FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS	ee	Office Use 0	Dnly
1. NAME OF COMMITTEE (in fu		C MAILING LABEL E OR PRINT ₩	Example:If typing over the lines	g, type		
	sthesia Associates,	LLC Political Action Com	mittee			
ADDRESS (number and	street) 1901	Research Blvd.				
Check if differ than previousl reported. (AC	ent Li_i V Bocki				2085 2	50
2. FEC IDENTIFICAT	ION NUMBER		4	STAT	E A ZII	PCODE 🔺
C00416305		3. IS T REF		NEW (N) OR	AMENDED (A)	
July 15QuarterlyOctoberQuarterlyJanuary 2QuarterlyJuly 31 MReport(NYear Only	orts: Report(Q1) (Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election (Monthly Report Due On: Mar 20 Apr 20 C) 12-Day PRE-Election Report for the: Election Report for the: Election Report for the: Election Report for the: Election	(M3) (M4) Primary (12F Convention (on General (300	(12C)	Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) the tate of Special (30S) the tate of
Type or Print Name of T Signature of Treasurer	ined this Report an reasurer <u>Dr.</u>	d to the best of my knowl Thomas K. Chau ed by Dr. Thomas K. C	hau	true, correct and c	03 11	2 0 0 8 2 U.S.C 437a.
Office Use Only					FEC F	ORM 3X 12/2004)

Image#	28990548570
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name First Colonies Anesthesia Associates, LLC Po	olitical Action Committee	
Report Covering the Period: From: 07	0 1 Y Y W Y 0 1 2 0 0 7 To	12 D D Y Y Y Y 31 2007
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Ž00 ^Y ^Y ^Y		40275.47
(b) Cash on Hand at Begining of Reporting Period	40275.47	
(c) Total Receipts (from Line 19)	24010.00	24010.00
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64285.47	64285.47
7. Total Disbursements (from Line 31)	32206.83	32206.83
8. Cash on Hand at Close of		
Reporting Period (subtract Line 7 from Line 6(d))	32078.64	32078.64
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

FE6AN026

FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name First Colonies Anesthesia Associates, L	LC Political Action Committee	
Report Covering the Period: From:	M D D Y	To: 12 0 0 1
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 11. Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	23520.00	23520.00
(ii) Unitemized	490.00	490.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	24010.00	24010.00
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24010.00	24010.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made 	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	24010.00	24010.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24010.00	24010.00

DETAILED SUMMARY PAGE OF RECEIPTS

Image# 28990548571

Image# 28990548572

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) >	0.00	0.00
 Transfers to Affiliated/Other Party Committees 	0.00	0.00
 Contributions to Federal Candidates/Committees 	5100.00	5100.00
and Other Political Committees 4. Independent Expenditure	0.00	0.00
(use Schedule E) 5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00
9. Other Disbursements	27106.83	27106.83
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	32206.83	32206.83
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	32206.83	32206.83

