

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JUL 14 P 12:08

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 ▲

C00416305

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:

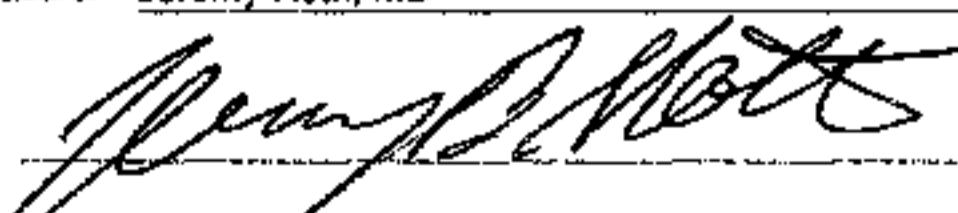
- General (30G) Runoff (30R) Special (30S)
- Election on _____ in the State of _____

5. Covering Period 04 / 01 / 2006 through 06 / 30 / 2006

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 / 12 / 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									
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FEC FORM 3X
Rev. 12/2004

26039120928

**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:

04 / 01 / 2006

To:

06 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		6,831.64
(b) Cash on Hand at Beginning of Reporting Period	9,622.11	
(c) Total Receipts (from Line 19)	9,915.00	20,315.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19,537.11	27,146.64
7. Total Disbursements (from Line 31)	5,362.18	12,971.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14,174.93	14,174.93
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

26039120929

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From: **04 / 01 / 2006** To: **06 / 30 / 2006**

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

8,450.00
1,465.00
9,915.00

9,050.00
11,265.00
20,315.00

- (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).....▶

9,915.00

20,315.00

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)).....▶

9,915.00

20,315.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

9,915.00

20,315.00

26039120930

**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.....		1,294.03	1,353.56
(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		4,068.15	11,618.15
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)) ..		5,362.18	12,971.71
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)	9,915.00	20,315.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9,915.00	20,315.00
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)		

26039120932

**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 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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. Thomas K. Chau, M.D.		Date of Receipt SEE BELOW
Mailing Address 7204 Loch Edin Court City State Zip Code Rockville, MD 20854		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) B. Edward G. Chen, M.D.		Date of Receipt SEE BELOW
Mailing Address 10209 Fleming Ave City State Zip Code Bethesda, MD 20814		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) C. Jen W. Chen, M.D.		Date of Receipt SEE BELOW
Mailing Address 1104 Mill Ridge City State Zip Code McLean, VA 22102		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 16
(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

Full Name (Last, First, Middle Initial) A. Dwayne Chen, M.D.		Date of Receipt SEE BELOW
Mailing Address 11415 Commonwealth Dr., Unit 204 City State Zip Code Rocville, MD 20852		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) B. Melvin V. Coursey, M.D.		Date of Receipt SEE BELOW
Mailing Address 18720 Shremor Drive City State Zip Code Derwood, MD 20855		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) C. Lauren J. DeLoach, M.D.		Date of Receipt SEE BELOW
Mailing Address 15114 Pepperidge Drive City State Zip Code Bowie, MD 20721		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 16
(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

Full Name (Last, First, Middle Initial)
A. Danielle A. Dugan, D.O.
Mailing Address
19053 Sawyer Terrace
City State Zip Code
Germantown, MD 20874
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
SEE BELOW
Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Todd A. Epstein, M.D.
Mailing Address
11305 Struttman Terrace
City State Zip Code
North Bethesda, MD 20852
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
SEE BELOW
Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
C. Tamara H. Gabrielli, M.D.
Mailing Address
504 Reserve Champion Drive
City State Zip Code
Rockville, MD 20850
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
SEE BELOW
Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

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

SEE BELOW

26039120935

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

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

FOR LINE NUMBER: PAGE 4 OF 16
(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

Full Name (Last, First, Middle Initial)

