
	Full Name (Last, First, Middle Initial) / Full Organization Name					
Ë.			Date of Disbursement [[איז איז איז אין אין איז איז אין איז איז אין איז			
	Mailing Address					
	City State	Zip Code	Amount of Each Disbursement this Period			
	Purpose of Disbursement					
	UBTOTAL of Disbursements This Page (optional)					
_S	<u> </u>					
Т	OTAL This Period (last page this line number only)	•	0.00 ·			

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Federal Election Commission
ELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation [™] or Signature Confirmation [™] Label				
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
	Next Business Day Delivery			
Received from House Records & Registration	Date of Receipt			
Date of Receipt Date of Receipt				
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
h	1/29/.8			
PREPÁRER (3/2005)	DATE PREPARED			