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2008 JAN 29 AM 10: 58

FIRST COLONIES ANESTHESIA ASSOCIATES

January 28, 2008

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

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  
2007 Year End Report.

Sincerely,

Jeremy Roth, M.D.  
Treasurer, FCAA PAC

Enclosure

28039603450

**FEC  
FORM 3X**

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

RECEIVED  
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2008 JAN 29 AM 10:58

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

First Colonies Anesthesia Associates, LLC Political Action Committee

ADDRESS (number and street) 1901 Research Blvd. Ste. 350

Check if different than previously reported. (ACC)

Rockville MD 20850

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

C 00416305

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on 01/01/08 / 01/01/08 / 01/01/08 in the State of MD

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on 01/01/08 / 01/01/08 / 01/01/08 in the State of MD

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  Date 01 / 28 / 2008

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

Office Use Only							
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**FEC FORM 3X**  
Rev. 12/2004

28039503451

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**First Colonies Anesthesia Associates, LLC Political Action Committee**

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

28039603462

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2007"/>		15,412.77
(b) Cash on Hand at Beginning of Reporting Period.....	40,275.47	
(c) Total Receipts (from Line 19).....	25,060.00	53,850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65,335.47	69,262.77
7. Total Disbursements (from Line 31).....	32,206.83	36,134.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33,128.64	33,128.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**First Colonies Anesthesia Associates, LLC Political Action Committee**

Report Covering the Period: From: M U M / D U D / Y Y Y Y Y Y  
07 / 01 / 2007 To: M U M / D U D / Y Y Y Y Y Y  
12 / 31 / 2007

**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).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

25,060.00

53,850.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

25,060.00

53,850.00

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

25,060.00

53,850.00

28039603463

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
**Total This Period**

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

21. Operating Expenditures:		
(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. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,100.00	6,300
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....	27,106.83	29,834.13
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32,206.83	36,134.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32,206.83	36,134.13

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	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) .....	25,060.00	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) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

28039603465

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

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

FOR LINE NUMBER: PAGE 1 OF 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)

**First Colonies Anesthesia Associates, LLC Political Action**

Full Name (Last, First, Middle Initial)

**A. Chau, Thomas K.**

Mailing Address

7204 Loch Edin Court

City

Rockville, MD 20854

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

**B. Chen Edward, G**

Mailing Address

1029 Fleming Ave.

City

Bethesda, MD 20814

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

**C. Chen Jen, W.**

Mailing Address

1104 Mill Ridge

City

McLean, VA 22102

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

350.00

50 per payroll contribution

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

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

Amount of Each Receipt this Period

28039603466

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>2</u> OF <u>24</u>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) <b>Chester William, L.</b>		Date of Receipt
Mailing Address <b>5801 Nicholson Lane #1915</b>		
City <b>North Bethesda, MD</b>	State <b>MD</b>	Zip Code <b>20852</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Coursey Melvin, V.</b>		Date of Receipt
Mailing Address <b>18720 Shremor Drive</b>		
City <b>Derwood, MD</b>	State <b>MD</b>	Zip Code <b>20855</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

C. Full Name (Last, First, Middle Initial) <b>Hough Stuart, W.</b>		Date of Receipt
Mailing Address <b>9110 Travenor Circle</b>		
City <b>Frederick, MD</b>	State <b>MD</b>	Zip Code <b>21704</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>525.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	75 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>900.00</b>	

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

28039603467



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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenol, Cynthia E.

Mailing Address

6579 Prestwick Drive

City State Zip Code

Highland, MD 20777

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 00

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

B. Ko, Richard J.

Mailing Address

4101 Hunt Road

City State Zip Code

Fairfax, VA 22032

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 00

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

C. Lahari, Harkisan A.

Mailing Address

11722 Split Tree Circlce

City State Zip Code

Potomac, MD 20854

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 00

Amount of Each Receipt this Period

350.00

50 per payroll contribution

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

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

0000.00

28039603458

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <b>4</b> OF <b>24</b>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial) <b>Martin, Stephen D.</b>		Date of Receipt
Mailing Address <b>3336 O Street N.W.</b>		
City <b>Washington, DC</b>	State <b>DC</b>	Zip Code <b>20007</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Noriega, Anna L.</b>		Date of Receipt
Mailing Address <b>603 Queen Street #4</b>		
City <b>Alexandria, VA</b>	State <b>VA</b>	Zip Code <b>22314</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>700.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>100 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1200.00</b>	

