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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines First Colonies Anesthesia Associates, LLC Political Action Committee 1901 Research Blvd. ADDRESS (number and street) Suite 350 Check if different than previously Rockville MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00416305 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 12 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Jeremy Roth Type or Print Name of Treasurer Electronically Filed by Dr. Jeremy Roth 05 06 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

Page 2

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name First Colonies Anesthesia Associates, LLC Political Action Committee D D D 0.7 12 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand Ž007 15412.77 January 1 (b) Cash on Hand at 40275.47 Begining of Reporting Period 21480.00 50270.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 61755.47 65682.77 6(a) and 6(c) for Column B) 32206.83 36134.13 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 29548.64 29548.64 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

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

Write or Type Committee Name

First Colonies Anesthesia Associates, LLC Political Action Committee

0 1 м м 0 7 м м 1 2 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 49490.00 20700.00 (i) Itemized (use Schedule A) 780.00 780.00 (ii) Unitemized (iii) TOTAL (add 21480.00 50270.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 21480.00 50270.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 21480.00 50270.00 12, 13, 14, 15, 16, 17, and 18(c))

21480.00

50270.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

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

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)	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

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one) X 11a
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	, LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Rubin Alexander			Date of Receipt
	Mailing Address 6611 Hunter Trail			12 31 2007
	City Fredercik	State MD	Zip Code 21702	Transaction ID: SA11AI.4231
	FEC ID number of contributing federal political committee.	C	21702	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. Mark L. Beck			Date of Receipt
	Mailing Address 16 Norris Run Court			1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4176
	Reisterstown	MD	21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr. John Bunker			Date of Receipt
	Mailing Address 15229 National Pike			1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4210
	Hagerstown FEO ID and have found its attention	MD	21740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes	siologist	\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one) X
An or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates	, LLC Politica	al Action Committee	
<u>/</u>	Full Name (Last, First, Middle Initial) Dr. Donald J. Charney			Date of Receipt
	Mailing Address 3707 Meadowhill Cou	rt		12 31 2007
	City Phoenix	State MD	Zip Code 21131	Transaction ID: SA11AI.4178 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Satyam Chary			Date of Receipt
	Mailing Address 9 Alterwood Lane			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4180
	Owings Mills	MD	21117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas K. Chau			Date of Receipt
	Mailing Address 7204 Loch Edin Cour	t		12 31 2007
	City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4100
	FEC ID number of contributing federal political committee.	C	20834	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	UBTOTAL of Receipts This Page (optional) .	•		900.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dwayne Chen Mailing Address 11415 Commonweak Unit 204 City Rockville FEC ID number of contributing federal political committee. Name of Employer FCAA	th Drive State MD C Occupation Anesthes		Date of Receipt 1 2 3 1 2 0 0 7 Transaction ID: SA11AI.4150 Amount of Each Receipt this Period 300.00 \$50 per payroll contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Edward G. Chen Mailing Address 10209 Fleming Avenu			Date of Receipt 1 2 3 1 2 2 0 0 7
City	State MD	Zip Code	Transaction ID: SA11AI.4102
Bethesda FEC ID number of contributing federal political committee. Name of Employer	C	20814	Amount of Each Receipt this Period 300.00 \$50 per payroll contribut- ion
Receipt For: Primary General Other (specify)	Anesthes Aggregate	iologist Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jen W. Chen			Date of Receipt
Mailing Address 1104 Mill Ridge Road			12 31 7 2007
City McLean	State VA	Zip Code	Transaction ID: SA11AI.4104
FEC ID number of contributing federal political committee.	C	22102	Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) .			900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/31 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and a r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates	, LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. William L. Chester			Date of Receipt
	Mailing Address 5801 Nicholson Lane #1915			12 31 2007
	City North Bethesda	State MD	Zip Code 20852	Transaction ID: SA11AI.4106 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey			Date of Receipt
	Mailing Address 18720 Shremor Drive			1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4108
	Derwood	<u>MD</u>	20855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$ 50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial) Dr. Lauren J. Deloach			Date of Receipt
	Mailing Address 15114 Pepperridge Di	rive		12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4200
	Bowie FEC ID number of contributing federal political committee.	MD C	20721	Amount of Each Receipt this Period 300.00
	Name of Employer	Occupation		\$50 per payroll contribution
	Receipt For:	Anesthe: Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional) .			900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 31 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Prirst Colonies Anesthesia Associates	, LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan			Date of Receipt
	Mailing Address 104 Ellingwood Lane			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11Al.4212
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	300.00	
	Full Name (Last, First, Middle Initial) Dr. Todd A. Epstein			Date of Receipt
	Mailing Address 11305 Struttman Terr	ace		1 2
	City	State	Zip Code	Transaction ID: SA11AI.4152
	North Behtesda	MD	20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli			Date of Receipt
	Mailing Address 504 Reserve Champio	on Drive		12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4218
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	SUBTOTAL of Receipts This Page (optional) .			900.00

