12/02/2008 09:31

(Rev. 12/2004)

Image# 28993310975

FEC FORM 3X

(Choose One)

(TER)

Covering Period

Office

Use

Only

1. NAME OF

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only **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 BOULEVARD SUITE 350 ADDRESS (number and street) Check if different than previously **ROCKVILLE** MD 20850 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** 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 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) 12-Day (c) 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) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report in the 04 2008 MD 10 Election on State of 10 16 2008 24 2008 11 through 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 12 02 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. **FEC FORM 3X**

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

1	0 16 2000	o:
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
a) Cash on Hand January 1 Ž008 Y Y		29548.64
o) Cash on Hand at Begining of Reporting Period	32376.67	
c) Total Receipts (from Line 19)	3870.00	33660.00
d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36246.67	63208.64
otal Disbursements (from Line 31)	1250.00	28211.97
ash on Hand at Close of		
	34996.67	34996.67
ebts and Obligations owed TO		
	0.00	
·		
chedule C and/or Schedule D)	0.00	
	a) Cash on Hand January 1 2008 Cash on Hand at Begining of Reporting Period	COLUMN A This Period a) Cash on Hand January 1 D) Cash on Hand at Begining of Reporting Period

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

M N 1 6 м м 1 1 2^D4 2008 2008 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 16550.00 3555.00 (i) Itemized (use Schedule A) 315.00 17110.00 (ii) Unitemized (iii) TOTAL (add 3870.00 33660.00 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 3870.00 33660.00 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), 3870.00 33660.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 3870.00 33660.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(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
2.	Transfers to Affiliated/Other Party		
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans Made	0.00	0.00
	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
9.	Other Disbursements	1250.00	28211.97
-	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity	120000	
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1250.00	28211.97
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1250.00	28211.97
	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)	3870.00	33660.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3870.00	33660.00
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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Marc Beck Mailing Address 16 Norris Run Cour	rt	Date of Receipt
City Reisterstown FEC ID number of contributing	State Zip Code MD 21136	Transaction ID: SA11AI.4571 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. John Bunker Mailing Address 15229 National Pik	е	Date of Receipt 1 0 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Hagerstown	State Zip Code MD 21740	Transaction ID: SA11AI.4531
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Donald Charney		Date of Receipt
Mailing Address 3707 Meadowhill C		10 24 7 2008
City Phoenix	State Zip Code MD 21131	Transaction ID: SA11AI.4572 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	ıl)	150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stayam Chary Mailing Address 9 Alterwood Lane City Owings Mill FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C Occupation Physician		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Chau Mailing Address 7204 Loch Edin Col City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	State MD C Occupation Physician		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dwayn Chen Mailing Address 11415 Commonwea #204	alth Drive	400.00	Date of Receipt 10 24 2008
City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State MD C	Zip Code 20852	Amount of Each Receipt this Period 50.00 payroll deduction
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	n e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optiona	l)		150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS	Statements may not be sold or used by any perename and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edward Chen Mailing Address 10209 Fleming Avenu City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20814 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt 10 24 2008 Transaction ID: SA11AI.4550 Amount of Each Receipt this Period 50.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Jen Chen Mailing Address 1104 Mill Ridge Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22102 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. William Chester Mailing Address 5801 Nicholon Lane #1915 City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20852 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M 24 2008 Transaction ID: SA11AI.4553 Amount of Each Receipt this Period 50.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)	1	150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA A	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Lincoln Coore			Date of Receipt
Mailing Address 4846 Lee Hollow Pla	ace		1 0 2 4 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4574
Ellicott City FEC ID number of contributing federal political committee.	C	21043	Amount of Each Receipt this Period 75.00
Name of Employer First Colonies Anesthsia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Melvin Coursey			Date of Receipt
Mailing Address 18720 Shremor Driv	ve		10 24 2008
City Derwood	State MD	Zip Code 20855	Transaction ID: SA11AI.4554 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20033	50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Lauren Deloach			Date of Receipt
Mailing Address 15114 Pepperridge	Drive		10 24 2008
City	State	Zip Code	Transaction ID: SA11AI.4524
Bowie FEC ID number of contributing federal political committee.	C	20721	Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduciton
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	l)		175.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to SSOCIATES LLC POLITICAL ACTION CO	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Danielle Dugan Mailing Address 104 Ellingwood Lane City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 21702 C Occupation Physician Aggregate Year-to-Date 340.00	Date of Receipt 10 24 2008 Transaction ID: SA11AI.4533 Amount of Each Receipt this Period 50.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Co City Mt. Airy FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For: Primary General Other (specify)	State Zip Code MD 21771 C Occupation Physician Aggregate Year-to-Date 220.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Todd Epstein Mailing Address 11305 Struttman Te City North Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MD 20852 C Occupation Physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / 24 / 2008 Transaction ID: SA11AI.4585 Amount of Each Receipt this Period 50.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)		120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one) X