C. Full Name (Last, First, Middle Initial) <b>Owens, Phillip H.</b>		Date of Receipt
Mailing Address <b>141 Adams Street N.W.</b>		
City <b>Washington, DC</b>	State <b>DC</b>	Zip Code <b>20001</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

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

28039603489

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <b>5</b> OF 241	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Park, Paul M.</b>		Date of Receipt
Mailing Address <b>821 Oak Knoll Terrace</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Rockville, MD 20850</b>	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Pauliukonis, Kestutis J.</b>		Date of Receipt
Mailing Address <b>1813 Solitaire Lane</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>McLean, VA 22101</b>	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Peruvemba, Ramani</b>		Date of Receipt
Mailing Address <b>8400 Tysons Trace Court</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>Vienna, VA 22182</b>	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

28039603470

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

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

FOR LINE NUMBER: PAGE **6** OF **24**

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Pray, Clyde W.**

Mailing Address  
**908 Oak Knoll Terrace**

City **Rockville, MD** State Zip Code **20850**

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
[ ] [ ] [ ]

Amount of Each Receipt this Period  
**350.00**

50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
**Ries, Marianne**

Mailing Address  
**114 Midtown Road**

City **Gaithersburg, MD** State Zip Code **20878**

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
[ ] [ ] [ ]

Amount of Each Receipt this Period  
**350.00**

50 per payroll contribution

**C.** Full Name (Last, First, Middle Initial)  
**Scheinman, Gerald M.**

Mailing Address  
**8010 Summer Mill Court**

City **Bethesda, MD** State Zip Code **20817**

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
[ ] [ ] [ ]

Amount of Each Receipt this Period  
**350.00**

50 per payroll contribution

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

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

28039603471

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

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

FOR LINE NUMBER: PAGE 7 OF 24  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grube, Stephen

Mailing Address

13895 Foxtower Road

City

Thurmont, MD 21788

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

FCAA

Occupation

Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 08 / 2008

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

B. Johnson, David

Mailing Address

5506 Bootjack Drive

City

Frederick, MD 21702

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

FCAA

Occupation

Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 08 / 2008

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

C. Malone, Thomas E.

Mailing Address

11667 Fairmont Place

City

Ijamsville, MD 21754

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

FCAA

Occupation

Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 08 / 2008

Amount of Each Receipt this Period

525.00

75 per payroll contribution

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

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

28039503472

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <b>8</b> OF <b>24</b>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Van Nice, Paul S.**

Date of Receipt  
[ ] / [ ] / [ ]

Mailing Address  
**7101 Meadow Lane**

City State Zip Code  
**Chevy Chase, MD 20815**

Amount of Each Receipt this Period  
**350.00**

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

Name of Employer Occupation  
**FCAA Anesthesiologist**

**50 per payroll contribution**

Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Full Name (Last, First, Middle Initial)  
**B. Visnich, Nicholas Jr.**

Date of Receipt  
[ ] / [ ] / [ ]

Mailing Address  
**10816 Willow Run Court**

City State Zip Code  
**Potomac, MD 20854**

Amount of Each Receipt this Period  
**175.00**

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

Name of Employer Occupation  
**FCAA Anesthesiologist**

**25 per payroll contribution**

Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Full Name (Last, First, Middle Initial)  
**C. Wahlgren, Christopher J.**

Date of Receipt  
[ ] / [ ] / [ ]

Mailing Address  
**1200 Colvin Meadows Lane**

City State Zip Code  
**Great Falls, VA 22066**

Amount of Each Receipt this Period  
**350.00**

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

Name of Employer Occupation  
**FCAA Anesthesiologist**

**50 per payroll contribution**

Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

SUBTOTAL of Receipts This Page (optional).....	▶	[ ]
TOTAL This Period (last page this line number only).....	▶	[ ]

28039603473

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

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

FOR LINE NUMBER: PAGE **9** OF **201**

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Yu, Aiqin**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**13508 Gumspring Road**  
City **Rockville, MD** State Zip Code **20850**

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

Amount of Each Receipt this Period  
**350.00**

**50 per payroll contribution**

**B. Chen, Dwayne**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**11415 Commonwealth Dr. Unit 204**  
City **Rockville, MD** State Zip Code **20852**