Ai			for each category of the Detailed Summary Page	(check only one) X 11a
	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may ne name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Prirst Colonies Anesthesia Associates,	, LLC Political /	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Stephen Grube			Date of Receipt
	Mailing Address 13895 Foxtower Road	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4136
	Thurmont	MD	21788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthesio	ologist	\$50 per payroll contribution
	Receipt For:		ear-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Dr. Keith A. Hairston			Date of Receipt
	Mailing Address 12312 High Stakes Dr	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4182
	Reisterstown	MD	21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthesio	logist	\$50 per payroll contribution
	Receipt For:	Aggregate Y	ear-to-Date V	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
	Mailing Address 1614 Randallwood Co	ourt		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4186
	<u>Jarrettesville</u>	MD	21084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthesio	logist	\$50 per payroll contribution
	Receipt For:	, '	ear-to-Date V	
	Primary General Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 31 (check only one) X 11a
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	First Colonies Anesthesia Associates	s, LLC Politica	al Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Sung-Soo Hong			Date of Receipt
	Mailing Address 8525 Huntspring Driv			12 31 2007
	City Lutherville	State MD	Zip Code 21093	Transaction ID: SA11AI.4188 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper			Date of Receipt
	Mailing Address 4550 North PArk Ave	12 31 2007		
	Charachara	State MD	Zip Code	Transaction ID: SA11AI.4154
	Chevy Chase FEC ID number of contributing federal political committee.	C	20815	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthese		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. Stuart W. Hough			Date of Receipt
	Mailing Address 9110 Travener Circle			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4110
	Fredercik FEC ID number of contributing federal political committee.	C	21704	Amount of Each Receipt this Period 450.00
	Name of Employer FCAA	Occupation Anesthes		\$75 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1050.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/31 (check only one) X 11a		
or for commercial purposes, other tha	ports and Statements may not be sold or used by any processing the name and address of any political committee.	person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) First Colonies Anesthesia As	sociates, LLC Political Action Committee			
Full Name (Last, First, Middle Initia Dr. David Johnson		Date of Receipt		
Mailing Address 5506 Bootjac		12 / 31 / 2007		
City Frederick	State Zip Code MD 21702	Transaction ID: SA11AI.4138 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	300.00		
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initia Dr. Cristina Johnston	· 	Date of Receipt		
Mailing Address 3458 Holland	Mailing Address 3458 Holland Cliffs Road			
City	State Zip Code	Transaction ID: SA11AI.4196		
Huntingtown FEC ID number of contributing federal political committee.	MD 20639	Amount of Each Receipt this Period 300.00		
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initia Dr. James A. Kaufman	al)	Date of Receipt		
Mailing Address 7514 Arrowo	od Road	1 2 3 1 2 0 0 7		
City	State Zip Code	Transaction ID: SA11AI.4156		
Bethesda FEC ID number of contributing federal political committee.	MD 20817	Amount of Each Receipt this Period 300.00		
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
SURTOTAL of Receipts This Page	optional)	900.00		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/31 (check only one) X
A C	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates	, LLC Politica	al Action Committee	
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol			Date of Receipt
	Mailing Address 6579 Prestwick Drive			12 31 2007
	City Frederick	State MD	Zip Code	Transaction ID: SA11AI.4112
	FEC ID number of contributing federal political committee.	C	20777	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari			Date of Receipt
	Mailing Address 11722 Split Tree Circ	е		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4116
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthe		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr. Kathleen A. Leavitt			Date of Receipt
	Mailing Address 3467 N. Venice Stree	t		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4158
	Arlington FEC ID number of contributing	VA	22207	Amount of Each Receipt this Period 300.00
	federal political committee.	C		\$50 per payroll contribut-
	Name of Employer FCAA	Occupation Anesthe	siologist	ion 500 per payroli contribut-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Г	SUBTOTAL of Receipts This Page (optional) .	•		900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 31 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
·	Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone			Date of Receipt
	Mailing Address 11667 Fairmont Place	1		12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4140
	<u>ljamsville</u>	MD	21754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
	Name of Employer FCAA	Occupatio Anesthes		\$75 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		450.00	
_	Full Name (Last, First, Middle Initial) Dr. Mollyann G. March	1		Date of Receipt
	Mailing Address 6504 Greentree Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4160
	Bethesda	<u>MD</u>	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
	Name of Employer FCAA	Occupatio Anesthes		\$75 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial) Dr. Stephen D. Martin			Date of Receipt
	Mailing Address 3336 O Street NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4118
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary ☐ General Other (specify) ▼		300.00	
				1200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Prirst Colonies Anesthesia Associates	, LLC Politica	al Action Committee	
_	Full Name (Last, First, Middle Initial) Dr. Anna L. Noriega			Date of Receipt
	Mailing Address 603 Queen Street #4			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4120
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		600.00
	Name of Employer FCAA	Occupation Anesthes		\$100 per payroll contribution
	Receipt For:	_ '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon	<u> </u>		Date of Receipt
	Mailing Address 12123 Merricks Court			12 31 7 2007
	City	State	Zip Code	Transaction ID: SA11AI.4227
	Monrovia	MD	21770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Phillip H. Owens			Date of Receipt
	Mailing Address 141 Adams Street NW			12 31 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4122
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
Г	SUBTOTAL of Receipts This Page (optional) .			1200.00

