

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines First Colonies Anesthesia Associates, LLC Political Action Committee

ADDRESS (number and street) 1901 Research Blvd. Suite 350 Rockville MD 20850 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00416305 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

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 Dr. Thomas K. Chau Signature of Treasurer Electronically Filed by Dr. Thomas K. Chau Date 03 11 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.

Table with 8 columns and 1 row. Column 1: Office Use Only. Column 2-8: Empty. Column 9: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		40275.47
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	23520.00	23520.00
(i) Itemized (use Schedule A) .....	490.00	490.00
(ii) Unitemized .....	24010.00	24010.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24010.00	24010.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin 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
19. 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 Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5100.00	5100.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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
29. Other Disbursements.....	27106.83	27106.83
30. 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32206.83	32206.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32206.83	32206.83

**DETAILED SUMMARY PAGE**  
of Disbursements

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

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

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

FOR LINE NUMBER: PAGE 6 / 31  
(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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Rubin Alexander

Mailing Address 6611 Hunter Trail

City State Zip Code  
Fredercik 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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4231

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark L. Beck

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4176

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

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

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4210

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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)  
 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)  
Dr. Donald J. Charney

Mailing Address 3707 Meadowhill Court

City State Zip Code  
Phoenix MD 21131

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 ▼ 350.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4178

Amount of Each Receipt this Period 350.00

\$50 per payroll contribution

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

Mailing Address 9 Alterwood Lane

City State Zip Code  
Owings Mills MD 21117

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 ▼ 350.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4180

Amount of Each Receipt this Period 350.00

\$50 per payroll contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas K. Chau

Mailing Address 7204 Loch Edin Court

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 ▼ 350.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4100

Amount of Each Receipt this Period 350.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1050.00

**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 8 / 31  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Dwayne Chen</p> <p>Mailing Address 11415 Commonweathk Drive Unit 204</p> <p>City State Zip Code Rockville MD 20852</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer FCAA Occupation Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 31 / 2007</p> <p><b>Transaction ID:</b> SA11AI.4150</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">350.00</span></p> <p>\$50 per payroll contribut- ion</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Edward G. Chen</p> <p>Mailing Address 10209 Fleming Avenue</p> <p>City State Zip Code Bethesda MD 20814</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer FCAA Occupation Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 31 / 2007</p> <p><b>Transaction ID:</b> SA11AI.4102</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">350.00</span></p> <p>\$50 per payroll contribut- ion</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jen W. Chen</p> <p>Mailing Address 1104 Mill Ridge Road</p> <p>City State Zip Code McLean VA 22102</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer FCAA Occupation Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 31 / 2007</p> <p><b>Transaction ID:</b> SA11AI.4104</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">350.00</span></p> <p>\$50 per payroll contribut- ion</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1050.00</span>
<b>TOTAL</b> 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: (check only one)	PAGE 9 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William L. Chester	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 5801 Nicholson Lane #1915	<b>Transaction ID:</b> SA11AI.4106
	City North Bethesda State MD Zip Code 20852	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 18720 Shremor Drive	<b>Transaction ID:</b> SA11AI.4108
	City Derwood State MD Zip Code 20855	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Lauren J. Deloach	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 15114 Pepperridge Drive	<b>Transaction ID:</b> SA11AI.4200
	City Bowie State MD Zip Code 20721	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 104 Ellingwood Lane	<b>Transaction ID:</b> SA11AI.4212
	City State Zip Code Frederick MD 21702	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Todd A. Epstein	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 11305 Struttman Terrace	<b>Transaction ID:</b> SA11AI.4152
	City State Zip Code North Bethesda MD 20852	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Phillip Ferkler	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4107 Vicki Lynn Court	<b>Transaction ID:</b> SA11AI.4216
	City State Zip Code Mount Airy MD 21771	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$30 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>910.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli		Date of Receipt
	Mailing Address 504 Reserve Champion Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4218
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
			\$50 per payroll contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen Grube		Date of Receipt
	Mailing Address 13895 Foxtower Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Thurmont	MD	21788
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4136
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
			\$50 per payroll contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Keith A. Hairston		Date of Receipt
	Mailing Address 12312 High Stakes Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Reisterstown	MD	21136
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4182
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
			\$50 per payroll contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 12 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1614 Randallwood Court	<b>Transaction ID:</b> SA11AI.4186
	City Jarrettsville State MD Zip Code 21084	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Sung-Soo Hong	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 8525 Huntspring Drive	<b>Transaction ID:</b> SA11AI.4188
	City Lutherville State MD Zip Code 21093	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4550 North Park Ave. #101	<b>Transaction ID:</b> SA11AI.4154
	City Chevy Chase State MD Zip Code 20815	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 13 / 31  
(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)  
Dr. Stuart W. Hough

