08/15/2008 10:46

Image# 28932448738

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM	3X	For Other	Than An	Authorize	d Committ	tee		Office Us	e Only	
1. NAME OF COMMITT	· ΓΕΕ (in full)	USE FEC MA			ample:If typing er the lines	g, type				
FIRST CO	DLONIES ANESTH	HESIA ASSOC	CIATES LLC	POLITICAL A	ACTION COM	MMITTEE				
ADDRESS (nur	mber and street)	1901 RES	SEARCH BO	ULEVARD S	UITE 350					
than	ck if different previously ted. (ACC)	ROCKVIL	LE				MD	20	0850	
2. FEC IDEN	ITIFICATION NUM	/IBER ¥		CITY 🛋			STATE	:	ZIPCODE	A
C00-	416305		3	. IS THIS REPORT		NEW (N) OR	X	AMENDED (A)		
(Choose C	F REPORT One) terly Reports: April 15 Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Yuly 31 Mid-Year Report(Non-electio Year Only) (MY) Termination Report(TER)	(c) (22) (23) (E) (d)	12-Day PRE-Election Report for th E 30-Day Post -Electine Report for th	e: lection on	Ä	(12C)	Gene	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) oral (12G) ital (12G) ff (30R)	Ja Ja in the State of	ov 20 (M11) Jon-Election ear Only) ec 20 (M12) Jon-Election ear Only) an 31 (YE) unoff (12R) pecial (30S)
5. Covering F	Period 0 4	4 0 1	2008		through	0 6	30	2008		
•	ave examined this lame of Treasurer	Report and to Dr. Jerer		y knowledge	and belief it is	true, correct	and compl	ete.		
Signature of Tr	reasurer Electro	onically Filed by	y Dr. Jeren	ny Roth			Date	08 15	20	0 0 8
NOTE : Submis	ssion of false, erro	neous, or inco	mplete inform	nation may su	bject the pers	on signing th	is Report to	the penalties	of 2 U.S.C	437g.
Offic Use								1	FORM	3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

6. (a	January 1 2008 Y Y Cash on Hand at Begining of Reporting Period	COLUMN A This Period 30203.64	COLUMN B Calendar Year-to-Date 29548.6	4
(b	January 1 Ž008 Y Y Cash on Hand at Begining of Reporting Period		29548.6	4
(0	Begining of Reporting Period			
`) Total Receipts (from Line 19)	14620 00		
(d		17020.00	18275.0	0
) Subtotal (add lines 6(b) and			
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44823.64	47823.6	4
7. To	otal Disbursements (from Line 31)	9454.18	12454.1	8
8. C	ash on Hand at Close of			
	eporting Period ubtract Line 7 from Line 6(d))	35369.46	35369.4	6
9. D	ebts and Obligations owed TO			
	e committee (Itemize all on chedule C and/or Schedule D)	0.00		
10. D	ebts and Obligations owed BY			
th	e committee (Itemize all on chedule C and/or Schedule D)	0.00		
	This Committee has qualified as a multicandid	ate committee. (see FEC FORM 1M)		
		or further information contact:		

Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From:	0 4 0 1 2 0 0 8 To	D D D 2 0 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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)	2300.00	2300.00
(ii) Unitemized	12320.00	15975.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14620.00	18275.00
(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)	14620.00	18275.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
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 Fundamental	ds	
(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))	14620.00	18275.00
20. Total Federal Receipts	14620.00	18275.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
	Transfers to Affiliated/Other Party		0.00
3. (Committees	0.00	0.00
6	Federal Candidates/Committees	0.00	0.00
(Independent Expenditure (use Schedule E)	0.00	0.00
(Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
7. L	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	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
		9454.18	12454.18
9. (Other Disbursements	3434.10	12434.10
0.	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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9454.18	12454.18
)	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9454.18	12454.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	14620.00	18275.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14620.00	18275.00
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

