

**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: 07 / 01 / 2006 To: 09 / 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.....	14,174.93	
(c) Total Receipts (from Line 19).....	6,660.00	26,975.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20,834.93	33,806.64
7. Total Disbursements (from Line 31).....	4,090.89	17,062.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16,744.04	16,744.04
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

26039220930

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:

07 / 01 / 2006

To:

09 / 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).....	6,660.00	15,710.00
(ii) Unitemized	0.00	11,265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6,660.00	26,975.00
(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)	6,660.00	26,975.00
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)).....▶	6,660.00	26,975.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9,915.00	20,315.00

26039220931

DETAILED SUMMARY PAGE
of Disbursements

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.....	0.00	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	4,090.89	15,709.04
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))..	4,090.89	17,062.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

26039220932

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)	6,660.00	26,975.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,660.00	26,975.00
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)		

26039220933

**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 1 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

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.

Mailing Address
7204 Loch Edin Court
City State Zip Code
Rockville, 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 ▼
\$350.00

Date of Receipt
MM / DD / YYYY
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Edward G. Chen, M.D.

Mailing Address
10209 Fleming Ave
City State Zip Code
Bethesda, MD 20814

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 ▼
\$350.00

Date of Receipt
MM / DD / YYYY
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
C. Jen W. Chen, M.D.

Mailing Address
1104 Mill Ridge
City State Zip Code
McLean, VA 22102

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 ▼
\$350.00

Date of Receipt
MM / DD / YYYY
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

26039220934

**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 2 OF 16

11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dwayne Chen, M.D.

Mailing Address

11415 Commonwealth Dr., Unit 204

City

State

Zip Code

Rocville, MD 20852

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 ▼

\$350.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

B. Melvin V. Coursey, M.D.

Mailing Address

18720 Shremor Drive

City

State

Zip Code

Derwood, MD 20855

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 ▼

\$350.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

C. Lauren J. DeLoach, M.D.

Mailing Address

15114 Pepperidge Drive

City

State

Zip Code

Bowie, MD 20721

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 ▼

\$350.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25039220935

**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 3 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. 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 ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Todd A. Epstein, M.D.

Mailing Address
11305 Struttmann 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 ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
July 25, 2006: \$50.00
August 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 ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
July 25, 2006: \$50.00
August 25, 2006: \$50.00

SUBTOTAL of Receipts This Page (optional) ▶

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

26039220936

**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

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. Steven M. Grube, D.O.
Mailing Address
13895 Foxtower Road
City State Zip Code
Thumont, MD 21788
FEC ID number of contributing federal political committee.
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
 / /
Amount of Each Receipt this Period

July 25, 2006: \$50.00
August 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.
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
 / /
Amount of Each Receipt this Period

July 25, 2006: \$50.00
August 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.
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
 / /
Amount of Each Receipt this Period

July 25, 2006: \$75.00
August 25, 2006: \$75.00

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

26039220937

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 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. David A. Johnson, M.D.

Mailing Address
5506 Bootjack Dr.
City State Zip Code
Frederick, MD 21702

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 ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Cristina Chan Johnson, M.D.

Mailing Address
3458 Holland Cliffs Road
City State Zip Code
Huntingtown, MD 20639

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
C. James A. Kaufman, M.D.

Mailing Address
7514 Arrowood Road
City State Zip Code
Bethesda, MD 20817

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 ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00
July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

26039220938

**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)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Cynthia E. Kenol, M.D.