Mailing Address 9110 Travener Circle

City State Zip Code  
Frederick MD 21704

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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4110

Amount of Each Receipt this Period  
525.00

\$75 per payroll contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. David Johnson

Mailing Address 5506 Bootjack Drive

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4138

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Cristina Johnston

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4196

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1225.00**

**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 14 / 31  
(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)  
Dr. James A. Kaufman

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 ▼ 350.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4156  
Amount of Each Receipt this Period: 350.00  
\$50 per payroll contribution

**B.** 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**

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4112  
Amount of Each Receipt this Period: 350.00  
\$50 per payroll contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Harkisan A. Lahari

Mailing Address 11722 Split Tree Circle

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 ▼ 350.00

Date of Receipt: 12 / 31 / 2007  
Transaction ID: SA11AI.4116  
Amount of Each Receipt this Period: 350.00  
\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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 15 / 31  
(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)  
Dr. Kathleen A. Leavitt

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4158

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas E. Malone

Mailing Address 11667 Fairmont Place

City State Zip Code  
Ijamsville MD 21754

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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4140

Amount of Each Receipt this Period  
525.00

\$75 per payroll contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mollyann G. March

Mailing Address 6504 Greentree 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 ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4160

Amount of Each Receipt this Period  
525.00

\$75 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**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: (check only one)	PAGE 16 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen D. Martin	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3336 O Street NW	<b>Transaction ID:</b> SA11AI.4118
	City Washington State DC Zip Code 20007	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Anna L. Noriega	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 603 Queen Street #4	<b>Transaction ID:</b> SA11AI.4120
	City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$100 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 12123 Merricks Court	<b>Transaction ID:</b> SA11AI.4227
	City Monrovia State MD Zip Code 21770	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1400.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 17 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Phillip H. Owens	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 141 Adams Street NW	<b>Transaction ID:</b> SA11AI.4122
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Paul M. Park	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 821 Oak Knoll Terrace	<b>Transaction ID:</b> SA11AI.4124
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kestutis J Pauliukonis	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1813 Solitare Lane	<b>Transaction ID:</b> SA11AI.4126
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 18 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael J. Peck	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4 Farm Haven Court	<b>Transaction ID:</b> SA11AI.4162
	City State Zip Code Rockville MD 20852	Amount of Each Receipt this Period 525.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$75 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 8400 Tysons Trace Court	<b>Transaction ID:</b> SA11AI.4128
	City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3912 Calverton Drive	<b>Transaction ID:</b> SA11AI.4174
	City State Zip Code Hyattsville MD 20782	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1225.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Clyde W. Pray	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 908 Oak Knoll Terrace	<b>Transaction ID:</b> SA11AI.4130
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1819 N. Greenlease Drive	<b>Transaction ID:</b> SA11AI.4229
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ko J. Richard	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4101 Hunt Road	<b>Transaction ID:</b> SA11AI.4114
	City State Zip Code Fairfax VA 22032	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 20 / 31  
(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)  
Dr. Marianne Ries

Mailing Address 114 Midtown Road

City Gaithersburg State MD 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 ▼ 350.00

Date of Receipt: 12 / 31 / 2007  
**Transaction ID:** SA11AI.4132  
 Amount of Each Receipt this Period: 350.00  
 \$50 per payroll contribution

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

Mailing Address 6409 Pinehurst Road

City Baltimore State MD Zip Code 21212

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 ▼ 350.00

Date of Receipt: 12 / 31 / 2007  
**Transaction ID:** SA11AI.4190  
 Amount of Each Receipt this Period: 350.00  
 \$50 per payroll contribution

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

Mailing Address 2212 Dalewood Road

City Timonium 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 ▼ 350.00

Date of Receipt: 12 / 31 / 2007  
**Transaction ID:** SA11AI.4192  
 Amount of Each Receipt this Period: 350.00  
 \$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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: (check only one)	PAGE 21 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jermy Roth	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 913 Hillstead Drive	<b>Transaction ID:</b> SA11AI.4202
	City State Zip Code Lutherville MD 21093	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$30 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 14700 Crossway Road	<b>Transaction ID:</b> SA11AI.4236
	City State Zip Code Rockville MD 20853	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$100 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 8010 Summer Mill Court	<b>Transaction ID:</b> SA11AI.4134
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	Anesthesiologist
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1260.00
<b>TOTAL</b> 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 22 / 31  
(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)  
Dr. Robert Study

Mailing Address 6 Beall Spring Court

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4164

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

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

Mailing Address 2454 Fire Schillings

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4238

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

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

Mailing Address 2454 Five Schillings Road

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4240

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 23 / 31  
(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)  
Dr. Louis W. Swann