City Ellicott City MD 21043 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Piral Name (Last, First, Middle Initial) Dr. Stuart Hough Malling Address 9110 Travener Circle Name of Employer First Colonies Anesthesia Receipt For: Date of Receipt MD 21704 Date of Receipt Transaction ID: SA11AI.4118 Date of Receipt MD 21704 Amount of Each Receipt this Period Date of Receipt MD 21704 Amount of Each Receipt MD 21704 Date of Receipt MD 21704 Amount of Each Receipt this Period Date of Receipt MD 21704 Amount of Each Receipt Transaction ID: SA11AI.4114 Amount of Each Receipt this Period Date of Receipt MD 21704 Date of Receipt MD 21704 Amount of Each Receipt this Period Date of Receipt MD 21704 Date of Receipt MD		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 10 (check only one) X 11a
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Lincoln Coone Mailing Address 4346 Lee Hollow Place City State Zip Code Ellicott City MD 21043 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Full Name (Last, First, Middle Initial) Dr. State Dependent of Contributing federal political committee. Name of Employer First Colonies Anesthesia Full Name (Last, First, Middle Initial) Dr. Tromas Malone Maling Address 9110 Travener Circle City State Zip Code Physician Feccipt For: Other (specify) Other (specify) Aggregate Year-to-Date Payroll deduction Date of Receipt Transaction ID: SA11AL4114 Amount of Each Receipt this Period FEC ID number of contributing federal political committiee. City State Zip Code Physician Feccipt For: Other (specify) Other (specify) State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Maling Address 11667 Fairmont Place City State Zip Code Dr. Tromas Malone Malone Committee Dr. Tromas Malone Dr. Tromas Ma		Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Date of Receipt Date of R		` '	OCIATES L	LC POLITICAL ACTION CO	DMMITTEE
City Eillicott City MD 2:043 FEC ID number of contributing federal political committee. Name of Employer First Colonies Ansethsia Bull Name (Last, First, Middle Initial) Dissuart Hough Mailing Address 9:110 Travener Circle City State Zip Code MD 2:1704 FEC ID number of contributing federal political committee. Name of Employer First Colonies Ansethsia City State Zip Code MD 2:1704 FEC ID number of contributing federal political committee. Name of Employer First Colonies Ansethesia Receipt For: Pirmary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Payroll deduction Payroll deduction Payroll deduction Date of Receipt Aggregate Year-to-Date ▼ Payroll deduction Payroll deduction Date of Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Pirmary General Other (specify) ▼ City State Zip Code MD 2:1754 FEC ID number of contributing federal political committee. Name of Employer First Colonies Ansethesia Physician Physician Receipt For: Pirmary General Other (specify) ▼ State Zip Code MD 2:1754 FEC ID number of contributing federal political committee. Name of Employer First Colonies Ansethesia Physician Receipt For: Pirmary General Other (specify) ▼ State Zip Code MD 2:1754 FEC ID number of contributing federal political committee. Name of Employer First Colonies Ansethesia Physician Physici	∠ A.	,			Date of Receipt
Ellicott City FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Perceipt For: Date of Receipt Interpretation Physician Phys		Mailing Address 4846 Lee Hollow Place			
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Primary General Other (specify) ▼ State Zip Code First First Middle Initial) Dr. Stuart Hough Mailing Address 9110 Travener Circle City State Zip Code Fer Geral Other (specify) ▼ State Zip Code Frescipt Transaction ID: SA11AL4114 Amount of Each Receipt this Period Payroll deduction Payroll deduction Payroll deduction Payroll deduction Payroll deduction Date of Receipt Transaction ID: SA11AL4114 Amount of Each Receipt this Period Payroll deduction		-		·	
Physician Receipt For: Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Occupation Physician Other (specify) ▼ Other (specify) ▼ Occupation Other (specify) ▼ Other (specify) ▼ Occupation Other (specify) ▼ Occupation Other (specify) ▼ Other (specify) ▼ Occupation Oc		FEC ID number of contributing			
Receipt For:		Name of Employer First Colonies Anesthsia			Payroll deduction
Date of Receipt Mailing Address 9110 Travener Circle City State Zip Code MD 21704 Frederick MD 21704 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Aggregate Year-to-Date ▼ Date of Receipt this Period Payroll deduciton Payroll deduciton Payroll deduciton Date of Receipt this Period Payroll deduciton Payroll deduciton Date of Receipt this Period Payroll deduciton Date of Receipt this Period Payroll deduciton Payroll deduciton Date of Receipt this Period Payroll deduciton Date of Receipt this Period Da		Primary General		Year-to-Date ▼	
City Frederick MD 21704 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Pill Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place City Ijamsville FEC ID number of contributing federal political committee. State Zip Code United State State Zip Code United State State Zip Code United State	_ 3.				Date of Receipt
Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Potential Interest Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place City State Zip Code MD 21754 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Occupation Physician Receipt For: Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) → Amount of Each Receipt this Period Amount of Each Receipt This Period Payroll deduction Amount of Each Receipt This Period Payroll deduction		Mailing Address 9110 Travener Circle			
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:		•		Zip Code	Transaction ID: SA11AI.4114
Name of Employer First Colonies Anesthesia		Frederick	<u>MD</u>	21704	Amount of Each Receipt this Period
Primary General Other (specify) ▼			C		
Primary General Other (specify) ▼ Substitute of Receipt For: Substitu		Name of Employer First Colonies Anesthesia			Payroli deduction
Tull Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place City State Jiamsville MD 21754 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ 300.00 Date of Receipt Transaction ID: SA11AI.4233 Amount of Each Receipt this Period Payroll deduction Payroll deduction SUBTOTAL of Receipts This Page (optional)			Aggregate	e Year-to-Date ▼	
Date of Receipt Mailing Address 11667 Fairmont Place City State Zip Code Ijamsville MD 21754 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ State Zip Code MD 21754 Transaction ID: SA11AI.4233 Amount of Each Receipt this Period Payroll deduction Payroll deduction Substotial Subst		- ' I		300.00	
City State Zip Code MD 21754 FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Substotal of Receipts This Page (optional) 900.00 Substotal State Zip Code Transaction ID: SA11AI.4233 Amount of Each Receipt this Period 300.00 Payroll deduction P	_ C.	,	Date of Receipt		
Ijamsville		Mailing Address 11667 Fairmont Place			
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) Other (specify) SUBTOTAL of Receipts This Page (optional) 300.00 Payroll deduction Payroll deduction Payroll deduction		•		•	
Name of Employer First Colonies Anesthesia Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date SUBTOTAL of Receipts This Page (optional) Payroll deduction Payroll deduction Payroll deduction Payroll deduction			MD	21754	Amount of Each Receipt this Period
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Occupation Physician Aggregate Year-to-Date ▼ 300.00			C		
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) 900.00			Physiciar	า	r ayron deduction
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) 900.00			Aggregate	Year-to-Date ▼	
SUBTOTAL OF Necepts This Page (optional)		_		300.00	
		SURTOTAL of Receipts This Page (optional)			900.00
	ı			<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 10 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t SSOCIATES LLC POLITICAL ACTION Co	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Roa	ad State Zip Code	Date of Receipt O 6 3 0 2 0 0 8 Transaction ID: SA11AI.4168
Bethesda FEC ID number of contributing federal political committee.	MD 20817	Amount of Each Receipt this Period 300.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 300.00	Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Anna Noriega Mailing Address 603 Queen Street #4 City	State Zip Code	Date of Receipt M M M
Alexandria FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	VA 22314 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 400.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Michael Peck Mailing Address 4 Farm Haven Cour	t	Date of Receipt 0 6 3 0 7 2 0 0 8
City Rockville FEC ID number of contributing federal political committee.	State Zip Code MD 20852	Transaction ID: SA11AI.4170 Amount of Each Receipt this Period 300.00
Name of Employer First Colonies Anesthesia Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 300.00	Payroll deduction
SUBTOTAL of Receipts This Page (optional)	1000.00