7	Any information copied from such Reports and or 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 AS	SSOCIATES I	LC POLITICAL ACTION CO	DMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler			Date of Receipt
	Mailing Address 4107 Vickie Lynn Col	urt		10 24 2008
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID: SA11AI.4534
	FEC ID number of contributing federal political committee.	C	21771	Amount of Each Receipt this Period 30.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 240.00	
В.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli Mailing Address 504 Reserve Champi	on Drivo		Date of Receipt
	<u> </u>	on Drive		10 24 2008
	City Rockvillem	State MD	Zip Code 20850	Transaction ID: SA11AI.4535 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Steven 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 Thurmont	State MD	Zip Code 21788	Transaction ID: SA11AI.4536 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21700	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			130.00
ı	TOTAL This Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	any information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne 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) FIRST COLONIES ANESTHESIA AS	SSOCIATES I	LLC POLITICAL ACTION CO	DMMITTEE
	Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt
	Mailing Address 12312 Highstakes Di	rive		10 24 2008
	City	State	Zip Code	Transaction ID: SA11AI.4575
	Reisterstown FEC ID number of contributing	MD C	21136	Amount of Each Receipt this Period 50.00
	federal political committee.			payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payron deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
	Mailing Address 1614 Randallwood C	court		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.4577
	<u>Jarretsville</u>	MD	21084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00	
_	Full Name (Last, First, Middle Initial) Dr. Sung Hong			Date of Receipt
	Mailing Address 8525 Huntspring Driv	/e		10 24 2008
	City	State	Zip Code	Transaction ID: SA11AI.4578
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		400.00	
Γ				150.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each ca	tate schedule(s) (check only one) X 11a
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or using the name and address of any po	r used by any person for the purpose of soliciting contributions blitical committee to solicit contributions from such committee. CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial Dr. Steven Hopper Mailing Address 4550 N. Park #101 City Chevy Chase FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)		Amount of Each Receipt this Period 50.00 payroll deduction
Full Name (Last, First, Middle Initia Dr. Stuart Hough Mailing Address 9110 Travene City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)		Amount of Each Receipt this Period 75.00 payroll deduction
Full Name (Last, First, Middle Initial Dr. David Johnson Mailing Address 5506 Bootjack City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)		Amount of Each Receipt this Period 50.00 payroll deduction
SUBTOTAL of Receipts This Page (ptional)	175.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christina Johnston		Date of Receipt
Mailing Address 3458 Holland Cliff City Huntingtown	State Zip Code MD 20639	Transaction ID: SA11AI.4525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood I	Road	Date of Receipt
City	State Zip Code	10 24 2008
Bethesda	MD 20817	Transaction ID: SA11AI.4587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol	1	Date of Receipt
Mailing Address 6579 Prestwick Dr	rive	10 24 2008
City	State Zip Code	Transaction ID: SA11AI.4538
Highland FEC ID number of contributing federal political committee.	MD 20777	Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia	Occupation Physician	payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/29 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Richard Ko			Date of Receipt
Mailing Address 4101 Hunt Road			10 24 2008
City Fairfax	State VA	Zip Code 22032	Transaction ID: SA11AI.4588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri	I		Date of Receipt
Mailing Address 11722 Split Tree Ci	ircle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4556 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt			Date of Receipt
Mailing Address 3467 North Venice	Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Arlington	State VA	Zip Code 22207	Transaction ID: SA11AI.4589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas Malone			Date of Receipt
Mailing Address 11667 Fairmont Pla	ace		M M / D D / Y Y Y Y Y 1 1 0 2 4 2 0 0 8
City Ijamsville	State MD	Zip Code 21754	Transaction ID: SA11AI.4539 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Mollyann March			Date of Receipt
Mailing Address 6504 Greentree Ro	ad		10 24 2008
City Bethesda	State MD	Zip Code 20817	Transaction ID: SA11AI.4540 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Martin			Date of Receipt
Mailing Address 3336 O Street, NW			10 24 2008
City Washington	State DC	Zip Code 20007	Transaction ID: SA11AI.4557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20007	50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		200.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME	mation copied from such Reports and nmercial purposes, other than using the OF COMMITTEE (In Full) T COLONIES ANESTHESIA AS			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Na	ame (Last, First, Middle Initial) na Noriega g Address 603 Queen Street #4	3300IATES L	LEG FOLITICAL ACTION CC	Date of Receipt 1 0 2 4 2 0 0 8
City Alexa		State VA	Zip Code 22314	Transaction ID: SA11AI.4558 Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C	n	100.00 payroll deduction
Receip	of Employer Colonies Anesthesia of For: Primary General Other (specify)	Physicia		
Dr. De	ame (Last, First, Middle Initial) nis O'Fallon g Address 12123 Merricks Cour	t		Date of Receipt 10 24 2008
City		State	Zip Code	Transaction ID: SA11AI.4541
<u>Monr</u>	ovia	MD	21770	Amount of Each Receipt this Period
	D number of contributing I political committee.	C		50.00 payroll deduction
Name First (Recei	of Employer Colonies Anesthesia	Occupation Physicial	n	payron deduction
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00]
Dr. Ph	ame (Last, First, Middle Initial) ilip Owens			Date of Receipt
Mailine 	g Address 141 Adams Street, N	W		10 24 2008
City <u>Wasl</u>	nington	State DC	Zip Code 20001	Transaction ID: SA11AI.4559 Amount of Each Receipt this Period
	D number of contributing I political committee.	C		50.00
	of Employer Colonies Anesthesia	Occupatio Physicia	n	payroll deduction