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

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 ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

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 ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

SUBTOTAL of Receipts This Page (optional) ▶

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

26039220939

**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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Kathleen A. Leavitt, M.D.
Mailing Address
3467 N. Venice
City State Zip Code
Arlington, VA 22207
FEC ID number of contributing federal political committee.
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
 / /
Amount of Each Receipt this Period

July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Thomas E. Malone, M.D.
Mailing Address
11667 Fairmont Place
City State Zip Code
Ijamsville, MD 21754
FEC ID number of contributing federal political committee.
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
 / /
Amount of Each Receipt this Period

July 25, 2006: \$75.00
August 25, 2006: \$75.00

Full Name (Last, First, Middle Initial)
C. Mollyann G. March, M.D.
Mailing Address
6504 Greentree Road
City State Zip Code
Bethesda, MD 20817
FEC ID number of contributing federal political committee.
Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
 / /
Amount of Each Receipt this Period

July 25, 2006: \$75.00
August 25, 2006: \$75.00

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

26039220840

**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 8 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

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. 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.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

July 25, 2006: \$50.00
August 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.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

July 25, 2006: \$100.00
August 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.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

26039220941

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 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

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. H. Philip Owens, M.D.

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

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

July 25, 2006: \$75.00
August 25, 2006: \$75.00

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

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

26039220942

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 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

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. 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: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 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: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 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: First Colonies Anesthesia Associates
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

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

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

25039220943

**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							
	<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

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 <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 15 Mountain Road City State Zip Code Thurmont, MD 21788		<input type="text"/> / <input type="text"/> / <input type="text"/>
FEC ID number of contributing federal political committee. <input type="text"/>	<input type="text"/>	Amount of Each Receipt this Period <input type="text"/> \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> \$350.00	

Full Name (Last, First, Middle Initial) B. Marianne C. Rjes, M.D.		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 114 Midtown Road City State Zip Code Gaithersburg, MD 20878		<input type="text"/> / <input type="text"/> / <input type="text"/>
FEC ID number of contributing federal political committee. <input type="text"/>	<input type="text"/>	Amount of Each Receipt this Period <input type="text"/> \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> \$350.00	

Full Name (Last, First, Middle Initial) C. Alexander S. Rubin, M.D.		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6811 Hunter Trail Way City State Zip Code Frederick, MD 21702		<input type="text"/> / <input type="text"/> / <input type="text"/>
FEC ID number of contributing federal political committee. <input type="text"/>	<input type="text"/>	Amount of Each Receipt this Period <input type="text"/> \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> \$350.00	

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

26039220844

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 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	

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. Suzanne N. Scattergood, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 14700 Crossway Road
 City State Zip Code
 Rockville, MD 20853
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 / /
 Amount of Each Receipt this Period

 July 25, 2006: \$100.00
 August 25, 2006: \$100.00

B. Gerald Scheinman, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 8010 Summer Mill Court
 City State Zip Code
 Bethesda, MD 20817
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 / /
 Amount of Each Receipt this Period

 July 25, 2006: \$50.00
 August 25, 2006: \$50.00

C. Nader E. Soliman, M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 22905 David Mill Road
 City State Zip Code
 Germantown, MD 20876
 FEC ID number of contributing federal political committee.
 Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 / /
 Amount of Each Receipt this Period

 July 25, 2006: \$50.00
 August 25, 2006: \$50.00

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

26039220945

**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

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. Robert Study, M.D.		Date of Receipt SEE BELOW
Mailing Address 6 Beall Spring Ct City State Zip Code Potomac, MD 20854		Amount of Each Receipt this Period \$50.00 July 25, 2006: \$50.00 August 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date \$350.00	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lisa M. Sullivan, M.D.		Date of Receipt SEE BELOW
Mailing Address 2454 Five Shillings Road City State Zip Code Frederick, MD 21701		Amount of Each Receipt this Period \$50.00 July 25, 2006: \$50.00 August 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date \$350.00	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Louis W. Swann, M.D.		Date of Receipt SEE BELOW
Mailing Address PO Box 6081 City State Zip Code McLean, VA 22106-6081		Amount of Each Receipt this Period \$50.00 July 25, 2006: \$50.00 August 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date \$350.00	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

26039220946

**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
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. John A. Tam, M.D.

Mailing Address
 10905 Cripplegate Road
 City State Zip Code
 Potomac, MD 20854

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

 July 25, 2006: \$50.00
 August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
B. Rojack F. Tan, M.D.

Mailing Address
 507 Goodland Place
 City State Zip Code
 Rockville, MD 20850

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

 July 25, 2006: \$50.00
 August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)
C. Bernard W. Tsai, M.D.