SCHEDULE A (FE	PTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 31 (check only one) X 11a
or for commercial purposes, NAME OF COMMITTEE	other than using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M Dr. Paul M. Park			Date of Receipt
Mailing Address 821 (Dak Knoll Terrace		12 31 2007
City <u>Rockville</u>	State MD	Zip Code 20850	Transaction ID: SA11AI.4124 Amount of Each Receipt this Period
FEC ID number of contri federal political committe			300.00
Name of Employer FCAA	Occupati Anesthe	on esiologist	\$50 per payroll contribution
Receipt For: Primary Other (specify) ▼		te Year-to-Date ▼ 300.00	
Full Name (Last, First, M Dr. Kestutis J Pauliukonis Mailing Address 1813	,		Date of Receipt 1 2 3 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.4126
McLean FEC ID number of contri federal political committe		22101	Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupati Anesthe	on esiologist	\$50 per payroll contribution
Receipt For: Primary Other (specify) ▼	Aggregat Aggregat	te Year-to-Date ▼ 300.00	
Full Name (Last, First, M Dr. Michael J. Peck Mailing Address 4 Far	,		Date of Receipt 1 2 3 1 2 0 0 7
City	State	Zip Code	Transaction ID: SA11AI.4162
Rockville FEC ID number of contri federal political committe		20852	Amount of Each Receipt this Period 450.00
Name of Employer FCAA	Occupati Anesthe	on esiologist	\$75 per payroll contribution
Receipt For: Primary Other (specify) ▼	Aggregat	te Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts T	nis Page (optional)		1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 31 (check only one) X
A oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
١.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba			Date of Receipt
	Mailing Address 8400 Tysons Trace Co			12 31 2007
	City Vienna	State VA	Zip Code 22182	Transaction ID: SA11AI.4128 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic			Date of Receipt
	Mailing Address 3912 Calverton Drive			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4174
	Hyattsville	MD	20782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		\$50 per payroll contribut-
	Name of Employer FCAA	Occupation Anesthes		ion
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Clyde W. Pray			Date of Receipt
	Mailing Address 908 Oak Knoll Terrace	•		1 2 3 1 2 0 0 7
	City Rockville	State MD	Zip Code 20850	Transaction ID: SA11AI.4130 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 31 (check only one) X 11a
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney			Date of Receipt
	Mailing Address 1819 N. Greenlease D			12 31 2007
	City Frederick	State MD	Zip Code 21701	Transaction ID: SA11AI.4229
	FEC ID number of contributing federal political committee.	C	21701	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) Dr. Ko J. Richard Meiling Address 4101 Llurt Read	1		Date of Receipt
	Mailing Address 4101 Hunt Road			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4114
	<u>Fairfax</u>	VA	22032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		\$50 per payroll contribut-
	Name of Employer FCAA	Occupatio Anesthes		ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Marianne Ries	1		Date of Receipt
	Mailing Address 114 Midtown Road			1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4132
	Gaithersburg FEC ID number of contributing federal political committee.	C	20878	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 300.00	
	UBTOTAL of Receipts This Page (optional)	1		900.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 31 (check only one) X
Any in	formation copied from such Reports and S commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
I \	ME OF COMMITTEE (In Full) st Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
Dr.	l Name (Last, First, Middle Initial) Charles Rizzuto			Date of Receipt
Ма	iling Address 6409 Pinehurst Road			12 31 2007
City		State	Zip Code	Transaction ID: SA11AI.4190
	Itimore C ID number of contributing	MD	21212	Amount of Each Receipt this Period
	eral political committee.	C		300.00
Na FC	me of Employer AA	Occupatio Anesthes		\$50 per payroll contribution
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	l Name (Last, First, Middle Initial) Timothy Robinson			Date of Receipt
	iling Address 2212 Dalewood Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	•	State	Zip Code	Transaction ID: SA11AI.4192
	monium	MD	21093	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		300.00
Na FC	me of Employer AA	Occupation Anesthes		\$50 per payroll contribution
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	I Name (Last, First, Middle Initial) Suzanne Scattergood			Date of Receipt
Ма	iling Address 14700 Crossway Road	ļ		12 31 2007
Cit		State	Zip Code	Transaction ID: SA11AI.4236
	ockville	MD	20853	Amount of Each Receipt this Period
fed	C ID number of contributing eral political committee.	C		600.00
Na FC	me of Employer AA	Occupation Anesthes		\$100 per payroll contribution
Re	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	FOTAL of Receipts This Page (optional)			1200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 31 (check only one) X
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates	, LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman			Date of Receipt
	Mailing Address 8010 Summer Mill Co	ourt		12 31 2007
	City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.4134 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20017	300.00
	Name of Employer FCAA	Occupation Anesthe		Anesthesiologist