Mailing Address P.O. Box 6081

City State Zip Code  
McLean VA 22106

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4166

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**B.**

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

Mailing Address 507 Goodland Place

City State Zip Code  
Rockville MD 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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4168

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Arnaldo Valedon

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.4204

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 24 / 31  
(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)  
Dr. Martha Van Clief

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4206

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**B.**

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

Mailing Address 7101 Meadow Lane

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4142

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**C.**

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

Mailing Address 1149 Colonial Road

City State Zip Code  
McLean VA 22101

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4170

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 25 / 31  
(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)  
Dr. Christopher J. Wahlgren

Mailing Address 1200 Colvin Meadows Lane

City State Zip Code  
Great Falls VA 22066

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4146

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Timothy G. Wex

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4172

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

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

Mailing Address 1108 Collingwood Court

City State Zip Code  
Elkridge MD 21075

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.4194

Amount of Each Receipt this Period  
350.00

\$50 per payroll contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 26 / 31  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Thomas M. Wherry</p> <p>Mailing Address 611 W. 2nd. Street</p> <p>City State Zip Code Frederick MD 21701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer FCAA Occupation Anesthesiologist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 3 1 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> SA11AI.4208</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">350.00</span></p> <p>\$50 per payroll contribution</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Howard Wilpon</p> <p>Mailing Address 18212 Wickham Road</p> <p>City State Zip Code Olney MD 20832</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer FCAA Occupation Anesthesiologist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 3 1 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> SA11AI.4198</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">350.00</span></p> <p>\$50 per payroll contribution</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Aiqin Yu</p> <p>Mailing Address 13508 Gumspring Road</p> <p>City State Zip Code Rockville MD 20850</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer FCAA Occupation Anesthesiologist</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 3 1 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> SA11AI.4148</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">350.00</span></p> <p>\$50 per payroll contribution</p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1050.00</span>
<b>TOTAL</b> 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 27 / 31
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jungim A. Yun		Date of Receipt
	Mailing Address 2057 Thurston Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frederick	MD	21704
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer FCAA	Occupation Anesthesiologist	Transaction ID: SA11AI.4242
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="350.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>		\$50 per payroll contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="23520.00"/>

**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)

<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

A.	Full Name (Last, First, Middle Initial) Rob Gargiola	Transaction ID: SB23.4251 Date of Disbursement 08 / 27 / 2007
	Mailing Address 11 Bladen Street Room 104	Amount of Each Disbursement this Period 250.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution	011 Category/ Type
	Candidate Name Rob Gargiola	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andy Harris	Transaction ID: SB23.4253 Date of Disbursement 11 / 08 / 2007
	Mailing Address 11 Bladen Street Room 414	Amount of Each Disbursement this Period 2300.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution	011 Category/ Type
	Candidate Name Andy Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andy Harris	Transaction ID: SB23.4255 Date of Disbursement 11 / 08 / 2007
	Mailing Address 11 Bladen Street Room 414	Amount of Each Disbursement this Period 2300.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution	011 Category/ Type
	Candidate Name Andy Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4850.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 29 / 31

<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

A.

Full Name (Last, First, Middle Initial)

Dan Moarhaim

Mailing Address 6 Bladden Street  
Room 363

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Political Contribution

Candidate Name  
Dan Moarhaim

Office Sought:  House  
 Senate  
 President

State: MD District: 11

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4259

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2007

Amount of Each Disbursement this Period

250.00

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

250.00

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

5100.00

# 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)

<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

A.	Full Name (Last, First, Middle Initial) Dan Koontz	Transaction ID: SB29.4262 Date of Disbursement 12 / 15 / 2007
	Mailing Address 1901 Research Blvd Suite 350	Amount of Each Disbursement this Period 759.00
	City Rockville State MD Zip Code 20850	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barbara Max Brocato	Transaction ID: SB29.4244 Date of Disbursement 07 / 03 / 2007
	Mailing Address 18 Pinkney Street	Amount of Each Disbursement this Period 1363.63
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Lobbyist Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barbara Max Brocato	Transaction ID: SB29.4246 Date of Disbursement 11 / 20 / 2007
	Mailing Address 18 Pinkney Street	Amount of Each Disbursement this Period 1363.63
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Lobbyist Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3486.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 31 / 31

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara Max Brocato <hr/> Mailing Address 18 Pinkney Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Lobbyist Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.4248 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1363.63
<b>B.</b> Full Name (Last, First, Middle Initial) Livingston Rifkin <hr/> Mailing Address 225 Duke of Gloucester Street <hr/> City Annapolis State MD Zip Code 21401 <hr/> Purpose of Disbursement Lobbysit Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.4257 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 22256.94

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

23620.57

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

27106.83