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTO	TAL of Receipts This Page (optional)			200.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS			
Full Name (Last, First, Middle Initial) Dr. Paul Park Mailing Address 821 Oak Knoll Terrace City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis Mailing Address 1813 Solitaire Lane City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State VA C Occupation Physician Aggregate		Date of Receipt M M 24 2008 Transaction ID: SA11AI.4561 Amount of Each Receipt this Period 50.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Michael Peck Mailing Address 4 Farm Haven Court City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate		Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .			175.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee the ASSOCIATES LLC POLITICAL ACTION CO	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba Mailing Address 8400 Tysons Trace	e Court	Date of Receipt
City Vienna FEC ID number of contributing	State Zip Code VA 22182	Transaction ID: SA11AI.4563 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic Mailing Address 3912 Calverton Dri City Hyattsville	ve State Zip Code MD 20782	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Clyde Pray Mailing Address 908 Oak Knoll Terr	race	Date of Receipt 1 0 2 4 2 0 0 8
City Rockville FEC ID number of contributing federal political committee.	State Zip Code MD 20850	Transaction ID: SA11AI.4600 Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
SUBTOTAL of Receipts This Page (optional	al)	150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney Mailing Address 1819 N. Greenleese City Frederick	Drive State Zip Code MD 21701	Date of Receipt Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 400.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road City Baltimore	State Zip Code MD 21212	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer First Colonis Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
Full Name (Last, First, Middle Initial) Dr. Timothy Robinson Mailing Address 2212 Dalewood Roa	d	Date of Receipt M
City Timonium FEC ID number of contributing federal political committee.	State Zip Code MD 21093	Transaction ID: SA11AI.4583 Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 400.00	payroll deduction
SUBTOTAL of Receipts This Page (optional)	I	150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/29 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may the name and add	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 A	SSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. Jeremy Roth			Date of Receipt
Mailing Address 913 Hillstead Drive			10 24 2008
City	State	Zip Code	Transaction ID: SA11Al.4526
Lutherville FEC ID number of contributing federal political committee.	C	21093	Amount of Each Receipt this Period 30.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Alexander Rubin			Date of Receipt
Mailing Address 6611 Hunter Trail W	'ay		10 24 2008
City Frederick	State MD	Zip Code 21702	Transaction ID: SA11AI.4544
FEC ID number of contributing federal political committee.	C	21702	Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood			Date of Receipt
Mailing Address 14700 Crossway Ro	ad		M M / D D / Y Y Y Y Y Y 1 1 0 2 4 2 0 0 8
City Rockville	State MD	Zip Code 20853	Transaction ID: SA11AI.4545
FEC ID number of contributing federal political committee.	C	20033	Amount of Each Receipt this Period 100.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)	\		180.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 29 (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 the NAME OF COMMITTEE (In Full)		erson for the purpose of soliciting contributions to solicit contributions from such committee.
FIRST COLONIES ANESTHESIA AS Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman Mailing Address 8010 Summer Mill Color City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate Year-to-Date	Date of Receipt 1 0
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Nader Soliman	400.00	Date of Receipt
Mailing Address 22905 David Mill Roa City Germantown	State Zip Code MD 20876	Transaction ID: SA11AI.4565 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00 payroll deduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dr. Robert Study Mailing Address 6 Beall Spring Court		Date of Receipt
City Potomac FEC ID number of contributing federal political committee.	State Zip Code MD 20854	Transaction ID: SA11AI.4592 Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	payroll deduction
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	400.00	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 29 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	e name and add	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan Mailing Address 2454 Five Schillings F City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthsia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt 10 24 2008 Transaction ID: SA11AI.4546 Amount of Each Receipt this Period 50.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Robert Sullivan Mailing Address 2454 Five Schillings I City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician		Date of Receipt 10 24 2008 Transaction ID: SA11AI.4547 Amount of Each Receipt this Period 50.00 payroll deduction
Full Name (Last, First, Middle Initial) Dr. Louis Swann Mailing Address PO Box 6081 City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State VA C Occupation Physician Aggregate		Date of Receipt M M M 24 2008 Transaction ID: SA11AI.4593 Amount of Each Receipt this Period 50.00 payroll deduction
SUBTOTAL of Receipts This Page (optional)			150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r 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 persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	FIRST COLONIES ANESTHESIA AS	SSOCIATES I	LC POLITICAL ACTION CO	DMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. John Tam			Date of Receipt
	Mailing Address 10905 Cripplegate R			10 24 2008
	City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4566 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physicia		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Rojack Tan			Date of Receipt
	Mailing Address 507 Goodland Place			10 24 2008
	City Rockville	State MD	Zip Code	Transaction ID: SA11AI.4594
	FEC ID number of contributing federal political committee.	C	20850	Amount of Each Receipt this Period 50.00
	Name of Employer First Colonies Anesthesia	Occupation Physicial Physi		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai			Date of Receipt
	Mailing Address 10013 New London [Orive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Potomac	State MD	Zip Code 20854	Transaction ID: SA11AI.4567 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20007	50.00
	Name of Employer First Colonies Anesthesia	Occupation Physicial Physi		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			150.00
	TOTAL This Period (last page this line number		<u> </u>	

	PULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 29 (check only one) X 11a 11b 11c 12 13 14 15 16
or for comm	ation copied from such Reports and S nercial purposes, other than using the OF COMMITTEE (In Full) COLONIES ANESTHESIA ASS	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Dr. Arna Mailing City Reiste FEC ID	me (Last, First, Middle Initial) Ildo Valedon Address 22 Woodfield Court rstown number of contributing political committee.	State MD	Zip Code 21136	Date of Receipt M M
Receipt	f Employer plonies Anesthesia For: rimary General ther (specify) ▼	Occupatio Physicial Aggregate		payroll deduction
Dr. Mart	ne (Last, First, Middle Initial) ha Van Clief Address 405 Apple Grove Road	d		Date of Receipt 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.4528
Silver	Spring	MD	20904	Amount of Each Receipt this Period
FEC ID federal p	number of contributing political committee.	C		50.00
	f Employer olonies Anesthesia	Occupatio Physicia		payroll deduction
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	ne (Last, First, Middle Initial) Van Nice	1		Date of Receipt
Mailing .	Address 71401 Meadow Lane			10 24 2008
City	<u> </u>	State	Zip Code	Transaction ID: SA11AI.4568
FEC ID	Chase number of contributing political committee.	C	20815	Amount of Each Receipt this Period 50.00
	f Employer olonies Anesthesia	Occupatio Physicial		payroll deduction
	For: rimary General ther (specify) ♥	, ' ' ' 	e Year-to-Date ▼ 400.00	
SUBTOTA	AL of Receipts This Page (optional)	1		150.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the (Crieck only offe)
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	name and address of any politic	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee. ACTION COMMITTEE
A .	Full Name (Last, First, Middle Initial) Dr. Mark Vogt Mailing Address 1149 Colonial Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 22101 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M Z 4 Z 0 0 8 Transaction ID: SA11AI.4596 Amount of Each Receipt this Period 50.00 payroll deduction
В.	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows City Great Falls FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Lane State Zip Code VA 22066 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ c.	Full Name (Last, First, Middle Initial) Dr. Timothy Wex Mailing Address 11429 Cedar Ridge D City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State Zip Code VA 20854 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) .		150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/29 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES L	LC POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) Dr. David Wheeler			Date of Receipt
Mailing Address 7108 Collingwood Court		10 24 2008	
City Elkridge	State MD	Zip Code 21075	Transaction ID: SA11AI.4584 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Wherry			Date of Receipt
Mailing Address 611 W. 2nd Street			10 24 2008
City Frederick	State MD	Zip Code 21701	Transaction ID: SA11AI.4529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Howard Wilpon			Date of Receipt
Mailing Address 18212 Wickham R	oad		10 24 2008
City Olney	State MD	Zip Code 20832	Transaction ID: SA11AI.4530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer First Colonies Anesthesia	Occupation Physician		payroll deduction
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (options	al)		150.00