Image# 28990548573

DETAILED SUMMARY PAGE

	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)	24010.00	24010.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	24010.00	24010.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6/31 (check only one)	
_			Detailed Summary Page		
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions of solicit contributions from such committee.			
$\left \right $	NAME OF COMMITTEE (In Full)				
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee		
۹.	Full Name (Last, First, Middle Initial) Dr. Rubin Alexander	Date of Receipt			
	Mailing Address 6611 Hunter Trail			12 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11AI.4231	
	Fredercik	MD	21702	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer FCAA	Occupatio		\$50 per payroll contribut- ion	
	Receipt For:	Anesthes	siologist e Year-to-Date 🔻		
	Primary General	Aggregate			
	Other (specify)	0 0	350.00		
3. -	Full Name (Last, First, Middle Initial) Dr. Mark L. Beck			Date of Receipt	
	Mailing Address 16 Norris Run Court			M M / D D / Y Y Y Y 12 31 2007	
	City	State	Zip Code	Transaction ID: SA11AI.4176	
	Reisterstown	MD	21136	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	350.00]	
-	Full Name (Last, First, Middle Initial) Dr. John Bunker			Date of Receipt	
	Mailing Address 15229 National Pike			1 2 3 1 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.4210	
	Hagerstown	MD	21740	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion	
	Receipt For:	Aggregate	e Year-to-Date V		
	Primary General Other (specify) ▼	0 0	350.00]	
Γ	SUBTOTAL of Receipts This Page (optional)	I		1050.00	
┢	CODICINE OF HOUSING THIS FAGE (OPTICIA)		,		
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 31 (check only one) I1a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	l Action Committee	
А.	Full Name (Last, First, Middle Initial) Dr. Donald J. Charney			Date of Receipt
	Mailing Address 3707 Meadowhill Court	t		1 2 / D D / Y Y Y Y 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4178
	Phoenix	MD	21131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 350.00	
в.	Full Name (Last, First, Middle Initial) Dr. Satyam Chary Mailing Address 9 Alterwood Lane	1		Date of Receipt
				12 31 2007
	City Owings Mills	State MD	Zip Code 21117	Transaction ID: SA11AI.4180 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		 \$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 350.00]
C.	Full Name (Last, First, Middle Initial) Dr. Thomas K. Chau			Date of Receipt
	Mailing Address 7204 Loch Edin Court			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4100
	Potomac FEC ID number of contributing federal political committee.	MD	20854	Amount of Each Receipt this Period 350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 350.00]
	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/31 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Any information copied f or for commercial purpos	rom such Reports and Statements mases, other than using the name and a	on for the purpose of soliciting contributions osolicit contributions from such committee.	
NAME OF COMMIT	· · · ·		
First Colonies And	esthesia Associates, LLC Politic	al Action Committee	
Full Name (Last, Firs	t, Middle Initial)	Date of Receipt	
	1415 Commonweakth Drive nit 204		M M / D D / Y
City	State	Zip Code	Transaction ID: SA11AI.4150
Rockville	MD	20852	Amount of Each Receipt this Period
FEC ID number of co federal political comn			350.00
Name of Employer FCAA	Occupati Anesthe	on esiologist	\$50 per payroll contribut- ion
Receipt For:		te Year-to-Date V	
Primary	General		
Other (specify)	▼	350.00	
Full Name (Last, Firs Dr. Edward G. Chen	t, Middle Initial)		Date of Receipt
Mailing Address 1(209 Fleming Avenue		12 007
City	State	Zip Code	Transaction ID: SA11AI.4102
Bethesda	MD	20814	Amount of Each Receipt this Period
FEC ID number of co federal political comn			350.00
Name of Employer FCAA	Occupati Anesthe	on esiologist	\$50 per payroll contribut- ion
Receipt For:	Aggrega	te Year-to-Date 🔻	
Other (specify)	General ▼	350.00]
Full Name (Last, Firs Dr. Jen W. Chen	t, Middle Initial)		Date of Receipt
	04 Mill Ridge Road		1 2 3 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.4104
McLean	VA	22102	Amount of Each Receipt this Period
FEC ID number of conference federal political comm			350.00
Name of Employer FCAA	Occupati Anesthe	on esiologist	\$50 per payroll contribut- ion
Receipt For:		te Year-to-Date 🔻	
Other (specify)	General ▼	350.00	
	This Deve (antise 1)		1050.00
SUBTOTAL of Receipt	s This Page (optional)		
TOTAL This Period (la	st page this line number only)	I	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9/31 (check only one) X 11a 11b 11c 12			
	Detailed Summary Page	13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so				
NAME OF COMMITTEE (In Full)					
First Colonies Anesthesia Associates,	LLC Political Action Committee				
Full Name (Last, First, Middle Initial) Dr. William L. Chester		Date of Receipt			
Mailing Address 5801 Nicholson Lane #1915		M M / D D / Y Y Y Y 12 31 2007			
City	State Zip Code	Transaction ID: SA11AI.4106			
North Bethesda	MD 20852	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	350.00			
Name of Employer FCAA	Occupation	\$50 per payroll contribut- ion			
Receipt For:	Anesthesiologist				
Primary General	Aggregate Year-to-Date ▼				
Other (specify)	350.00				
Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey		Date of Receipt			
Mailing Address 18720 Shremor Drive		$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 2 \end{array} & \begin{array}{c} D & D \\ 3 & 1 \end{array} & \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \end{array}$			
City	State Zip Code	Transaction ID: SA11AI.4108			
Derwood	MD 20855	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		350.00 \$ 50 per payroll contribu-			
Name of Employer FCAA	Occupation Anesthesiologist	tion			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	350.00				
Full Name (Last, First, Middle Initial) Dr. Lauren J. Deloach	1	Date of Receipt			
Mailing Address 15114 Pepperridge Dri	ve	M M / D D / Y Y Y Y 12 31 2007			
City	State Zip Code	Transaction ID: SA11AI.4200			
Bowie	MD 20721	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		350.00 \$50 per payroll contribut-			
Name of Employer FCAA	Occupation Anesthesiologist	ion			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	350.00				
SUBTOTAL of Receipts This Page (optional)	I	1050.00			
TOTAL This Period (last page this line number					

