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

☐ Check if different
than previously
reported. (ACC)

Rockville

MD

20850 –

2. **FEC IDENTIFICATION NUMBER**   ▼

CITY ▲   STATE ▲   ZIPCODE ▲

C00416305

3. IS THIS
    REPORT

☐ NEW
(N)   **OR**

☒ AMENDED
(A)

4. **TYPE OF REPORT**
    (Choose One)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

(a) Quarterly Reports:

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☒ April 15
Quarterly Report(Q1)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

☐ July 15
Quarterly Report(Q2)

(c) 12-Day
PRE-Election
Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ October 15
Quarterly Report(Q3)

☐ Convention (12C)

☐ Special (12G)

☐ January 31
Quarterly Report(YE)

Election on

in the
State of

☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)

(d) 30-Day
Post -Election
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

☐ Termination Report
(TER)

Election on

in the
State of

5. Covering Period

01 01 2008   through   03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   Jeremy Roth

Signature of Treasurer   Electronically Filed by   Jeremy Roth

Date   11   04   2008

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

Office
Use
Only

FEC FORM 3X
(Rev. 12/2004)

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

First Colonies Anesthesia Associates LLC Political Action Committee

Report Covering the Period: From: M M `0 1` D D `0 1` Y Y Y Y `2 0 0 8` To: M M `0 3` D D `3 1` Y Y Y Y `2 0 0 8`

			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1 Y Y Y Y `2008`		29548.64
	(b)	Cash on Hand at Begining of Reporting Period	29548.64	
	(c)	Total Receipts (from Line 19)	3655.00	3655.00
	(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33203.64	33203.64
7.		Total Disbursements (from Line 31)	3363.63	3363.63
8.		Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29840.01	29840.01
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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

First Colonies Anesthesia Associates LLC Political Action Committee

Report Covering the Period: From: M M `0 1` D D `0 1` Y Y Y Y `2 0 0 8` To: M M `0 3` D D `3 1` Y Y Y Y `2 0 0 8`

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	3655.00	3655.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3655.00	3655.00
(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)	3655.00	3655.00
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))	3655.00	3655.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3655.00	3655.00

DETAILED SUMMARY PAGE
of Disbursements

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Page **4**

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....................	0.00	0.00
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.................................	3363.63	3363.63
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))..	3363.63	3363.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)........................	3363.63	3363.63

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	3655.00	3655.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3655.00	3655.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..........	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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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)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Barbara Max-Brocato

Mailing Address   18 Pinkney Street

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement
Lobbyist Fees

Candidate Name

Office Sought: ☐ House
               ☐ Senate
               ☐ President
State: District:

Disbursement For:
☐ Primary   ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB29.4279
Date of Disbursement

M M	D D	Y Y Y Y
0 1	3 1	2 0 0 8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Barbara Max-Brocato

Mailing Address   18 Pinkney Street

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement
Lobbyist Fees

Candidate Name

Office Sought: ☐ House
               ☐ Senate
               ☐ President
State: District:

Disbursement For:
☐ Primary   ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB29.4281
Date of Disbursement

M M	D D	Y Y Y Y
0 2	2 7	2 0 0 8

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Barbara Max-Brocato

Mailing Address   18 Pinkney Street

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement
Lobbyist Fees

Candidate Name

Office Sought: ☐ House
               ☐ Senate
               ☐ President
State: District:

Disbursement For:
☐ Primary   ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB29.4283
Date of Disbursement

M M	D D	Y Y Y Y
0 3	3 1	2 0 0 8

Amount of Each Disbursement this Period

1363.63

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

3363.63

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

3363.63

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