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

Amount of Each Receipt this Period  
**350.00**

**50 per payroll contribution**

**C. Epstein, Todd A.**

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

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

Amount of Each Receipt this Period  
**350.00**

**50 per payroll contribution**

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

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

2803960347A

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

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

FOR LINE NUMBER: PAGE **10** OF **24**  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Hopper, Stephen M.**

Mailing Address  
**4550 North Park Ave. #101**

City State Zip Code  
**Chevy Chase, MD 20815**

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

Name of Employer  
**FCAA** Occupation  
**Anesthesiologist**

Receipt For:  
 Primary     General  
 Other (specify) ▼

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. Kaufman, James A.**

Mailing Address  
**7514 Arrowood Road**

City State Zip Code  
**Bethesda, MD 20817**

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

Name of Employer  
**FCAA** Occupation  
**Anesthesiologist**

Receipt For:  
 Primary     General  
 Other (specify) ▼

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. Leavitt, Kathleen A.**

Mailing Address  
**3467 N. Venice Street**

City State Zip Code  
**Arlington, VA 22207**

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

Name of Employer  
**FCAA** Occupation  
**Anesthesiologist**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Amount of Each Receipt this Period  
**350.00**

**50 per payroll contribution**

SUBTOTAL of Receipts This Page (optional)..... ► **600.00**

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

2803960375



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <b>7</b> OF <b>24</b>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. March, Mollyann G.</b>		Date of Receipt
Mailing Address <b>6504 Greentree Road</b>		
City <b>Bethesda, MD</b>	State <b>MD</b>	Zip Code <b>20817</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>525.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>75 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>900.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Peck, Michael J.</b>		Date of Receipt
Mailing Address <b>4 Farm Haven Court</b>		
City <b>Rockville, MD</b>	State <b>MD</b>	Zip Code <b>20852</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>525.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>75 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>900.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Study, Robert</b>		Date of Receipt
Mailing Address <b>6 Beall Spring Court</b>		
City <b>Potomac, MD</b>	State <b>MD</b>	Zip Code <b>20854</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

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

28039603476

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

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

FOR LINE NUMBER: PAGE **12** OF **24**

(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Swann, Louis W.

Mailing Address  
P.O. Box 6081

City McLean, VA 22106      State      Zip Code

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

Name of Employer FCAA      Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

Amount of Each Receipt this Period  
350.00

50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Tan, Rojack F.

Mailing Address  
507 Goodland Place

City Rockville, MD 20850      State      Zip Code

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

Name of Employer FCAA      Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

Amount of Each Receipt this Period  
350.00

50 per payroll contribution

**C.** Full Name (Last, First, Middle Initial)  
Vogt, Mark

Mailing Address  
1149 Colonial Road

City McLean, VA 22101      State      Zip Code

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

Name of Employer FCAA      Occupation Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

Amount of Each Receipt this Period  
350.00

50 per payroll contribution

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

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

28039603477

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

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

FOR LINE NUMBER: PAGE 12 OF 24  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Wex, Timothy G.

Mailing Address  
11429 Cedar Ridge Drive

City State Zip Code  
Potomac, MD 20854

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 0000

Amount of Each Receipt this Period

350.00

50 per payroll contribution

B. Full Name (Last, First, Middle Initial)  
Pirovic, Eugen

Mailing Address  
3912 Calverton Drive

City State Zip Code  
Hyattsville, MD 20782

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 0000

Amount of Each Receipt this Period

350.00

50 per payroll contribution

C. Full Name (Last, First, Middle Initial)  
Beck, Mark L.

Mailing Address  
16 Norris Run Court

City State Zip Code  
Reisterstown, MD 21136

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 0000

Amount of Each Receipt this Period

350.00

50 per payroll contribution

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

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

28039603478

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>4</u> OF <u>24</u>
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) <b>Charney, Donald J.</b>		Date of Receipt
Mailing Address <b>3707 Meadowhill Court</b>		<input type="text"/>
City <b>Phoenix, MD 21131</b>	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Chary, Satyam</b>		Date of Receipt
Mailing Address <b>9 Alterwood Lane</b>		<input type="text"/>
City <b>Owings Mill, MD 21117</b>	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

C. Full Name (Last, First, Middle Initial) <b>Hairston, Keith A.</b>		Date of Receipt
Mailing Address <b>12312 High Stakes Drive</b>		<input type="text"/>
City <b>Reisterstown, MD 21136</b>	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	50. per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