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10/31 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the	son for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	I Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan			Date of Receipt
	Mailing Address 104 Ellingwood Lane			12 31 YYYY 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4212
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Todd A. Epstein Mailing Address 11305 Struttman Terra	1		Date of Receipt
		ace		12 31 2007
	City	State MD	Zip Code	Transaction ID: SA11AI.4152
	North Behtesda FEC ID number of contributing federal political committee.	C	20852	Amount of Each Receipt this Period
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
— c.	Full Name (Last, First, Middle Initial) Dr. Phillip Ferkler			Date of Receipt
•	Mailing Address 4107 Vicki Lynn Court			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4216
	Mount Airy FEC ID number of contributing federal political committee.	MD	21771	Amount of Each Receipt this Period 210.00
	Name of Employer FCAA	Occupation Anesthes		\$30 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)			910.00
.	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate so for each categor Detailed Summa	ry of the	FOR LINE NUMBER: PAGE 11 / 31 (check only one) 11a X 11a 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,					
۷ A.	, Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli					
	Mailing Address 504 Reserve Champio	M M / D D / Y Y Y Y 12 31 2007				
	City	State	Zip Code		Transaction ID: SA11AI.4218	
	Rockville	MD	20850		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			350.00	
	Name of Employer FCAA	Occupatio			\$50 per payroll contribut- ion	
	Receipt For:	Anestries			-	
	Primary General Other (specify) ▼			350.00		
- B.	Full Name (Last, First, Middle Initial) Dr. Stephen Grube				Date of Receipt	
	Mailing Address 13895 Foxtower Road				M M / D D / Y Y Y Y 12 31 2007	
	City	Zip Code		Transaction ID: SA11AI.4136		
	Thurmont	MD	21788		Amount of Each Receipt this Period	
	Receipt For: Aggrega				350.00 \$50 per payroll contribut-	
			n siologist		ion	
			e Year-to-Date 🔻			
	Primary General Other (specify) ▼		0 0 0 0 0	350.00		
- C.	Full Name (Last, First, Middle Initial) Dr. Keith A. Hairston				Date of Receipt	
	Mailing Address 12312 High Stakes Dri	ve			12 31 2007	
	City	State	Zip Code		Transaction ID: SA11AI.4182	
	Reisterstown	MD	21136		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			350.00	
	Name of Employer Occupation FCAA Anesthes				\$50 per payroll contribut- ion	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻	350.00		
ſ	SUBTOTAL of Receipts This Page (optional)			>	1050.00	
	TOTAL This Period (last page this line number	only)		····· •		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/31 (check only one) X 11a 11b 11c 12
Г	Any information copied from such Reports and S	13 14 15 16 17		
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
<i>А</i> .	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt		
	Mailing Address 1614 Randallwood Cou	M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.4186
	Jarrettesville	MD	21084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupatio		\$50 per payroll contribut- ion
	Receipt For: Anesthe		e Year-to-Date V	
	Primary General			1
	Other (specify)	0 0	350.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Sung-Soo Hong			Date of Receipt
	Mailing Address 8525 Huntspring Drive			M M / D D / Y Y Y Y 12 31 2007
	City State		Zip Code	Transaction ID: SA11AI.4188
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	1 · ·	e Year-to-Date V	-
	Primary General Other (specify) ▼		350.00]
	Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper			Date of Receipt
<i>.</i>	Mailing Address 4550 North PArk Ave.	#101		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4154
	Chevy Chase	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	1 1	e Year-to-Date V	7
	Primary General Other (specify) ▼		350.00]
Γ				1050.00
	SUBTOTAL of Receipts This Page (optional)		••••••	1050.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/31 (check only one)
I	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
٩.	Full Name (Last, First, Middle Initial) Dr. Stuart W. Hough			Date of Receipt
	Mailing Address 9110 Travener Circle			12 ^{//} 31 ^{//} 2007
	City	State	Zip Code	Transaction ID: SA11AI.4110
	Fredercik	MD	21704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		525.00
	Name of Employer FCAA	Occupation Anesthes		\$75 per payroll contribut- ion
	Receipt For:	1 1	e Year-to-Date V	-
	Primary General Other (specify) ▼		525.00]
- 3.	Full Name (Last, First, Middle Initial) Dr. David Johnson	I		Date of Receipt
	Mailing Address 5506 Bootjack Drive			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4138
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		350.00]
-	Full Name (Last, First, Middle Initial) Dr. Cristina Johnston			Date of Receipt
	Mailing Address 3458 Holland Cliffs Ro	ad		M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4196
	Huntingtown	MD	20639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00]
ſ	SUBTOTAL of Receipts This Page (optional)	1		1225.00
┝				
L	TOTAL This Period (last page this line number	oniy)		

