

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
First Colonies Anesthesia Associates, LLC Political Action Committee

ADDRESS (number and street) 1901 Research Blvd.
Suite 350
 Check if different than previously reported. (ACC)
Rockville MD 20850

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)
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 07 01 2007 through 12 31 2007

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 Dr. Jeremy Roth

Signature of Treasurer Electronically Filed by Dr. Jeremy Roth Date 05 06 2008

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		15412.77
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	40275.47									
(c) Total Receipts (from Line 19)	21480.00	50270.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61755.47	65682.77								
7. Total Disbursements (from Line 31)	32206.83	36134.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29548.64	29548.64								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
First Colonies Anesthesia Associates, LLC Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	20700.00	49490.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	780.00	780.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21480.00	50270.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21480.00	50270.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21480.00	50270.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21480.00	50270.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5100.00	6300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	27106.83	29834.13
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32206.83	36134.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32206.83	36134.13

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21480.00	50270.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21480.00	50270.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) Dr. Rubin Alexander	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 6611 Hunter Trail	Transaction ID: SA11AI.4231
	City State Zip Code Frederick MD 21702	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Mark L. Beck	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 16 Norris Run Court	Transaction ID: SA11AI.4176
	City State Zip Code Reisterstown MD 21136	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. John Bunker	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 15229 National Pike	Transaction ID: SA11AI.4210
	City State Zip Code Hagerstown MD 21740	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31
(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

A. Full Name (Last, First, Middle Initial)
Dr. Donald J. Charney

Mailing Address 3707 Meadowhill Court

City State Zip Code
Phoenix MD 21131

FEC ID number of contributing federal political committee. C

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4178

Amount of Each Receipt this Period 300.00

\$50 per payroll contribution

B. Full Name (Last, First, Middle Initial)
Dr. Satyam Chary

Mailing Address 9 Alterwood Lane

City State Zip Code
Owings Mills MD 21117

FEC ID number of contributing federal political committee. C

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period 300.00

\$50 per payroll contribution

C. Full Name (Last, First, Middle Initial)
Dr. Thomas K. Chau

Mailing Address 7204 Loch Edin Court

City State Zip Code
Potomac MD 20854

FEC ID number of contributing federal political committee. C

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4100

Amount of Each Receipt this Period 300.00

\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 11415 Commonweathk Drive Unit 204		Transaction ID: SA11AI.4150
	City Rockville	State MD	Zip Code 20852
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Dr. Edward G. Chen		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 10209 Fleming Avenue		Transaction ID: SA11AI.4102
	City Bethesda	State MD	Zip Code 20814
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Dr. Jen W. Chen		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1104 Mill Ridge Road		Transaction ID: SA11AI.4104
	City McLean	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

**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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. William L. Chester	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 5801 Nicholson Lane #1915	Transaction ID: SA11AI.4106
	City North Bethesda State MD Zip Code 20852	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 18720 Shremor Drive	Transaction ID: SA11AI.4108
	City Derwood State MD Zip Code 20855	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$ 50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Lauren J. Deloach	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 15114 Pepperridge Drive	Transaction ID: SA11AI.4200
	City Bowie State MD Zip Code 20721	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 104 Ellingwood Lane	Transaction ID: SA11AI.4212
	City State Zip Code Frederick MD 21702	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Todd A. Epstein	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 11305 Struttman Terrace	Transaction ID: SA11AI.4152
	City State Zip Code North Bethesda MD 20852	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 504 Reserve Champion Drive	Transaction ID: SA11AI.4218
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Stephen Grube		Date of Receipt
	Mailing Address 13895 Foxtower Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Thurmont	MD	21788
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4136
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

B.	Full Name (Last, First, Middle Initial) Dr. Keith A. Hairston		Date of Receipt
	Mailing Address 12312 High Stakes Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Reisterstown	MD	21136
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4182
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

C.	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth		Date of Receipt
	Mailing Address 1614 Randallwood Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Jarrettsville	MD	21084
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4186
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Sung-Soo Hong	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 8525 Huntspring Drive	Transaction ID: SA11AI.4188
	City State Zip Code Lutherville MD 21093	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 4550 North Park Ave. #101	Transaction ID: SA11AI.4154
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Stuart W. Hough	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 9110 Travener Circle	Transaction ID: SA11AI.4110
	City State Zip Code Frederick MD 21704	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	\$75 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31
(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

A.