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Nader Soliman			Date of Receipt
	Mailing Address 22905 David Mill Roa	ıd		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4277
	Germantown	MD	20876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthe		50 per payroll contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert Study			Date of Receipt
	Mailing Address 6 Beall Spring Court			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4164
	Potomac FEC ID number of contributing federal political committee.	C	20854	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 31 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associa	tes, LLC Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan		Date of Receipt
Mailing Address 2454 Fire Schilling	JS .	12 31 2007
City Frederick	State Zip Code MD 21701	Transaction ID: SA11AI.4238
FEC ID number of contributing federal political committee.	MD 21701	Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Robert Sullivan		Date of Receipt
Mailing Address 2454 Five Schilling	gs Road	12 31 2007
City	State Zip Code	Transaction ID: SA11AI.4240
Frederick	MD 21701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Louis W. Swann		Date of Receipt
Mailing Address P.O. Box 6081		12 31 2007
City	State Zip Code	Transaction ID: SA11AI.4166
McLean FEC ID number of contributing federal political committee.	VA 22106	Amount of Each Receipt this Period 300.00
Name of Employer FCAA	Occupation Anesthesiologist	\$50 per payroll contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	al)	900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 31 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) John Tam		a riction committee	Date of Receipt
	Mailing Address 10905 Cripplegate Roa	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State MD	Zip Code	Transaction ID: SA11AI.4280
	Potomac FEC ID number of contributing federal political committee.	C	20854	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupatio Anesthes		50 per payroll contributi- on
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Rojack F. Tan	ı		Date of Receipt
	Mailing Address 507 Goodland Place			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4168
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		\$50 per payroll contribut-
	Name of Employer FCAA	Occupatio Anesthes		ion
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Bernard Tsai	1		Date of Receipt
	Mailing Address 10013 New London Dr	rive		12 31 2007
	City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4282 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupatio Anesthes		50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Ţ,	SUBTOTAL of Receipts This Page (optional)			900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Prirst Colonies Anesthesia Associates	, LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon			Date of Receipt
	Mailing Address 22 Woodfield Court			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4204
	Reisterstown FEC ID number of contributing	MD C	21136	Amount of Each Receipt this Period 300.00
	federal political committee.			
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	1
_	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief			Date of Receipt
	Mailing Address 405 Apple Grove Roa	d		12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4206
	Silver Spring	MD	20904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For:	- '	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial) Dr. Paul S. Van Nice			Date of Receipt
	Mailing Address 7101 Meadow Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4142
	Chevy Chase	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	300.00	
	SUBTOTAL of Receipts This Page (optional) .	_1		900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Mark Vogt			Date of Receipt
	Mailing Address 1149 Colonial Road			12 31 2007
	City	State	Zip Code	Transaction ID: SA11Al.4170
	McLean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr. Christopher J. Wahlgren			Date of Receipt
	Mailing Address 1200 Colvin Meadows	Lane		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11Al.4146
	Great Falls	VA	22066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribution
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Timothy G. Wex			Date of Receipt
	Mailing Address 11429 Cedar Ridge Dr	ive		12 31 2007
	City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4172 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20034	300.00
	Name of Employer FCAA	Occupation		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 31 (check only one) X
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
	Full Name (Last, First, Middle Initial) Dr. David Wheeler			Date of Receipt
	Mailing Address 1108 Collingwood Cou			12 31 2007
	City Elkridge	State MD	Zip Code 21075	Transaction ID: SA11AI.4194
	FEC ID number of contributing federal political committee.	C	210/5	Amount of Each Receipt this Period 300.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas M. Wherry			Date of Receipt
	Mailing Address 611 W. 2nd. Street			12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4208
	Frederick	<u>MD</u>	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon			Date of Receipt
	Mailing Address 18212 Wickham Road			1 2 3 1 2 0 0 7
	City Olney	State MD	Zip Code 20832	Transaction ID: SA11AI.4198 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
S	BUBTOTAL of Receipts This Page (optional)			900.00