Detailed Summary Page 11a 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee 5 11a 11b 11c 12 NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Committee 5 5 12 2.00 A. Full Name (Last, First, Middle Initial) Date of Receipt 12 3.1 2.00 City State Zip Code Transaction ID: SA114.41156 Bethesda MD 20817 Amount of Each Receipt this Perior FEC ID number of contributing federal political committee 0crupation 350.00 50 Name of Employer Aggregate Year-to-Date V 12 3.1 2.00 Full Name (Last, First, Middle Initial) Date of Receipt 350.00 50 <th>7</th>	7
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. Dr. James A. Kaufman Mailing Address 7514 Arrowood Road City State Zip Code Bethesda MD 20817 FC. ID number of contributing federal political committee. Occupation Arrow of Employer Occupation Ansethesiologist Aggregate Year-to-Date \$50 per payroll contribut- B. Dr. Cynthia E. Kanol MD 20777 Mailing Address 6579 Prestwick Drive 12 2 0 0 City State Zip Code Primary General MD 350.00 Dr. Cynthia E. Kanol MD 20777 Receipt For: Occupation Anesthesiologist Aggregate Year-to-Date 12 3 1 2 2 0 0 Transaction ID: SA114.112 Amount of Each Receipt this Perio Dr. Cynthia E. Kanol MD 20777 Feel Name (Last, First, Middle Initial) C 350.00 Name of Emplo	7
First Colonies Anesthesia Associates, LLC Political Action Committee A. Full Name (Last, First, Middle Initial) Dr. James A. Kautman Date of Receipt Mailing Address 7514 Arrowood Road City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Perio Name of Employer Occupation Anesthesiologist Asgregate Year-to-Date ▼ \$50 per payroll contribut- Primary General Obter (specify) ▼ Date of Receipt 12 0 0 Dr. Cynthia E. Kenol MD 20777 Transaction ID: SA11AL 4112 Amount of Each Receipt this Perio State Zip Code Frederick MD 20777 Transaction ID: SA11AL 4112 Amount of Each Receipt this Perio 350.00 S50 per payroll contribut- FEC ID number of contributing federal political committee. C 350.00 Transaction ID: SA11AL 4112 Amount of Each Receipt this Perio S50 per payroll contribut- S50 per payroll contribut- S50 per payroll contribut- Feederick MD 20777 S50.00 S50 per payroll contribut-	7
A. Dr. James A. Kaufman Date of Receipt Mailing Address 7514 Arrowood Road M2 City State Zip Code Bethesda MD 20817 FEC ID number of contributing rederal political committee. C Transaction ID: SA11AI.4156 Amount of Each Receipt This Period S50 per payroll contribution Receipt For: Occupation Aggregate Year-to-Date Image: Control of the specify) B. Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol Date of Receipt Mailing Address 6579 Prestwick Drive Date of Receipt Transaction ID: SA11AI.4112 Amount of Each Receipt This Period M2 0 for 2 0 0 for 3 0 for 2 0 0 for 3 0 for 2 0 0 for 3 0 for 3 0 for 2 0 0 for 3	7
City State Zip Code Transaction ID: SA11Al.4156 Bethesda MD 20817 FEC ID number of contributing federal political committee. C 350.00 Name of Employer Occupation Anesthesiologist \$50 per payroll contribut- ion Primary General 350.00 Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name (Last, First, Middle Initial) Date of Receipt For: 31 / Y 2 00 City State Zip Code Transaction ID: SA11Al.4112 Mailing Address 6579 Prestwick Drive Taisaction ID: SA11Al.4112 City State Zip Code Transaction ID: SA11Al.4112 Aggregate Year-to-Date MD 20777 Amount of Each Receipt this Perio FEC ID number of contributing federal political committee. C Transaction ID: SA11Al.4112 Amount of Each Receipt this Perio Name of Employer Occupation Anesthesiologist Aggregate Year-to-Date ▼ S50 per payroll contribut- ion S50 Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ S50.00 S50 per payroll contribut- ion Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari	7
Bethesda MD 20817 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Perior Name of Employer FCAA Occupation Anesthesiologist S50 per payroll contribut- ion Receipt For: Primary General Other (specify) ▼ Occupation Anesthesiologist S50.00 B. Dr. Cynthia E. Kenol Mailing Address 6579 Prestwick Drive Date of Receipt City State Zip Code Transaction ID: FEC ID number of contributing federal political committee. MD 20777 FEC ID number of contributing federal political committee. C Transaction ID: Name of Employer FCAA Anesthesiologist Anesthesiologist Receipt For: Primary General Other (specify) ▼ Occupation Anesthesiologist \$50 per payroll contribut- ion Receipt For: Primary General Other (specify) ▼ Occupation Anesthesiologist Aggregate Year-to-Date ▼ \$50 per payroll contribut- ion C Full Name (Last, First, Middle Initial) Date of Receipt \$50 per payroll contribut- ion C Full Name (Last, First, Middle Initial) Date of Receipt \$50 per payroll contribut- ion	
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Name of Employer Occupation Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Date of Receipt B. Dr. Cynthia E. Kenol Date of Receipt Mailing Address 6579 Prestwick Drive Mailing Address City State Zip Code Frederick MD 20777 FEC ID number of contributing federal political committee. C Name of Employer Occupation Aggregate Year-to-Date \$50 per payroll contribut- FCAA Aggregate Year-to-Date \$50 per payroll contribut- Feelin Kare Aggregate Year-to-Date \$50 per payroll contribut- Occupation Anesthesiologist \$50 per payroll contribut- Primary General 350.00 \$50 per payroll contribut- Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Other (specify) ▼ General 350.00 Date of Receipt	
Primary General Other (specify) 350.00 Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol Mailing Address 6579 Prestwick Drive City State Zip Code Frederick MD 20777 FEC ID number of contributing federal political committee. C 350.00 Name of Employer Occupation 350.00 FcAA Anesthesiologist \$50 per payroll contribut- Primary General Other (specify) Date of Receipt C. Full Name (Last, First, Middle Initial) Date of Receipt \$50 per payroll contribut- C. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Dr. Harkisan A. Lahari Date of Receipt Date of Receipt	
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B. Dr. Cynthia E. Kenol Date of Receipt Mailing Address 6579 Prestwick Drive 12 City State Zip Code Frederick MD 20777 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Perior Name of Employer FCAA Occupation Anesthesiologist \$50 per payroll contribut- ion Receipt For: Aggregate Year-to-Date ▼ \$50 per payroll contribut- ion Primary General 350.00 \$50 per payroll contribut- ion C. Full Name (Last, First, Middle Initial) Date of Receipt	
City State Zip Code Transaction ID: SA11AI.4112 Frederick MD 20777 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Perior Name of Employer Occupation Anesthesiologist S50 per payroll contribution Receipt For: Aggregate Year-to-Date ▼ \$50 per payroll contribut- Primary General 350.00 \$50 per payroll contribut- C. Full Name (Last, First, Middle Initial) Date of Receipt Dr. Harkisan A. Lahari Date of Receipt Date of Receipt	
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Name of Employer Occupation FCAA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 350.00)0
Primary General Other (specify) ▼ 350.00 Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari Dr. Harkisan A. Lahari Date of Receipt	
Other (specify) ▼ 350.00 Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari Date of Receipt	
C. Dr. Harkisan A. Lahari Date of Receipt	
Mailing Address 11722 Split Tree Circle	
City State Zip Code Transaction ID: SA11AI.4116	
Potomac MD 20854 Amount of Each Receipt this Perio	
FEC ID number of contributing federal political committee. 350. Name of Employer \$50 per payroll contribut-)0
FCAA Anesthesiologist	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	0