28039603479

**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 24  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Hessinger, Glen J.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 8101 Ruxton Crossing Road  
 City: Towson, MD 21204  
 State: MD Zip Code: 21204  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: FCAA Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 300.00  
 Date of Receipt: [ ]/[ ]/[ ]  
 Amount of Each Receipt this Period: 175.00  
 25 per payroll contribution

**B. Hogarth, Jean-Max**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 1614 Randallwood Court  
 City: Jarrettsville, MD 21084  
 State: MD Zip Code: 21084  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: FCAA Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 600.00  
 Date of Receipt: [ ]/[ ]/[ ]  
 Amount of Each Receipt this Period: 350.00  
 50 per payroll contribution

**C. Hong, Sung-Soo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 8525 Huntspring Drive  
 City: Lutherville, MD 21093  
 State: MD Zip Code: 21093  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: FCAA Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 600.00  
 Date of Receipt: [ ]/[ ]/[ ]  
 Amount of Each Receipt this Period: 350.00  
 50 per payroll contribution

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

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

28039603480

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>16</u> OF <u>24</u>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) <b>Rizzuto, Charles</b>		Date of Receipt
Mailing Address <b>6409 Pinehurst Road</b>		
City <b>Baltimore, MD 21212</b>	State	Zip Code
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Robinson, Timothy</b>		Date of Receipt
Mailing Address <b>2212 Dalewood Road</b>		
City <b>Timonium, MD 21093</b>	State	Zip Code
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

C. Full Name (Last, First, Middle Initial) <b>Wheeler, David</b>		Date of Receipt
Mailing Address <b>1108 Collingwood Court</b>		
City <b>Elkridge, MD 21075</b>	State	Zip Code
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

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

28039603481

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

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

FOR LINE NUMBER: PAGE **17** OF **24**  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Johnston, Cristina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**3458 Holland Cliffs Road**  
 City State Zip Code  
**Huntingtown, MD 20639**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer  
**FCAA**  
 Occupation  
**Anesthesiologist**  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
 Amount of Each Receipt this Period  
**350.00**  
**50 per payroll contribution**

**B. Wilpon, Howard M.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**18212 Wickham Road**  
 City State Zip Code  
**Olney, MD 20832**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer  
**FCAA**  
 Occupation  
**Anesthesiologist**  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
 Amount of Each Receipt this Period  
**350.00**  
**50 per payroll contribution**

**C. Deloach, Lauren J.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**15114 Pepperridge Drive**  
 City State Zip Code  
**Bowie, MD 20721**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer  
**FCAA**  
 Occupation  
**Anesthesiologist**  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
 Amount of Each Receipt this Period  
**350.00**  
**50 per payroll contribution**

SUBTOTAL of Receipts This Page (optional) .....>  
 TOTAL This Period (last page this line number only).....>

28039501482

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

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

FOR LINE NUMBER: PAGE 18 OF 24

(check only one)

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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roth, Jeremy B.

Mailing Address

913 Hillstead Drive

City State Zip Code

Lutherville, MD 21093

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 08 / 2008

Amount of Each Receipt this Period

210.00

30 per payroll contribution

Full Name (Last, First, Middle Initial)

B. Valedon, Arnaldo

Mailing Address

22 Woodfield Court

City State Zip Code

Reisterstown, MD 21136

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 08 / 2008

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

C. Van Clief, Martha

Mailing Address

405 Apple Grove Road

City State Zip Code

Silver Spring, MD 20904

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 08 / 2008

Amount of Each Receipt this Period

350.00

50 per payroll contribution

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

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

28030603483



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

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

FOR LINE NUMBER: PAGE 19 OF 24  
(check only one)

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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

A. Full Name (Last, First, Middle Initial)  
Wherry, Thomas M.

Mailing Address  
611 W. 2nd. Street

City State Zip Code

Frederick, MD 21701

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

Amount of Each Receipt this Period

350.00

50 per payroll contribution

B. Full Name (Last, First, Middle Initial)  
Bunker, John

Mailing Address  
15229 National Pike

City State Zip Code

Hagerstown, MD 21740

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

Amount of Each Receipt this Period

350.00

50 per payroll contribution

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

Mailing Address  
104 Ellingwood Lane

City State Zip Code

Frederick, MD 21702

FEC ID number of contributing federal political committee.