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SCHEDULE A (FEC Form 3X)

PAGE 27/31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt Dr. Aiqin Yu Mailing Address 13508 Gumspring Road 12 31 2007 City State Zip Code Transaction ID: SA11AI.4148 Rockville MD 20850 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. \$50 per payroll contribut-Name of Employer FCAA Occupation Anesthesiologist Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Jungim A. Yun Date of Receipt Mailing Address 2057 Thurston Road 3 1 2007 City State Zip Code Transaction ID: SA11AI.4242 **Frederick** MD 21704 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. \$50 per payroll contribut-Name of Employer FCAA Occupation Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General

300.00

SUBTOTAL of Receipts This Page (optional)	•	600.00
TOTAL This Period (last page this line number only)	•	20700.00

Other (specify)

usy Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicting contribution 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) Rob Gargiola Mailing Address 11 Bladen Street Room 104 City State Zip Code Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Rob Gargiola Mailing Address 11 Bladen Street Room 414 City Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Rob Gargiola Mailing Address 11 Bladen Street Room 414 City Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Rob Gargiola Other (specify) ▼ Transaction ID: SB23.4253 Date of Disbursement this Name Rob Gargiola Amount of Each Disbursement this Date of Disbursement this Robert Room 414 City Annapolis MD 21401 Purpose of Disbursement Port Sate Room 414 City Annapolis MD 21401 Purpose of Disbursement Port Sate Room 414 City State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris Office Sought: X House Senate President Cother (specify) ▼ Transaction ID: SB23.4253 Date of Disbursement this Robert Room 414 City State: MD Category Annapolis Annapolis MD 21401 Transaction ID: SB23.4255 Date of Disbursement Initial Annay Harris Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: SB23.4255 Date of Disbursement Initial Annay Harris Disbursement Fort Senate Primary X General Other (specify) ▼ Transaction ID: SB23.4255 Date of Disbursement Initial Annay Harris Disbursement Fort Senate Primary X General Other (specify) ▼ Transaction ID: SB23.4255 Date of Disbursement Initial Annay Harris Other (specify) ▼ Transaction ID: SB23.4255 Date of Disbursement Initial Annay Harris Other (specify) ▼ Transaction ID: The Tran	TEMIZED DISBURSEMENT	Use separate schedule(s)	FOR LINE NUMBER: (check only one) 21b
First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) Rob Gargiola Mailing Address 11 Bladen Street Room 104 City Annapolis President State: MD District: 15 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 City Annapolis MD 21401 City Senate Primary Andy Harris City Senate President State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris City Senate President State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris City Senate Primary General Pri			by any person for the purpose of soliciting contributions
Rob Gargiola	` '	es, LLC Political Action Committee	ne e
City Annapolis Name (Last, First, Middle Initial) Andy Harris Office Sought:	Rob Gargiola		Date of Disbursement
Annapolis Purpose of Disbursement Political Contribution Candidate Name Rob Gargiola Office Sought: X Senate President State: MD District: 15 Full Name (Last, First, Middle Initial) Andy Harris Office Sought: X House Room 414 City Annapolis Purpose of Disbursement Political Contribution Cardidate Name Andy Harris Mailing Address 11 Bladen Street Room 414 City Annapolis District: 07 Disbursement For: X Senate Primary Category' Type Other (specify) Transaction ID: SB23.4253 Date of Disbursement Disbursement District: 07 Transaction ID: SB23.4253 Date of Disbursement this Transaction ID: SB23.4253 Date of Disbursement this District: 07 Transaction ID: SB23.4253 Date of Disbursement this District: 07 Amount of Each Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement this District: 07 Transaction ID: SB23.4255 Date of Disbursement this Date of Disbursement this Date of Disbursement this Date of Disb	Room 104		08 27 2007
Political Contribution Candidate Name Rob Gargiola Office Sought: House Primary Robert Primary Prim			Amount of Each Disbursement this Period
Rob Gargiola Office Sought: House	Political Contribution		