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/31 (check only one) 11a X 11a 11b 13 14 15 16			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Committee				
Α.	Full Name (Last, First, Middle Initial) Dr. Kathleen A. Leavitt			Date of Receipt			
	Mailing Address 3467 N. Venice Street	12 31 Y Y Y Y 12 31					
	City	State	Zip Code	Transaction ID: SA11AI.4158			
	Arlington	VA	22207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		350.00			
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion			
	Receipt For:	1 1	e Year-to-Date V				
	Primary General Other (specify) ▼		350.00				
в.	Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone			Date of Receipt			
	Mailing Address 11667 Fairmont Place	M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.4140			
		MD	21754	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		525.00 \$75 per payroll contribut-			
	Name of Employer FCAA	Occupation Anesthes		ion			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		525.00				
С.	Full Name (Last, First, Middle Initial) Dr. Mollyann G. March			Date of Receipt			
	Mailing Address 6504 Greentree Road			1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA11AI.4160			
	Bethesda	MD	20817	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		525.00			
	Name of Employer FCAA	Occupation Anesthes		\$75 per payroll contribut- ion			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	 Primary General Other (specify) ▼ 	0 0	525.00				
	SUBTOTAL of Receipts This Page (optional)			1400.00			
	TOTAL This Period (last page this line number	only)		•			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 16 / 31 (check only one) 11a X 11a 13 14 15 16 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Committee		
А.	Full Name (Last, First, Middle Initial) Dr. Stephen D. Martin Mailing Address 3336 O Street			Date of Receipt	
	NW			12 31 2007	
	City	State DC	Zip Code	Transaction ID: SA11AI.4118	
	Washington		20007	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer FCAA	Occupatio		\$50 per payroll contribut- ion	
	Receipt For:	Anesthes	e Year-to-Date V	_	
	Primary General	Aygregate	350.00	1	
	Other (specify)				
В.	Full Name (Last, First, Middle Initial) Dr. Anna L. Noriega			Date of Receipt	
	Mailing Address 603 Queen Street #4			1 2 / D D / Y Y Y Y 1 2 31 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.4120	
	Alexandria	VA	22314	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		700.00	
	Name of Employer FCAA	Occupatio Anesthes		 \$100 per payroll contribu- tion 	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify) ▼	0 0	700.00]	
C.	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon			Date of Receipt	
	Mailing Address 12123 Merricks Court			M M / D D / Y Y Y Y 12 31 2007	
	City	State	Zip Code	Transaction ID: SA11AI.4227	
	Monrovia	MD	21770	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer FCAA	Occupatio Anesthes		 \$50 per payroll contribut- ion 	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	350.00]	
	SUBTOTAL of Receipts This Page (optional)			1400.00	
	TOTAL This Period (last page this line number	only)			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r e name and addre	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any perso ess of any political committee to	FOR LINE NUMBER: PAGE 17/31 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. 10 10 17
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,			
A.	Full Name (Last, First, Middle Initial) Dr. Phillip H. Owens	Date of Receipt		
	Mailing Address 141 Adams Street NW			1 2 / D D / Y Y Y Y 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4122
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA		\$50 per payroll contribut- ion	
	Receipt For:	Anesthesic	/ear-to-Date V	_
	Primary General Other (specify) ▼		350.00]
в.	Full Name (Last, First, Middle Initial) Dr. Paul M. Park	I		Date of Receipt
	Mailing Address 821 Oak Knoll Terrace			1 2 / D D / Y Y Y Y 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4124
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00 \$50 per payroll contribut-
	Name of Employer FCAA	Occupation Anesthesic	blogist	ion
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 350.00]
с.	Full Name (Last, First, Middle Initial) Dr. Kestutis J Pauliukonis Mailing Address 1813 Solitare Lane	1		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.4126
	<u>McLean</u>	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthesic	•	\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ♥	Aggregate Y	/ear-to-Date ▼ 350.00]
	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number	⁻ only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/31 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	son for the purpose of soliciting contributions o solicit contributions from such committee.	
Z A.	Full Name (Last, First, Middle Initial) Dr. Michael J. Peck Mailing Address 4 Farm Haven Court	Date of Receipt	
			12 31 2007
	City Rockville	State Zip Code MD 20852	Transaction ID: SA11AI.4162 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		525.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$75 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8400 Tysons Trace Co	ourt	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.4128
	Vienna	VA 22182	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00 \$50 per payroll contribut-
	Name of Employer FCAA	Occupation Anesthesiologist	ion
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 350.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic	1	Date of Receipt
	Mailing Address 3912 Calverton Drive		12 31 Y Y Y Y 12 31 1 2007
	City	State Zip Code	Transaction ID: SA11AI.4174
	Hyattsville	MD 20782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00 \$50 per payroll contribut-
	Name of Employer FCAA Receipt For:	Occupation Anesthesiologist	ion
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1225.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 31 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Political	I Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Clyde W. Pray			Date of Receipt
	Mailing Address 908 Oak Knoll Terrace	1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.4130
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	1 1	Year-to-Date V	
	Primary General Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney	I		Date of Receipt
	Mailing Address 1819 N. Greenlease D	1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.4229
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
с.	Full Name (Last, First, Middle Initial) Dr. Ko J. Richard			Date of Receipt
	Mailing Address 4101 Hunt Road			1 2 / D D / Y Y Y Y 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4114
	Fairfax	VA	22032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
	SUBTOTAL of Receipts This Page (optional)			1050.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20/31 (check only one)					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	First Colonies Anesthesia Associates,	LLC Political Action Committee						
۰. ۹.	Full Name (Last, First, Middle Initial) Dr. Marianne Ries	Date of Receipt						
	Mailing Address 114 Midtown Road		M M / D D / Y Y Y Y 12 31 2007					
	City	State Zip Code	Transaction ID: SA11AI.4132					
	Gaithersburg	MD 20878	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	350.00					
	Name of Employer FCAA	\$50 per payroll contribut- ion						
	Receipt For:	Anesthesiologist Aggregate Year-to-Date	1					
	Primary General Other (specify) ▼	350.00						
- 3.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto	1	Date of Receipt					
	Mailing Address 6409 Pinehurst Road	M M / D D / Y Y Y Y 12 / 31 / 2007						
	City	State Zip Code	Transaction ID: SA11AI.4190					
	Baltimore	MD 21212	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	350.00					
	Name of Employer FCAA	Occupation Anesthesiologist	 \$50 per payroll contribut- ion 					
	Receipt For:	Aggregate Year-to-Date 🔻						
	Primary General Other (specify) ▼	350.00						
-	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson		Date of Receipt					
	Mailing Address 2212 Dalewood Road		M M / D D / Y Y Y Y 12 31 2007					
	City	State Zip Code	Transaction ID: SA11AI.4192					
	Timonium	MD 21093	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	350.00					
	Name of Employer FCAA	Occupation Anesthesiologist	 \$50 per payroll contribut- ion 					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00						
ſ	SUBTOTAL of Receipts This Page (optional)	·	1050.00					
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 21/31 (check only one)	
[Any information copied from such Reports and S	Statements may not be	sold or used by any perso	13 14 15 16 17 In for the purpose of soliciting contributions	
	or for commercial purposes, other than using the	e name and address o	f any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)	LLC Delitical Activ			
	First Colonies Anesthesia Associates,				
Α.	Full Name (Last, First, Middle Initial) Dr. Jermy Roth	Date of Receipt			
	Mailing Address 913 Hillstead Drive	12 / D D / Y Y Y Y 12 31 2007			
	City	p Code	Transaction ID: SA11AI.4202		
	Lutherville		1093	Amount of Each Receipt this Period	
	FEC ID number of contributing	0			
	federal political committee.	C		210.00	
	Name of Employer FCAA	\$30 per payroll contribut-			
	FCAA	ion			
	Receipt For:	Aggregate Year-t	o-Date 🔻		
	Primary General	210.00	1		
	Other (specify) ▼	1			
- В.	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood			Date of Receipt	
D.	Mailing Address 14700 Crossway Road				
		12 31 2007			
	City	State Zi	p Code	Transaction ID: SA11AI.4236	
	Rockville	MD 2	0853	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			700.00	
	Name of Employer FCAA	Occupation Anesthesiologi	st	 \$100 per payroll contribu- tion 	
	Receipt For:	Aggregate Year-t			
	Primary General		700.00	1	
	Other (specify)	0 0 0 0	700.00		
- с.	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman			Date of Receipt	
•••		Mailing Address 8010 Summer Mill Court			
	City	State Zi	p Code	Transaction ID: SA11AI.4134	
	<u>Bethesda</u>	MD 2	0817	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		350.00	
	Name of Employer FCAA	Occupation Anesthesiologi	st	Anesthesiologist	
	Receipt For:	Aggregate Year-t		_	
	Primary General Other (specify) ▼		350.00		
[SUBTOTAL of Receipts This Page (optional)	I	b	1260.00	
	TOTAL This Period (last page this line number		·		