Mailing Address
 10013 New London Drive
 City State Zip Code
 Potomac, MD 20854

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

 July 25, 2006: \$50.00
 August 25, 2006: \$50.00

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

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

26039220947

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 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

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. 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 Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 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 Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 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 Occupation
First Colonies Anesthesia Associates Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$350.00

Date of Receipt
SEE BELOW

Amount of Each Receipt this Period
\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

SUBTOTAL of Receipts This Page (optional) ▶

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

26039220948

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

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

FOR LINE NUMBER: PAGE 16 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. 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
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date \$350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ajin 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
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date \$350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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
FEC ID number of contributing federal political committee. C	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date \$350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

26039220949

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 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	

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. William L. Chester, M.D.		Date of Receipt
Mailing Address 14700 Pettit Way		<input type="text" value="SEE BELOW"/> / <input type="text" value=""/>
City	State	Zip Code
Potomac, MD		20854
FEC ID number of contributing federal political committee.		<input type="text" value="C"/> <input type="text" value=""/>
Name of Employer	Occupation	Amount of Each Receipt this Period
First Colonies Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text" value="\$50.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="\$100.00"/>	July 25, 2006: \$50.00 August 25, 2006: \$50.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul S. Van Nice, M.D.		Date of Receipt
Mailing Address 7101 Meadow Lane		<input type="text" value="SEE BELOW"/> / <input type="text" value=""/>
City	State	Zip Code
Chevy Chase, MD		20815
FEC ID number of contributing federal political committee.		<input type="text" value="C"/> <input type="text" value=""/>
Name of Employer	Occupation	Amount of Each Receipt this Period
First Colonies Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text" value="\$50.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="\$100.00"/>	July 25, 2006: \$50.00 August 25, 2006: \$50.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicholas Visnich, Jr, M.D.		Date of Receipt
Mailing Address 10816 Willow Run Court		<input type="text" value="SEE BELOW"/> / <input type="text" value=""/>
City	State	Zip Code
Potomac, MD		20854
FEC ID number of contributing federal political committee.		<input type="text" value="C"/> <input type="text" value=""/>
Name of Employer	Occupation	Amount of Each Receipt this Period
First Colonies Anesthesia Associates	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text" value="\$25.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="\$200.00"/>	July 25, 2006: \$25.00 August 25, 2006: \$25.00
<input type="checkbox"/> Other (specify) ▼		

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

26039220950

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

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

FOR LINE NUMBER:		PAGE 16 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

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. Marc L. Beck, M.D.		Date of Receipt SEE BELOW
Mailing Address 16 Norris Run Court City State Zip Code Resisterstown, MD 21136		Amount of Each Receipt this Period \$50.00 July 25, 2006: \$50.00 August 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date \$100.00	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Donald J. Charney, M.D.		Date of Receipt SEE BELOW
Mailing Address 3707 Meadowhill Court City State Zip Code Phoenix, MD 21131		Amount of Each Receipt this Period \$50.00 July 25, 2006: \$50.00 August 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date \$100.00	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Glen Hessinger, M.D.		Date of Receipt SEE BELOW
Mailing Address 8101 Ruxton Crossing Road City State Zip Code Towson, MD 21204		Amount of Each Receipt this Period \$25.00 July 25, 2006: \$25.00 August 25, 2006: \$25.00
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date \$200.00	
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

26039220951

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

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

FOR LINE NUMBER: PAGE 16 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Sung-Soo Hong, M.D.