C

Name of Employer  
FCAA

Occupation  
Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

Amount of Each Receipt this Period

350.00

50 per payroll contribution

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

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

28039603487

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 24	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. Dugan, Karen</b>		Date of Receipt
Mailing Address <b>4107 Vicki Lynn Court</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>Mount Airy, MD</b>	<b>21771</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>140.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>20 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>240.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Ferkler, Phillip</b>		Date of Receipt
Mailing Address <b>4107 Vicki Lynn Court</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>Mount Airy, MD</b>	<b>21771</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>30 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>360.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Gabrielli, Tamara</b>		Date of Receipt
Mailing Address <b>504 Reserve Champion Drive</b>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<b>Rockville, MD</b>	<b>20850</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

2803960348F

**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**

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

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Grube, Stephen

Mailing Address

13895 Foxtower Road

City

Thurmont, MD 21788

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

FCAA

Occupation

Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 0000

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

B. Johnson, David

Mailing Address

5506 Bootjack Drive

City

Frederick, MD 21702

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

FCAA

Occupation

Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

00 / 00 / 0000

Amount of Each Receipt this Period

350.00

50 per payroll contribution

Full Name (Last, First, Middle Initial)

C. Malone, Thomas E.

Mailing Address

11667 Fairmont Place

City

Ijamsville, MD 21754

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

FCAA

Occupation

Anesthesiologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

00 / 00 / 0000

Amount of Each Receipt this Period

525.00

75 per payroll contribution

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

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

28039507485

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

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

FOR LINE NUMBER: PAGE **22** OF **24**

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

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

**A. O'Fallon, Denis**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**12123 Merricks Court**

City **Monrovia, MD 21770** State Zip Code

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

Name of Employer **FCAA** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

Amount of Each Receipt this Period  
**350.00**

**50 per payroll contribution**

**B. Ranney, Kathleen**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**1819 N. Greenlease Drive**

City **Frederick, MD 21701** State Zip Code

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

Amount of Each Receipt this Period  
**350.00**

**50 per payroll contribution**

**C. Rubin, Alexander**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**6611 Hunter Trail Way**

City **Frederick, MD 21702** State Zip Code

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

Name of Employer **FCAA** Occupation **Anesthesiologist**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt

Amount of Each Receipt this Period  
**350.00**

**50 per payroll contribution**

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

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

28019603487

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>23</u> OF <u>24</u>	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Scattergood, Suzanne</b>		Date of Receipt
Mailing Address <b>14700 Crossway Road</b>		
City <b>Rockville, MD</b>	State <b>MD</b>	Zip Code <b>20853</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>700.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>100 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1,200.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Sullivan, Lisa</b>		Date of Receipt
Mailing Address <b>2454 Fire Schillings</b>		
City <b>Frederick, MD</b>	State <b>MD</b>	Zip Code <b>21701</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Sullivan, Robert</b>		Date of Receipt
Mailing Address <b>2454 Five Schillings Road</b>		
City <b>Frederick, MD</b>	State <b>MD</b>	Zip Code <b>21701</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer <b>FCAA</b>	Occupation <b>Anesthesiologist</b>	<b>50 per payroll contribution</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

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

28039503488

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

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Yun, Jungim A.

Mailing Address  
2057 Thurston Road

City State Zip Code  
Frederick, MD 21704

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

Name of Employer Occupation  
FCAA Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
00 / 00 / 0000

Amount of Each Receipt this Period  
350.00

50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
00 / 00 / 0000

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
00 / 00 / 0000

Amount of Each Receipt this Period

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

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

25,060.00

28039503489

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Max Brocato, Barbara

Date of Disbursement

Mailing Address

18 Pinkney Street

MO	DO	Y
07	03	2007

City Annapolis, MD 21401 State Zip Code

Purpose of Disbursement  
Lobbyist Fee

011
Category/ Type

Amount of Each Disbursement this Period

1,363.63
----------

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Max Brocato, Barbara

Date of Disbursement

Mailing Address

18 Pinkney Street

MO	DO	Y
11	20	2007

City Annapolis, MD 21401 State Zip Code

Purpose of Disbursement  
Lobbyist Fee

011
Category/ Type

Amount of Each Disbursement this Period

1,363.63
----------

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Max Brocato, Barbara

Date of Disbursement

Mailing Address

18 Pinkney Street

MO	DO	Y
12	15	2007

City Annapolis, MD 21401 State Zip Code

Purpose of Disbursement  
Lobbyist Fee

011
Category/ Type

Amount of Each Disbursement this Period

1,363.63
----------

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

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

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

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4,090.89
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28039503490