SCHEDULE A (FEC Fo ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 31 (check only one) X X 11a 11b 11c 13 14						
Any information copied from such F or for commercial purposes, other th	In provide the solution of the purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Ful								
First Colonies Anestnesia A	Associates, LLC Political Action Committee							
Full Name (Last, First, Middle In Dr. Robert Study	Date of Receipt							
Mailing Address 6 Beall Spri	1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7							
City	State Zip Code	Transaction ID: SA11AI.4164						
Potomac	MD 20854	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	350.00						
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribut- ion						
Receipt For:	Aggregate Year-to-Date V							
Primary General Other (specify) ▼	350.00							
Full Name (Last, First, Middle In Dr. Lisa Sullivan	itial)	Date of Receipt						
Mailing Address 2454 Fire S	M M / D D / Y Y Y Y 12 31 2007							
City	State Zip Code	Transaction ID: SA11AI.4238						
Frederick	MD 21701	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	350.00						
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribut- ion						
Receipt For:	Aggregate Year-to-Date 🔻							
Primary General Other (specify) ▼	350.00							
Full Name (Last, First, Middle In Dr. Robert Sullivan	itial)	Date of Receipt						
Mailing Address 2454 Five S	Schillings Road	M M / D D / Y Y Y Y 12 31 2007						
City	State Zip Code	Transaction ID: SA11AI.4240						
Frederick	MD 21701	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	350.00						
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribut- ion						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00							
SUBTOTAL of Receipts This Page	e (optional)	1050.00						
	line number only)							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 31 (check only one) X X 11a 11b 11c 12			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may no e name and addres	t be sold or used by any persons of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.			
	First Colonies Anesthesia Associates,	LLC Political A	ction Committee				
Α.	Full Name (Last, First, Middle Initial) Dr. Louis W. Swann	Date of Receipt					
	Mailing Address P.O. Box 6081	M M / D D / Y Y Y Y 12 / 31 / 2007					
	City	State	Zip Code	Transaction ID: SA11AI.4166			
	McLean	VA	22106	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		350.00 \$50 per payroll contribut-				
	Name of Employer FCAA	Name of Employer Occupation FCAA Anesthesiologist					
	Receipt For:	Aggregate Ye					
	Other (specify)]					
В.	Full Name (Last, First, Middle Initial) Dr. Rojack F. Tan	1		Date of Receipt			
	Mailing Address 507 Goodland Place		1 2 / D D / Y Y Y Y 1 2 0 0 7				
	City	State	Zip Code	Transaction ID: SA11AI.4168			
	Rockville	MD	20850	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			350.00			
	Name of Employer FCAA	Occupation Anesthesiol	ogist	 \$50 per payroll contribut- ion 			
	Receipt For:	Aggregate Ye	ar-to-Date 🔻				
	Primary General Other (specify) ▼		350.00]			
С.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon			Date of Receipt			
	Mailing Address 22 Woodfield Court			M M / D D / Y Y Y Y Y 12 31 2007			
	City	State	Zip Code	Transaction ID: SA11AI.4204			
	Reisterstown	MD	21136	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		350.00 \$50 per payroll contribut-			
	Name of Employer FCAA	Name of Employer Occupation FCAA Anesthesiologist					
	Receipt For:	Aggregate Ye	ar-to-Date 🔻				
	Other (specify)	0 0 0	350.00]			
	SUBTOTAL of Receipts This Page (optional)			1050.00			
	TOTAL This Period (last page this line number		•				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/31 (check only one) X X 11a 11b 11c 12				
Γ	Any information copied from such Reports and S	Statements mar	v not be sold or used by any pers	and the purpose of soliciting contributions				
	or for commercial purposes, other than using the	e name and add	dress of any political committee t	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Polition	Action Committee					
	- This Colonies Allesthesia Associates,							
A.	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief			Date of Receipt				
	Mailing Address 405 Apple Grove Road	d		M M / D D / Y Y Y Y 12 31 2007				
	City	State	Zip Code	Transaction ID: SA11AI.4206				
	Silver Spring	MD	20904	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		350.00					
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion				
	Receipt For:	1 1	e Year-to-Date V					
	Primary General Other (specify) ▼		350.00					
- B.	Full Name (Last, First, Middle Initial) Dr. Paul S. Van Nice	<u> </u>		Date of Receipt				
	Mailing Address 7101 Meadow Lane			M M / D D / Y Y Y Y 12 31 2007				
	City	State	Zip Code	Transaction ID: SA11AI.4142				
	Chevy Chase	MD	20815	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		350.00				
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	350.00					
- C.	Full Name (Last, First, Middle Initial) Dr. Mark Vogt	I		Date of Receipt				
	Mailing Address 1149 Colonial Road			M + M / D - D / Y - Y - Y Y Y - Y Y Y Y - Y Y				
	City	State	Zip Code	Transaction ID: SA11AI.4170				
	<u>McLean</u>	VA	22101	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		350.00				
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼		350.00					
ſ	SUBTOTAL of Receipts This Page (optional)	I		1050.00				
┢								
	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule for each category of the Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any dress of any political comm	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Christopher J. Wahlgren	Lana		Date of Receipt
	Mailing Address 1200 Colvin Meadows			12 31 2007
	City Creat Falls	State VA	Zip Code	Transaction ID: SA11AI.4146
	Great Falls FEC ID number of contributing federal political committee.	C	22066	Amount of Each Receipt this Period 350.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 350.0	0
в.	Full Name (Last, First, Middle Initial) Dr. Timothy G. Wex Mailing Address 11429 Cedar Ridge Dr	ive		
	City	State	Zip Code	12 31 2007 Transaction ID: SA11AI.4172
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupatio Anesthes	siologist	\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 350.0	0
С.	Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 1108 Collingwood Cou	rt		Date of Receipt
				12 31 2007
	City Elkridge	State MD	Zip Code 21075	Transaction ID: SA11AI.4194 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 350.0	0
	SUBTOTAL of Receipts This Page (optional)			1050.00
Ī	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 31 (check only one) 11a 11b 11c 12 13 14 15 16 17 pp for the purpose of soliciting contributions 11 12 13
	or for commercial purposes, other than using the	e name and add	ress of any political committee to	e solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	First Colonies Anesthesia Associates,	LLC Politica	I Action Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr. Thomas M. Wherry			Date of Receipt
	Mailing Address 611 W. 2nd. Street			12 [/] 12 [/] 2007
	City	State	Zip Code	Transaction ID: SA11AI.4208
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation		\$50 per payroll contribut- ion
		Anesthes		
	Receipt For: Primary General	Aggregate	Year-to-Date	1
	Other (specify)	0 0	350.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon	1		Date of Receipt
2.	Mailing Address 18212 Wickham Road	1		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4198
	Olney	MD	20832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthesi		\$50 per payroll contribut- ion
	Receipt For:	1 1	Year-to-Date Vear-to-Date	_
	Primary General	riggiogato		1
	Other (specify)		350.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu			Date of Receipt
	Mailing Address 13508 Gumspring Roa	ad		M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4148
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	350.00]
Γ	SUBTOTAL of Receipts This Page (optional)			1050.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate s for each categ Detailed Summ	ory of the	FOR LINE NUMBER: PAGE 27 / 31 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	for the purpose of soliciting contributions olicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, I	LLC Politica	al Action Comm	ittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Jungim A. Yun Mailing Address 2057 Thurston Road				Date of Receipt
	City Frederick	State MD	Zip Code 21704		Transaction ID: SA11AI.4242 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		U A	350.00
	Name of Employer FCAA	Occupatio Anesthes			\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻	350.00	