A. Steven M. Grube, D.O.

Mailing Address

13895 Foxtower Road

City

State

Zip Code

Thurmont, MD 21788

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

B. Steven Hopper, M.D.

Mailing Address

4550 North Park Ave, #101

City

State

Zip Code

Chevy Chase, MD 20815

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

C. Stuart W. Hough, M.D.

Mailing Address

9110 Travener Circle

City

State

Zip Code

Frederick, MD 21704

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$375.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

75.00

April 25, 2006: \$75.00
May 25, 2006: \$75.00
June 25, 2006: \$75.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 16
(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

Full Name (Last, First, Middle Initial)

A. David A. Johnson, M.D.

Date of Receipt

Mailing Address

5506 Bootjack Dr.

SEE BELOW

City

State

Zip Code

Frederick, MD 21702

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

\$50.00

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Full Name (Last, First, Middle Initial)

B. Cristina Chan Johnson, M.D.

Date of Receipt

Mailing Address

3458 Holland Cliffs Road

SEE BELOW

City

State

Zip Code

Huntingtown, MD 20639

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

\$50.00

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Full Name (Last, First, Middle Initial)

C. James A. Kaufman, M.D.

Date of Receipt

Mailing Address

7514 Arrowood Road

SEE BELOW

City

State

Zip Code

Bethesda, MD 20817

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

\$50.00

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

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

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

26039120937

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

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

FOR LINE NUMBER: PAGE 6 OF 16
(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

Full Name (Last, First, Middle Initial)
A. Cynthia E. Kenol, M.D.

Date of Receipt
SEE BELOW

Mailing Address
6579 Prestwick Drive
 City State Zip Code
Highland, MD 20777

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
\$50.00
 April 25, 2006: \$50.00
 May 25, 2006: \$50.00
 June 25, 2006: \$50.00

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Full Name (Last, First, Middle Initial)
B. Richard J. Ko, M.D.

Date of Receipt
SEE BELOW

Mailing Address
4101 Hunt Road
 City State Zip Code
Fairfax, VA 22032

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
\$50.00
 April 25, 2006: \$50.00
 May 25, 2006: \$50.00
 June 25, 2006: \$50.00

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Full Name (Last, First, Middle Initial)
C. Harkisan A. Laheri, M.D.

Date of Receipt
SEE BELOW

Mailing Address
11722 Split Tree Circle
 City State Zip Code
Potomac, MD 20854

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period
\$50.00
 April 25, 2006: \$50.00
 May 25, 2006: \$50.00
 June 25, 2006: \$50.00

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

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

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

26039120938

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

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

FOR LINE NUMBER:		PAGE 7		OF 16	
(check only one)					
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<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

Full Name (Last, First, Middle Initial) A. Kathleen A. Leavitt, M.D.		Date of Receipt SEE BELOW
Mailing Address 3467 N. Venice City State Zip Code Arlington, VA 22207		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) B. Thomas E. Malone, M.D.		Date of Receipt SEE BELOW
Mailing Address 11667 Fairmont Place City State Zip Code Jamsville, MD 21754		Amount of Each Receipt this Period \$75.00 April 25, 2006: \$75.00 May 25, 2006: \$75.00 June 25, 2006: \$75.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$375.00	

Full Name (Last, First, Middle Initial) C. Moliyann G. March, M.D.		Date of Receipt SEE BELOW
Mailing Address 6504 Greentree Road City State Zip Code Bethesda, MD 20817		Amount of Each Receipt this Period VARIES April 25, 2006: \$375.00 May 25, 2006: \$75.00 June 25, 2006: \$75.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$525.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

26039120939

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen D. Martin, M.D.

Mailing Address

3336 O Street NW

City

State

Zip Code

Washington D.C. 20007

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

B. Anna L. Noriega, M.D.

Mailing Address

603 Queen Street, #4

City

State

Zip Code

Alexandria, VA 22314

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$300.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$100.00

April 25, 2006: \$100.00

May 25, 2006: \$100.00

June 25, 2006: \$100.00

Full Name (Last, First, Middle Initial)

C. Dennis J. O'Fallon, M.D.

Mailing Address

12123 Merricks Court

City

State

Zip Code

Monrovia, MD 21770

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

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

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

SEE BELOW

26039120940

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

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

FOR LINE NUMBER: PAGE 9 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

Full Name (Last, First, Middle Initial)
A. H. Philip Owens, M.D.