Senate Primary General Other (specify) ▼	Rob Gargiola		
Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 City State Zip Code Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Andy Harris Office Sought: X House President State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 City Annapolis MD 21401 Purpose of Disbursement For: Senate President State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 City State Zip Code Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Andy Harris Office Sought: X House President State: MD District: 07 Disbursement For: Senate President Senate President State: MD District: 07 Amount of Each Disbursement this Category/ Type Other (specify) O	X Senate President	Primary X General	
Mailing Address 11 Bladen Street Room 414 City State Zip Code Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Andy Harris Mailing Address 11 Bladen Street Senate Primary General City Senate State X Primary General President State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 City State Xip Code Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Andy Harris Office Sought: X House State Xip Code Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Andy Harris Office Sought: X House Senate Primary X General Category/ Type Disbursement For: Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ Senate Primary X General Other (specify) ▼ Senate Primary X General Other (specify) ▼			Transaction ID: SR23 4253
Mailing Address 11 Bladen Street Room 414 City	Andy Harris		Date of Disbursement
Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Andy Harris Mailing Address Annapolis Purpose of Disbursement President State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 City Annapolis Purpose of Disbursement Political Contribution Candidate Name Andy Harris District: 07 Amount of Each Disbursement this Category/ Type Amount of Each Disbursement this Category/ Type Amount of Each Disbursement this Category/ Type Office Sought: X House Primary X General Other (specify) Senate Primary X General Other (specify) State: MD District: 07			111 M / D B / Y 2007Y
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Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 City State Zip Code Annapolis MD 21401 Purpose of Disbursement Political Contribution Candidate Name Andy Harris Office Sought: X House Senate Primary X General President State: MD District: 07 Transaction ID: SB23.4255 Date of Disbursement 1 1 1 M / D 0 B / Y 2 0 0 Amount of Each Disbursement this 2300 Amount of Each Disbursement this Category/ Type Other (specify) ▼	Senate President	X Primary General	
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Annapolis Purpose of Disbursement Political Contribution Candidate Name Andy Harris Office Sought: Senate President President State: MD District: 07 MD 21401 2300 Category/ Type Disbursement For: Primary X General Other (specify) Table 1401 Category/ Type Other (specify)			111 08 7 2007
Political Contribution Candidate Name Andy Harris Office Sought: Senate President President State: MD District: 07 O11 Category/ Type Disbursement For: Primary X General Other (specify)			Amount of Each Disbursement this Period
Andy Harris Office Sought: X House Senate President President State: MD District: 07 Disbursement For: Primary Cother (specify) ■ Other (specify)	•		011
Senate Primary X General President Other (specify) ▼ State: MD District: 07			
4050	Senate President	Primary X General	
SOBTOTAL of Disbursements This Lage (optional)		pptional)	• 4850.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X))	EOR LINE	NUMBER: PAGE 29/31	
ITEMIZED DISBURSEMENTS		Use separate schedule(s)	(check only		
••	LIMIZED DIODONOLIMENTO	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
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$\overline{\ }$	NAME OF COMMITTEE (In Full)				
	First Colonies Anesthesia Associates	s, LLC Political Action Committee	•		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4259	
	Dan Moarhaim			Date of Disbursement	
	Mailing Address 6 Bladden Street Room 363			111 08 7 2007	
	City Annapolis	State Zip Code MD 21401		Amount of Each Disbursement this Period	
	Purpose of Disbursement Political Contribution		011	250.00	
	Candidate Name Dan Moarhaim		Category/ Type		
	Senate President	isbursement 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)	<u> </u>	5100.00