SUBTOTAL of Receipts This Page (optional)	►	350.00
TOTAL This Period (last page this line number only)	►	23520.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		IE NUMBER: PAGE 28/31						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	one) 22 28a		23 28b	24 280		25 29	П
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam										\$
NAME OF COMMITTEE (In Full)	e and address of any politica		e to solic		ibuit			COIII	millee	
First Colonies Anesthesia Associates, LLC	Political Action Commit	ttee								
Full Name (Last, First, Middle Initial) Rob Gargiola				Date o	of Dis	sburse				
Mailing Address 11 Bladen Street Room 104				0 ^M 8	M /	□2	7	2	2 o ò 7	7 ^Y
City Annapolis	StateZip CodeMD21401			Amou	nt of	Each	Disburs			
Purpose of Disbursement Political Contribution		011		L.					250.0	0
Candidate Name Rob Gargiola		Categor Type	ry/							
Office Sought: House Disburse X Senate President State: MD District: 15	ement For: Primary X General Other (specify) ▼									
Full Name (Last, First, Middle Initial) Andy Harris				Trans Date o			SB23.	4253	}	
Mailing Address 11 Bladen Street Room 414				м 11	M /	D 0	8 /	Y 2	é o ò 7	7 ^Y
	StateZip CodeMD21401			Amou	nt of	Each	Disburs	-		
Purpose of Disbursement Political Contribution	011		L.				2	300.0	0	
Candidate Name Andy Harris		Categor Type	ry/							
Office Sought: X House Disburse Senate X President State: MD District: 07	ement For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial) Andy Harris				Date	of Dis	sburse			,	
Mailing Address 11 Bladen Street Room 414				^м 11	M /	^D 0	8 /	Y Y	2 0 Ò 7	7 ^Y
City Annapolis	StateZip CodeMD21401			Amou	nt of	Each	Disburs			
Purpose of Disbursement Political Contribution	011		L.				2	300.0	U	
Candidate Name Andy Harris	ment Fer	Categor Type	ry/							
Office Sought: X House Disburse Senate President State: MD District: 07	ement For: Primary X General Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional)			•					48	350.0	0
TOTAL This Period (last page this line number only)										
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FEC Schedule B (Form 3X) (Revised 02/2003)