Date of Receipt
SEE BELOW

Mailing Address
141 Adams Street, NW
City State Zip Code
Washington D.C. 20001

Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ \$250.00

Full Name (Last, First, Middle Initial)
B. Paul M. Park, M.D.

Date of Receipt
SEE BELOW

Mailing Address
821 Oak Knoll Terrace
City State Zip Code
Rockville, MD 20850

Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ \$250.00

Full Name (Last, First, Middle Initial)
C. Michael J. Peck, M.D.

Date of Receipt
SEE BELOW

Mailing Address
4 Farm Haven Court
City State Zip Code
Rockville, MD 20852

Amount of Each Receipt this Period
\$75.00
April 25, 2006: \$75.00
May 25, 2006: \$75.00
June 25, 2006: \$75.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ \$375.00

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

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

26039120841

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

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

FOR LINE NUMBER: PAGE 10 OF 16
(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

Full Name (Last, First, Middle Initial)
A. Ramani Peruvemba, M.D.

Mailing Address
8400 Tysons Trace Court
 City State Zip Code
Vienna, VA 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
 April 25, 2006: \$50.00
 May 25, 2006: \$50.00
 June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Eugen Arpad Pirovic, M.D.

Mailing Address
3912 Calverton Drive
 City State Zip Code
Hyattsville, MD 20782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
 April 25, 2006: \$50.00
 May 25, 2006: \$50.00
 June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
C. Clyde W. Pray, M.D.

Mailing Address
13517 Hunting Hill Way
 City State Zip Code
North Potomac, MD 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
 April 25, 2006: \$50.00
 May 25, 2006: \$50.00
 June 25, 2006: \$50.00

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

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

26039120842

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

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

FOR LINE NUMBER: PAGE 11 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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. Kathleen A. Ranney, M.D.

Date of Receipt
SEE BELOW

Mailing Address
15 Mountain Road
City State Zip Code
Thurmont, MD 21788

Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Full Name (Last, First, Middle Initial)
B. Marianne C. Ries, M.D.

Date of Receipt
SEE BELOW

Mailing Address
114 Midtown Road
City State Zip Code
Gaithersburg, MD 20878

Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Full Name (Last, First, Middle Initial)
C. Alexander S. Rubin, M.D.

Date of Receipt
SEE BELOW

Mailing Address
6611 Hunter Trail Way
City State Zip Code
Frederick, MD 21702

Amount of Each Receipt this Period
\$50.00
April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

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

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

26039120943

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

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

FOR LINE NUMBER:		PAGE 12 OF 16	
<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

Full Name (Last, First, Middle Initial) A. Suzanne N. Scattergood, M.D.		Date of Receipt SEE BELOW
Mailing Address 14700 Crossway Road City State Zip Code Rockville, MD 20853		Amount of Each Receipt this Period \$100.00 April 25, 2006: \$100.00 May 25, 2006: \$100.00 June 25, 2006: \$100.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$500.00	

Full Name (Last, First, Middle Initial) B. Gerald Scheinman, M.D.		Date of Receipt SEE BELOW
Mailing Address 8010 Summer Mill Court City State Zip Code Bethesda, MD 20817		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) C. Nader E. Soliman, M.D.		Date of Receipt SEE BELOW
Mailing Address 22905 David Mill Road City State Zip Code Germantown, MD 20876		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

26039120944

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

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

FOR LINE NUMBER:		PAGE 13 OF 16	
(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

Full Name (Last, First, Middle Initial)
A. Robert Study, M.D.

Mailing Address
6 Beall Spring Ct
City State Zip Code
Potomac, MD 20854

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
 SEE BELOW

Amount of Each Receipt this Period
\$50.00

April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Lisa M. Sullivan, M.D.

Mailing Address
2454 Five Shillings Road
City State Zip Code
Frederick, MD 21701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
 SEE BELOW

Amount of Each Receipt this Period
\$50.00

April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
C. Louis W. Swann, M.D.