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 10 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood Mailing Address 14700 Crossway R	oad		Date of Receipt 0 6 3 0 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4241
Rockville	MD	20853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer First Colonies Anesthesia	Occupatio Physicia		Payroll deduction
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	1

SUBTOTAL of Receipts This Page (optional)	•	400.00
TOTAL This Period (last page this line number only)	<u> </u>	2300.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE NUMBER: PAGE 9 / (check only one)				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 28a 28b	24 25 2 28c X 29 3			
ny Information copied from such Reports and State r for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC							
	SINTEO ELO I OLITIONE		JIVIIVII I I L				
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates						
Mailing Address 18 Pinkney Street			05 / 0	05 / 2008			
City Annapolis	State Zip Code MD 21401		Amount of Eacl	n Disbursement this Period			
Purpose of Disbursement Lobbying fees			<u> </u>	1000.00			
Candidate Name		Category/ Type	1				
Office Sought: House Disburs Senate President	sement For: Primary Genera Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates						
Mailing Address 18 Pinkney Street	Mailing Address 18 Pinkney Street						
City Annapolis	State Zip Code MD 21401		Amount of Eacl	n Disbursement this Period			
Purpose of Disbursement Lobbying fees			<u> </u>	1000.00			
Candidate Name		Category/ Type	1				
Senate President	sement For: Primary General Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)			Transaction ID	: SB29.4334			
Barbara Marx Brocato & Associates							
Mailing Address 18 Pinkney Street		06 / 0	18 2008				
City Annapolis	State Zip Code MD 21401		Amount of Eacl	n Disbursement this Period			
Purpose of Disbursement Lobbying fees	WD 21401			6454.18			
Candidate Name		Category/ Type					
Senate President	sement For: Primary Genera Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)	1	<u> </u>	8454.18			

A.

В.

C.

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 23 24 25 2
y Information copied from such Reports and State	monto movement ha cold or vices	27	28a 28b 28c X 29
for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
FIRST COLONIES ANESTHESIA ASSO	CIATES LLC POLITICAL A	ACTION COMI	MITTEE
Full Name (Last, First, Middle Initial) Citizens for Dan Morhaim			Transaction ID: SB29.4324 Date of Disbursement
Mailing Address 8 Park Center Court			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 0 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City Owings Mills	State Zip Code MD 21117		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution			250.00
Candidate Name Dan Morhaim		Category/ Type	
Office Sought: X House Senate President State: MD District:	sement For: 2008 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID. CD00 4000
Friends of Robert Gargiola			Transaction ID: SB29.4329 Date of Disbursement
Mailing Address 11 Balden Street Room 104			06
City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution			500.00
Candidate Name Robert Gargiola		Category/ Type	
Office Sought: House X Senate President State: MD Disbur	sement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Shane Pendergrass			Transaction ID: SB29.4328 Date of Disbursement
Mailing Address PO Box 6711			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Columbia	State Zip Code MD 21045		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution			250.00
Candidate Name Shane Pendergrass		Category/ Type	
Office Sought: X House Senate President State: MD District:	sement For: 2008 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional	<u> </u>		1000.00
			9454.18
OTAL This Period (last page this line number onl	у)		3434.10