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gargiola, Rob

Date of Disbursement

08 / 27 / 2007

Mailing Address  
11 Bladen Street Room 104

City State Zip Code

Annapolis, MD 21401

Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

250.00

Candidate Name  
Rob Gargiola

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District: 15

Full Name (Last, First, Middle Initial)

B. Harris, Andy

Date of Disbursement

11 / 08 / 2007

Mailing Address  
11 Bladen Street Room 414

City State Zip Code

Annapolis, MD 21401

Purpose of Disbursement  
Political Contribution

011

Amount of Each Disbursement this Period

2,300.00

Candidate Name  
Andy Harris

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District: 1

Full Name (Last, First, Middle Initial)

C. Harris, Andy

Date of Disbursement

11 / 08 / 2007

Mailing Address  
11 Bladen Street Room 414

City State Zip Code

Annapolis, MD 21401

Purpose of Disbursement  
Political Contribution

Category/  
Type

Amount of Each Disbursement this Period

2,300.00

Candidate Name  
Andy Harris

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

4,850.00

16129603491



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 5

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Rifkin, Livingston, Levitan & Silver

Date of Disbursement

11 / 20 / 2007

Mailing Address  
225 Duke of Gloucester Street

City State Zip Code  
Annapolis, MD 21401

Purpose of Disbursement  
Lobbyist Fees

011  
Category/  
Type

Amount of Each Disbursement this Period

22,256.94

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

22,256.94

28039603492

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Morhaim, Dan  
Mailing Address  
6 Bladen Street Room 363  
City Annapolis, MD 21401 State Zip Code  
Purpose of Disbursement  
Political Contribution  
Candidate Name  
Dan Morhaim  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: District: 11

Date of Disbursement  
11 / 08 / 2007  
Amount of Each Disbursement this Period  
250.00  
Category/Type  
011

B. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State Zip Code \_\_\_\_\_  
Purpose of Disbursement \_\_\_\_\_  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: District: \_\_\_\_\_

Date of Disbursement  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Amount of Each Disbursement this Period  
\_\_\_\_\_  
Category/Type  
\_\_\_\_\_

C. \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State Zip Code \_\_\_\_\_  
Purpose of Disbursement \_\_\_\_\_  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: District: \_\_\_\_\_

Date of Disbursement  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Amount of Each Disbursement this Period  
\_\_\_\_\_  
Category/Type  
\_\_\_\_\_

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

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

\_\_\_\_\_  
250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>5</u> OF <u>5</u>
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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

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

Full Name (Last, First, Middle Initial) <b>A. Koontz, Dan</b>		Date of Disbursement <b>12 / 15 / 2007</b>
Mailing Address <b>1901 Research Blvd. Ste. 350</b>		Amount of Each Disbursement this Period <b>759.00</b>
City <b>Rockville, MD 20850</b>	State Zip Code	
Purpose of Disbursement <b>Reimbursement/Transport to Leg. Rec.</b>	Category/ Type <b>011</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<b>759.00</b>

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**SCHEDULE C (FEC Form 3X)**  
**LOANS**

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

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="0.00"/>

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)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC PAC	<b>FEC IDENTIFICATION NUMBER</b> C [ ]
--	---

<b>LENDING INSTITUTION (LENDER)</b> Full Name	Amount of Loan [ ]	Interest Rate (APR) [ ] %
--	-----------------------	------------------------------

Mailing Address	Date Incurred or Established [ ] / [ ] / [ ]
City State Zip Code	Date Due [ ] / [ ] / [ ]

A. Has loan been restructured?  No  Yes      If yes, date originally incurred [ ] / [ ] / [ ]

B. If line of credit, Amount of this Draw: [ ]      Total Outstanding Balance: [ ]

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 [ ]

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 [ ]

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: [ ] / [ ] / [ ]      Location of account: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

<b>G. COMMITTEE TREASURER</b> Typed Name Signature	<b>DATE</b> [ ] / [ ] / [ ]
--	--------------------------------

H. Attach a signed copy of the loan agreement.

- I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
  - II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
  - III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