Mailing Address
PO Box 6081
City State Zip Code
McLean, VA 22106-6081

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
 SEE BELOW

Amount of Each Receipt this Period
\$50.00

April 25, 2006: \$50.00
May 25, 2006: \$50.00
June 25, 2006: \$50.00

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

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

Amount of Each Receipt this Period

26039120945

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

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

FOR LINE NUMBER:		PAGE 14 OF 16	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) A. John A. Tam, M.D.		Date of Receipt SEE BELOW
Mailing Address 10905 Cripplegate Road City State Zip Code Potomac, MD 20854		Amount of Each Receipt this Period \$50.00
FEC ID number of contributing federal political committee. C		April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

Full Name (Last, First, Middle Initial) B. Rojack F. Tan, M.D.		Date of Receipt SEE BELOW
Mailing Address 507 Goodland Place City State Zip Code Rockville, MD 20850		Amount of Each Receipt this Period VARIES
FEC ID number of contributing federal political committee. C		April 25, 2006: \$250.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$350.00	

Full Name (Last, First, Middle Initial) C. Bernard W. Tsai, M.D.		Date of Receipt SEE BELOW
Mailing Address 10013 New London Drive City State Zip Code Potomac, MD 20854		Amount of Each Receipt this Period \$50.00
FEC ID number of contributing federal political committee. C		April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$250.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

26039120946

**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 15 OF 16

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

Full Name (Last, First, Middle Initial)

A. Mark D. Vogt, M.D.

Mailing Address

1149 Colonial Road

City

State

Zip Code

McLean, VA 22101

FEC ID number of contributing federal political committee.

C

Name of Employer

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

B. Christopher Wahlgren, M.D.

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

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

C. Timothy G. Wex, M.D.

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

First Colonies Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

\$250.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

April 25, 2006: \$50.00

May 25, 2006: \$50.00

June 25, 2006: \$50.00

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

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

26039120947

**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 OF 16			
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Howard M. Wilpon, M.D.		Date of Receipt SEE BELOW
Mailing Address 18212 Wickham Road City State Zip Code Olney, MD 20832		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$250.00

Full Name (Last, First, Middle Initial) B. Aiqin Yu, M.D.		Date of Receipt SEE BELOW
Mailing Address 13508 Gumspring Road City State Zip Code Gaithersburg, MD 20850		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$250.00

Full Name (Last, First, Middle Initial) C. J. Amy Yun, M.D.		Date of Receipt SEE BELOW
Mailing Address 2057 Thurston Road City State Zip Code Frederick, MD 21704		Amount of Each Receipt this Period \$50.00 April 25, 2006: \$50.00 May 25, 2006: \$50.00 June 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C		
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$250.00

SUBTOTAL of Receipts This Page (optional).....	▶	\$8,450.00
TOTAL This Period (last page this line number only).....	▶	

26039120948

**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

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)
Citizens for Dan Morhaim, M.D.

Mailing Address
8 Park Center Court, #100

City State Zip Code
Owing Mills, MD 21117-5609

Purpose of Disbursement
Political Contributions

Candidate Name
Dan Morhaim, M.D.

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
05 / 22 / 2006

Amount of Each Disbursement this Period
\$250.00

Category/Type
011

B.

Full Name (Last, First, Middle Initial)
Barbara Marx Brocato & Associates

Mailing Address
18 Pinkney St

City State Zip Code
Annapolis, MD 21401

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
05 / 25 / 2006

Amount of Each Disbursement this Period
\$2,454.52

Category/Type
011

C.

Full Name (Last, First, Middle Initial)
Barbara Marx Brocato & Associates

Mailing Address
18 Pinkney St

City State Zip Code
Annapolis, MD 21401

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
06 / 12 / 2006

Amount of Each Disbursement this Period
\$1,363.63

Category/Type
011

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

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

\$4,068.15

26039120949

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
7/12/06
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

CMR
 PREPARER
 (3/2005)

7/14/06
 DATE PREPARED

26059120350