

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2006 JUL 24 A 10:44
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

First Colonies Anesthesia Associates, LLC Political Action Committee

ADDRESS (number and street)

14820 Physicians Lane, Ste 242

Check if different than previously reported. (ACC)

Rockville

MD

20850

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00416305

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

/ /

in the State of

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

/ /

in the State of

5. Covering Period

01

01

2005

through

12

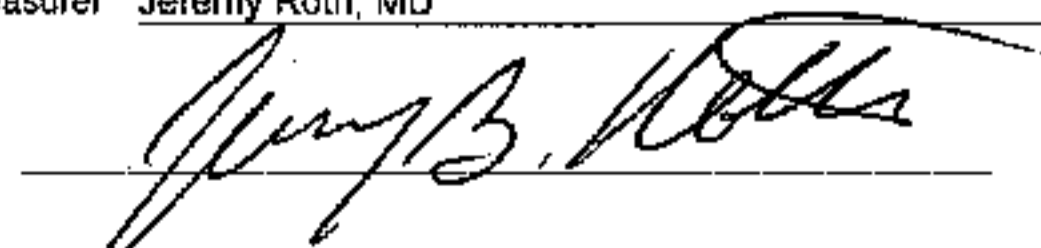
31

2005

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, MD

Signature of Treasurer



Date

07

07

2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period:

From:

01 / 01 / 2005

To:

12 / 31 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	8,325.00	8,325.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8,325.00	8,325.00
7. Total Disbursements (from Line 31)	1,493.36	1,493.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6831.64	6831.64
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

26039151827

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

First Colonles Anesthesia Associates, LLC Political Action Committee

Report Covering the Period:

From:

01 / 01 / 2005

To:

12 / 31 / 2005

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).....	1,250.00	1,250.00
(ii) Unitemized.....	7,075.00	7,075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8,325.00	8,325.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	8,325.00	8,325.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8,325.00	8,325.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements		1,493.36	1,493.36
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		1,493.36	1,493.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)			

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

8,325.00
8,325.00

8,325.00
8,325.00

26038151830

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Hwang, David W.

Mailing Address
9542 Newbridge Dr.
City: Potomac, State: MD, Zip Code: 20854

Date of Receipt: 09 / 08 / 2005

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 250.00

Name of Employer: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Full Name (Last, First, Middle Initial)
B. Briggs, Jeffrey M.

Mailing Address
12805 Talley Lane
City: North Potomac, State: MD, Zip Code: 20878-6108

Date of Receipt: 11 / 16 / 2005

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 1,000.00

Name of Employer: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 1,000.00

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

Mailing Address

City: _____ State: _____ Zip Code: _____

Date of Receipt: _____ / _____ / _____

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: _____

Name of Employer: _____
Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: _____

SUBTOTAL of Receipts This Page (optional).....▶ 1,250.00

TOTAL This Period (last page this line number only).....▶ 1,250.00

200501150001

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 1				
	<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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)
Friends of Peter A. Hammen

Date of Disbursement
 / /

Mailing Address
Low House Office Building, Room 161, 84 College Ave

City State Zip Code
Annapolis MD 21401-1991

Purpose of Disbursement
Political Contributions
 Candidate Name
Peter A. Hammen Category/Type

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

State: _____ District: _____

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Alexander Mooney for Senate

Date of Disbursement
 / /

Mailing Address
James Senate Office Building, Room 402, 110 College Ave

City State Zip Code
Annapolis MD 21401-1991

Purpose of Disbursement
Political Contributions
 Candidate Name
Alexander Mooney Category/Type

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

State: _____ District: _____

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
 / /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: _____ District: _____

Amount of Each Disbursement this Period

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

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDX</i>	Shipping Date <i>7/26/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

AC
 PREPARER
 (3/2005)

7/24/06
 DATE PREPARED

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