SCHEDOLL B (I LO I OHII 5X)	Use separate schedule(s)	(check onl	NUMBER: PAGE 30 / 31
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30
Any Information copied from such Reports and State or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, L	ame and address of any political	committee to so	
Full Name (Last, First, Middle Initial) Dan Koontz Mailing Address 1901 Research Blvd Suite 350 City Rockville	State Zip Code MD 20850		Transaction ID: SB29.4262 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name Office Sought: House Disbursement Senate President State: District:	rrsement For: Primary General Other (specify) ▼	Category/ Type	759.00
Full Name (Last, First, Middle Initial) Barbara Max Brocato Mailing Address 18 Pinkney Street City	State Zip Code		Transaction ID: SB29.4244 Date of Disbursement M 7 M / D 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Annapolis Purpose of Disbursement Lobbyist Fees Candidate Name Office Sought: House Senate President	MD 21401 Irsement For: Primary General Other (specify) ▼	Category/ Type	1363.63
State: District: Full Name (Last, First, Middle Initial) Barbara Max Brocato Mailing Address 18 Pinkney Street City Annapolis Purpose of Disbursement Lobbyist Fees Candidate Name Office Sought: House Senate President State: District:	State Zip Code MD 21401 arsement For: Primary General Other (specify)	Category/ Type	Transaction ID: SB29.4246 Date of Disbursement M M M P 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Disbursements This Page (option TOTAL This Period (last page this line number o			3486.26

9	SCHEDULE B (FEC Form 3X)		FOR LINE NUM	BER: PAGE 31 / 31
	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	TAGE 31/31
'	I EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22	
_			27 28	
	Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full)			
	First Colonies Anesthesia Associates, LLC	C Political Action Commit	tee	
	Full Name (Last, First, Middle Initial)		Tra	insaction ID: SB29.4248
Α.	Barbara Max Brocato		Da	te of Disbursement
	Mailing Address 18 Pinkney Street		1	2 M / D 1 5 / Y Y Y Y Y Y
	City Annapolis	State Zip Code MD 21401	Am	nount of Each Disbursement this Period
	Purpose of Disbursement	1010 21401		1363.63
	Lobbyist Fees			
	Candidate Name		Category/	
			Туре	
	Office Sought: House Disburs	ement For:		
	Senate	Primary General		
	President	Other (specify)		
_	State: District:			
В.	Full Name (Last, First, Middle Initial)		-	insaction ID: SB29.4257
υ.	Livingston Rifkin			te of Disbursement
	Mailing Address 225 Duke of Gloucester	Street	1	
	City	State Zip Code	Am	nount of Each Disbursement this Period
	Annapolis	MD 21401		22256.94
	Purpose of Disbursement Lobbysit Fees			22250.94
	Candidate Name		Category/ Type	
	Office Sought: House Disburs	ement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	23620.57
TOTAL This Period (last page this line number only)	•	27106.83