Mailing Address

8525 Huntspring Drive

City

State

Zip Code

Lutherville, MD 21093

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 ▼

\$100.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

B. Kestutis J. Pauliukonis, M.D.

Mailing Address

1813 Solitaire Lane

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 ▼

\$100.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$50.00

July 25, 2006: \$50.00
August 25, 2006: \$50.00

Full Name (Last, First, Middle Initial)

C. Jeremy B. Roth, M.D.

Mailing Address

913 Hillstead Drive

City

State

Zip Code

Lutherville, MD 21093

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 ▼

\$240.00

Date of Receipt

SEE BELOW

Amount of Each Receipt this Period

\$30.00

July 25, 2006: \$30.00
August 25, 2006: \$30.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

26039220952

**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	<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

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. Arnaldo Valedon, M.D.		Date of Receipt SEE BELOW
Mailing Address 22 Woodfield Court		
City Resisterstown, MD	State MD	Zip Code 21136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
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) B. Martha Van Clief, M.D.		Date of Receipt SEE BELOW
Mailing Address 405 Apple Grove Road		
City Silver Spring, MD	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
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. Thomas Wherry, M.D.		Date of Receipt SEE BELOW
Mailing Address 611 West Second Street		
City Frederick, MD	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$350.00	

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

26039220853

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 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

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. John J. Bunker, M.D.		Date of Receipt SEE BELOW
Mailing Address 15229 National Pike City State Zip Code Hagerstown, MD 21704		Amount of Each Receipt this Period \$50.00 July 25, 2006: \$50.00 August 25, 2006: \$50.00
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date ▼ \$100.00
Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Karen Dugan M.D.		Date of Receipt SEE BELOW
Mailing Address 4107 Vickie Lynn Court City State Zip Code Mt. Airy, MD 21771		Amount of Each Receipt this Period \$20.00 July 25, 2006: \$20.00 August 25, 2006: \$20.00
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date ▼ \$160.00
Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Philip Ferkler, M.D.		Date of Receipt SEE BELOW
Mailing Address 4107 Vickie Lynn Court City State Zip Code Mt. Airy, MD 21771		Amount of Each Receipt this Period \$30.00 July 25, 2006: \$30.00 August 25, 2006: \$30.00
FEC ID number of contributing federal political committee. C	Name of Employer First Colonies Anesthesia Associates	Aggregate Year-to-Date ▼ \$240.00
Occupation Anesthesiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

26039220954

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

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

FOR LINE NUMBER: PAGE 16 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. Robert Sullivan, M.D.		Date of Receipt SEE BELOW
Mailing Address 2454 Five Shillings Road		
City	State	Zip Code
Frederick, MD		21701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) B. Won Lee, M.D.		Date of Receipt SEE BELOW
Mailing Address 6812 Koandah Gardens Court		
City	State	Zip Code
Highland, MD		20777
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$50.00
Name of Employer First Colonies Anesthesia Associates	Occupation Anesthesiologist	July 25, 2006: \$50.00 August 25, 2006: \$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	\$6,660.00

26039220955

**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 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

Full Name (Last, First, Middle Initial)

<p>A. Barbara Marx Brocato & Associates</p> <p>Mailing Address 18 Pinkney St</p> <p>City State Zip Code Annapolis, MD 21401</p> <p>Purpose of Disbursement Political Contributions</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>08 / 15 / 2006</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Amount of Each Disbursement this Period</p> <p>\$1,363.63</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Category/Type</p> <p>011</p>		

<p>B. Barbara Marx Brocato & Associates</p> <p>Mailing Address 18 Pinkney St</p> <p>City State Zip Code Annapolis, MD 21401</p> <p>Purpose of Disbursement Political Contributions</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>08 / 15 / 2006</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Amount of Each Disbursement this Period</p> <p>\$1,363.63</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Category/Type</p> <p>011</p>		

<p>C. Barbara Marx Brocato & Associates</p> <p>Mailing Address 18 Pinkney St</p> <p>City State Zip Code Annapolis, MD 21401</p> <p>Purpose of Disbursement Political Contributions</p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>09 / 27 / 2006</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Amount of Each Disbursement this Period</p> <p>\$1,363.63</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Category/Type</p> <p>011</p>		

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

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

\$4,090.89

26039220956

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>FedEx</i>	Shipping Date <i>10-12-06</i>
Next Business Day Delivery	<input 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

JMS
 PREPARER

10/16/06
 DATE PREPARED

26039220957