Full Name (Last, First, Middle Initial) Dr. David Johnson		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 5506 Bootjack Drive		Transaction ID: SA11AI.4138
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Cristina Johnston		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 3458 Holland Cliffs Road		Transaction ID: SA11AI.4196
City Huntingtown	State MD	Zip Code 20639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Dr. James A. Kaufman		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 7514 Arrowood Road		Transaction ID: SA11AI.4156
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

**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 14 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 6579 Prestwick Drive	Transaction ID: SA11AI.4112
	City State Zip Code Frederick MD 20777	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 11722 Split Tree Circle	Transaction ID: SA11AI.4116
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kathleen A. Leavitt	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3467 N. Venice Street	Transaction ID: SA11AI.4158
	City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone		Date of Receipt
	Mailing Address 11667 Fairmont Place		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Jlamsville	MD	21754
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	Transaction ID: SA11AI.4140
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="450.00"/>
			\$75 per payroll contribution

B.	Full Name (Last, First, Middle Initial) Dr. Mollyann G. March		Date of Receipt
	Mailing Address 6504 Greentree Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	Transaction ID: SA11AI.4160
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="450.00"/>
			\$75 per payroll contribution

C.	Full Name (Last, First, Middle Initial) Dr. Stephen D. Martin		Date of Receipt
	Mailing Address 3336 O Street NW		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20007
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FCAA		Occupation Anesthesiologist	Transaction ID: SA11AI.4118
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
			\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 31
(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

A. Full Name (Last, First, Middle Initial)
Dr. Anna L. Noriega

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2007

Transaction ID: SA11AI.4120

Amount of Each Receipt this Period 600.00

\$100 per payroll contribution

B. Full Name (Last, First, Middle Initial)
Dr. Denis O'Fallon

Mailing Address 12123 Merricks Court

City Monrovia State MD Zip Code 21770

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2007

Transaction ID: SA11AI.4227

Amount of Each Receipt this Period 300.00

\$50 per payroll contribution

C. Full Name (Last, First, Middle Initial)
Dr. Phillip H. Owens

Mailing Address 141 Adams Street NW

City Washington State DC Zip Code 20001

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2007

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period 300.00

\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

**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 17 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Paul M. Park		Date of Receipt
	Mailing Address 821 Oak Knoll Terrace		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4124
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

B.	Full Name (Last, First, Middle Initial) Dr. Kestutis J Pauliukonis		Date of Receipt
	Mailing Address 1813 Solitare Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	McLean	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4126
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

C.	Full Name (Last, First, Middle Initial) Dr. Michael J. Peck		Date of Receipt
	Mailing Address 4 Farm Haven Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Rockville	MD	20852
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4162
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 450.00
			\$75 per payroll contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 18 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba		Date of Receipt
	Mailing Address 8400 Tysons Trace Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Vienna	VA	22182
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4128
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

B.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic		Date of Receipt
	Mailing Address 3912 Calverton Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hyattsville	MD	20782
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4174
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

C.	Full Name (Last, First, Middle Initial) Dr. Clyde W. Pray		Date of Receipt
	Mailing Address 908 Oak Knoll Terrace		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rockville	MD	20850
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4130
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 19 / 31
	<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

A.	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney		Date of Receipt
	Mailing Address 1819 N. Greenlease Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4229
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

B.	Full Name (Last, First, Middle Initial) Dr. Ko J. Richard		Date of Receipt
	Mailing Address 4101 Hunt Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Fairfax	VA	22032
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4114
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

C.	Full Name (Last, First, Middle Initial) Dr. Marianne Ries		Date of Receipt
	Mailing Address 114 Midtown Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Gaithersburg	MD	20878
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4132
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 20 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto		Date of Receipt
	Mailing Address 6409 Pinehurst Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Baltimore	MD	21212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4190
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

B.	Full Name (Last, First, Middle Initial) Dr. Timothy Robinson		Date of Receipt
	Mailing Address 2212 Dalewood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Timonium	MD	21093
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4192
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

C.	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood		Date of Receipt
	Mailing Address 14700 Crossway Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rockville	MD	20853
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4236
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
			\$100 per payroll contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 21 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman		Date of Receipt
	Mailing Address 8010 Summer Mill Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4134
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Anesthesiologist

B.	Full Name (Last, First, Middle Initial) Nader Soliman		Date of Receipt
	Mailing Address 22905 David Mill Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Germantown	MD	20876
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4277
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			50 per payroll contribution

C.	Full Name (Last, First, Middle Initial) Dr. Robert Study		Date of Receipt
	Mailing Address 6 Beall Spring Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4164
Name of Employer FCAA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 22 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2454 Fire Schillings	Transaction ID: SA11AI.4238
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 2454 Five Schillings Road	Transaction ID: SA11AI.4240
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Louis W. Swann	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address P.O. Box 6081	Transaction ID: SA11AI.4166
	City State Zip Code McLean VA 22106	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
Name of Employer FCAA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**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 23 / 31
	<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

A.	Full Name (Last, First, Middle Initial) John Tam		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 10905 Cripplegate Road		Transaction ID: SA11AI.4280
	City Potomac	State MD	Zip Code 20854
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Rojack F. Tan		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 507 Goodland Place		Transaction ID: SA11AI.4168
	City Rockville	State MD	Zip Code 20850
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Bernard Tsai		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 10013 New London Drive		Transaction ID: SA11AI.4282
	City Potomac	State MD	Zip Code 20854
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthesiologist	50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 31
(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

A.