	IT Anj	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT y Information copied from such Reports ar	S nd Stateme	for each Detailed ents may n	catego Summ ot be se	ary Page old or use	d by a	(ch		ly o for	ne) 22 28a the pu				24 28c ting co	ntrib			26 30b
	or f	for commercial purposes, other than using NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associat						imit	tee to so	olici	t conti	ributi	ons fr	om s	such c	omn	nittee		
Α.		Full Name (Last, First, Middle Initial) Dan Moarhaim Mailing Address 6 Bladden Street Room 363									Date		sburs		23.42 nt / Y		0 ŏ 7	Y	
		City Annapolis Purpose of Disbursement Political Contribution Candidate Name	-	State MD	Zip (214		Ca	-	ory/			int of	f Each	n Dis	burser	-	t this F 250.00		od
		Dan Moarhaim Office Sought: X House Senate President State: MD District: 11		nent For: Primary Other (spe	ecify)	General		Тур	e										

	SUBTOTAL of Disbursements This Page (optional)	•	250.00
	TOTAL This Period (last page this line number only)	►	5100.00
i	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		neck on 21b	eck only one) 21b 22 23 24			24	GE 30	/ 31	26
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			person	for the pur	oose of s	olicitir				30
NAME OF COMMITTEE (In Full)									<u> </u>	
First Colonies Anesthesia Associates, Ll	C Political Action Committe	ee								
Full Name (Last, First, Middle Initial) Dan Koontz	Transaction ID: SB29.4262 Date of Disbursement									
Mailing Address 1901 Research Blvd Suite 350		12	/ D	15	/ Y	² o ò	7 ^Y			
City Rockville	State Zip Code MD 20850			Amoun	t of Each	ו Disbi	ursen	nent this	s Peri	od
Purpose of Disbursement		-					759.	.00		
Candidate Name		Categ Typ								
Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼			_						
Full Name (Last, First, Middle Initial)				Transa	ction ID	: SB2	29.42	244		
Barbara Max Brocato				Date of $0^{M}7^{M}$	Disburs	ement	t			
Mailing Address 18 Pinkney Street	Mailing Address 18 Pinkney Street						/ Y	² o ò	7 [×]	
City Annapolis	StateZip CodeMD21401			Amoun	t of Each	ı Disbi	ursen		0	od
Purpose of Disbursement Lobbyist Fees							1363.	.63		
Candidate Name		Category/ Type								
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) Barbara Max Brocato					ction ID Disburs	-	-	246		
Mailing Address 18 Pinkney Street				1 1 ^M	/ 2	2 0	/ Y	ž o ŏ	7 ^Y	
City Annapolis	State Zip Code MD 21401			Amoun	t of Each	ı Disbı	ursen	nent this	s Peri	od
Purpose of Disbursement Lobbyist Fees								1363	.63	
Candidate Name	Categ Typ									
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optiona	l)		►					3486.	26	
TOTAL This Period (last page this line number on	ly)		►							
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S	SCHEDULE B (FEC Form	3X)		FOR LINE	NUMBER:	PAGE 31/31
	TEMIZED DISBURSEMEN	TS for each c	rate schedule(s) ategory of the	(check only		
		Detailed S	Summary Page	21b 27		24 25 26 28c x 29 30b
	Any Information copied from such Reports			by any person f	or the purpose of soliciti	ng contributions
C	or for commercial purposes, other than usi	ng the name and addres	s of any political of	committee to so	licit contributions from su	uch committee
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Assoc	iates, LLC Political A	ction Committe	ee		
. –	Full Name (Last, First, Middle Initial)				Transaction ID: SB2	29.4248
Α.	Barbara Max Brocato				Date of Disbursemen	t
	Mailing Address 18 Pinkney Str	eet			1 ^M 2 ^M /15 ^D	Ý Ž 0 Ŏ 7 Ÿ
	City Annapolis	State MD	Zip Code 21401		Amount of Each Disb	
	Purpose of Disbursement Lobbyist Fees					1363.63
	Candidate Name			Category/ Type		
	Office Sought: House Senate President	Disbursement For: Primary Other (spec	General cify) ▼			
	State: District:					
в.	Full Name (Last, First, Middle Initial) Livingston Rifkin				Transaction ID: SB2 Date of Disbursemen	t
	Mailing Address 225 Duke of G	oucester Street			111 20	Ý ŽOŎ7Ÿ
	City Annapolis	State MD	Zip Code 21401		Amount of Each Disb	
	Purpose of Disbursement Lobbysit Fees					22256.94
	Candidate Name			Category/ Type		
	Office Sought: House Senate President	Disbursement For: Primary Other (spec	General			
	State: District:		•			

		FEO Cohodulo D / Form 200 (Device of 20%
TOTAL This Period (last page this line number only)	►	27106.83
SUBTOTAL of Disbursements This Page (optional)	•	23620.57

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FEC Schedule B (Form 3X) (Revised 02/2003)