<b>AUTHORIZED REPRESENTATIVE</b> Typed Name Signature	<b>DATE</b> [ ] / [ ] / [ ]
Title	

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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	0.00
2) TOTALS This Period (last page this line number only).....▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0.00

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>First Colonies Anesthesia Associates, LLC PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date MM / DD / YYYY

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**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>First Colonies Anesthesia Associates, LLC PAC</b>	<input type="checkbox"/> Check if 24-hour notice
---	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee  Mailing Address  City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure
Mailing Address	<input type="checkbox"/> Category/Type
City State Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure
Mailing Address	<input type="checkbox"/> Category/Type
City State Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure
Mailing Address	<input type="checkbox"/> Category/Type
City State Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount <input type="text"/>
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 0.00

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**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative     Generic Voter Drive     Public Communications Referencing Party Only

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**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

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

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
 ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input type="text"/> %	NONFEDERAL % <input type="text"/> %

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF TRANSFER RECEIVED**

I) Total Administrative .....	
II) Generic Voter Drive .....	
III) Exempt Activities.....	
IV) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
V) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
VI) Public Communications Referring Only to Party (Made by PAC) .....	

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**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....	
TOTAL This Period (Generic Voter Drive) .....	
TOTAL This Period (Exempt Activities) .....	
TOTAL This Period (Direct Fundraising) .....	
TOTAL This Period (Direct Candidate Support) .....	
TOTAL This Period (Public Communications Referring Only to Party) .....	
TOTAL This Period (Total Amount Transferred).....	

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	
Purpose of Disbursement:		Category/Type	Allocated Activity or Event Year-To-Date
Activity or Event Identifier:			Date
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				0.00

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				0.00

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**SCHEDULE H5 (FEC Form 3X)**

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

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

NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID .....

iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID .....

iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration)..... 0.00

TOTAL This Period (Voter ID) ..... 0.00

TOTAL This Period (GOTV)..... 0.00

TOTAL This Period (Generic Campaign Activity)..... 0.00

TOTAL This Period (Total Amount of Transfers Received)..... 0.00

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**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date MM / DD / YYYY
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date MM / DD / YYYY
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date MM / DD / YYYY
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

**SUBTOTAL of Shared Federal and Levin Activity This Page**

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
				0.00

**TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))**

FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
				0.00

**TOTAL This Period for the Levin Share**

		LEVIN SHARE		

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

NAME OF COMMITTEE (In Full) <b>First Colonies Anesthesia Associates, LLC Political Action Committee</b>
NAME OF ACCOUNT

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

28039603506

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
 (check only one)  1a  2

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt [MM] / [DD] / [YYYY]
Mailing Address	Amount of Each Receipt this Period [ ]
City State Zip Code	Aggregate Year-to-Date [ ]
Name of Employer or Principal Place of Business	
Occupation	
Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt [MM] / [DD] / [YYYY]
<b>B.</b> Mailing Address	Amount of Each Receipt this Period [ ]
City State Zip Code	Aggregate Year-to-Date [ ]
Name of Employer or Principal Place of Business	
Occupation	
Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt [MM] / [DD] / [YYYY]
<b>C.</b> Mailing Address	Amount of Each Receipt this Period [ ]
City State Zip Code	Aggregate Year-to-Date [ ]
Name of Employer or Principal Place of Business	
Occupation	
Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt [MM] / [DD] / [YYYY]
<b>D.</b> Mailing Address	Amount of Each Receipt this Period [ ]
City State Zip Code	Aggregate Year-to-Date [ ]
Name of Employer or Principal Place of Business	
Occupation	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[ ] 0.00

28039503507



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

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

FOR LINE NUMBER: PAGE 1 OF 1  
 (check only one)  4a  4c  5  
 4b  4d

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

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

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Amount of Each Disbursement this Period  
 \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Amount of Each Disbursement this Period  
 \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Amount of Each Disbursement this Period  
 \_\_\_\_\_

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Amount of Each Disbursement this Period  
 \_\_\_\_\_

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Amount of Each Disbursement this Period  
 \_\_\_\_\_

**SUBTOTAL** of Disbursements This Page (optional).....▶  
 \_\_\_\_\_  
**TOTAL** This Period (last page this line number only).....▶  
 \_\_\_\_\_ **0.00**

28039603508

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

28039603509

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date 1/23/08
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  DATE PREPARED 1/29/08