Full Name (Last, First, Middle Initial)
Dr. Arnaldo Valedon

Mailing Address 22 Woodfield Court

City State Zip Code
Reisterstown MD 21136

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4204

Amount of Each Receipt this Period
300.00

\$50 per payroll contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Martha Van Clief

Mailing Address 405 Apple Grove Road

City State Zip Code
Silver Spring MD 20904

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4206

Amount of Each Receipt this Period
300.00

\$50 per payroll contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Paul S. Van Nice

Mailing Address 7101 Meadow Lane

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4142

Amount of Each Receipt this Period
300.00

\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 31
(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

A.

Full Name (Last, First, Middle Initial) Dr. Mark Vogt		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 1149 Colonial Road		Transaction ID: SA11AI.4170
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Christopher J. Wahlgren		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 1200 Colvin Meadows Lane		Transaction ID: SA11AI.4146
City Great Falls	State VA	Zip Code 22066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Dr. Timothy G. Wex		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 11429 Cedar Ridge Drive		Transaction ID: SA11AI.4172
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**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 26 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) Dr. David Wheeler	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1108 Collingwood Court	Transaction ID: SA11AI.4194
	City State Zip Code Elkridge MD 21075	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Thomas M. Wherry	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 611 W. 2nd. Street	Transaction ID: SA11AI.4208
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 18212 Wickham Road	Transaction ID: SA11AI.4198
	City State Zip Code Olney MD 20832	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$50 per payroll contribution
	Name of Employer FCAA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 31
(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

A. Full Name (Last, First, Middle Initial)
Dr. Aiqin Yu

Mailing Address 13508 Gumspring Road

City State Zip Code
Rockville MD 20850

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period
300.00

\$50 per payroll contribution

B. Full Name (Last, First, Middle Initial)
Dr. Jungim A. Yun

Mailing Address 2057 Thurston Road

City State Zip Code
Frederick MD 21704

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

Name of Employer FCAA Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4242

Amount of Each Receipt this Period
300.00

\$50 per payroll contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00

TOTAL This Period (last page this line number only) ► 20700.00

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Rob Gargiola	Transaction ID: SB23.4251 Date of Disbursement 08 / 27 / 2007
	Mailing Address 11 Bladen Street Room 104	Amount of Each Disbursement this Period 250.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution	011 Category/Type
	Candidate Name Rob Gargiola	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Andy Harris	Transaction ID: SB23.4253 Date of Disbursement 11 / 08 / 2007
	Mailing Address 11 Bladen Street Room 414	Amount of Each Disbursement this Period 2300.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution	011 Category/Type
	Candidate Name Andy Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andy Harris	Transaction ID: SB23.4255 Date of Disbursement 11 / 08 / 2007
	Mailing Address 11 Bladen Street Room 414	Amount of Each Disbursement this Period 2300.00
	City Annapolis State MD Zip Code 21401	
	Purpose of Disbursement Political Contribution	011 Category/Type
	Candidate Name Andy Harris	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4850.00

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

**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 29 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

First Colonies Anesthesia Associates, LLC Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dan Moarhaim

Transaction ID: SB23.4259

Date of Disbursement

^M 1	^M 1	/	^D 0	^D 8	/	^Y 2	^Y 0	^Y 0	^Y 7
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Mailing Address 6 Bladden Street
Room 363

City Annapolis State MD Zip Code 21401

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name
Dan Moarhaim

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District: 11

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

5100.00

**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 30 / 31

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dan Koontz</p> <hr/> <p>Mailing Address 1901 Research Blvd Suite 350</p> <hr/> <p>City Rockville State MD Zip Code 20850</p> <hr/> <p>Purpose of Disbursement <input type="checkbox"/> Category/Type</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB29.4262</p> <p>Date of Disbursement 12 / 15 / 2007</p> <hr/> <p>Amount of Each Disbursement this Period 759.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Barbara Max Brocato</p> <hr/> <p>Mailing Address 18 Pinkney Street</p> <hr/> <p>City Annapolis State MD Zip Code 21401</p> <hr/> <p>Purpose of Disbursement Lobbyist Fees <input type="checkbox"/> Category/Type</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB29.4244</p> <p>Date of Disbursement 07 / 03 / 2007</p> <hr/> <p>Amount of Each Disbursement this Period 1363.63</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Barbara Max Brocato</p> <hr/> <p>Mailing Address 18 Pinkney Street</p> <hr/> <p>City Annapolis State MD Zip Code 21401</p> <hr/> <p>Purpose of Disbursement Lobbyist Fees <input type="checkbox"/> Category/Type</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB29.4246</p> <p>Date of Disbursement 11 / 20 / 2007</p> <hr/> <p>Amount of Each Disbursement this Period 1363.63</p>

SUBTOTAL of Disbursements This Page (optional) ►

3486.26

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