A.

PAGE 28 / 29 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Dr. Aiqin Yu Mailing Address 13508 Gumspring Road 24 2008 10 City State Zip Code Transaction ID: SA11AI.4570 Rockville MD 20850 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 400.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. Jungim Yun Date of Receipt Mailing Address 2057 Thurston Road 24 2008 City State Zip Code Transaction ID: SA11AI.4548 **Frederick** MD 21704 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. payroll deduction Name of Employer First Colonies Anesthesia Occupation Physician Receipt For: Aggregate Year-to-Date ▼ Primary General

		100.00
SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	•	3555.00

400.00

Other (specify)

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NU	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOC	IATES LLC POLITICAL ACT	ION COMMI	TTEE
Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates			Transaction ID: SB29.4521 Date of Disbursement 1 1 0 0 0 7 7 2 0 0 8
Mailing Address 18 Pinkney Street			11 03 2008
City Annapolis	State Zip Code MD 21401	,	Amount of Each Disbursement this Period
Purpose of Disbursement lobbying fees			1000.00
Candidate Name	C	ategory/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Katherine Klausmeier			Transaction ID: SB29.4522 Date of Disbursement
Mailing Address 4100 Walter Ave.			111 / 2008
City Baltimore	State Zip Code MD 21236	,	Amount of Each Disbursement this Period
Purpose of Disbursement contribution			250.00
Candidate Name Katherine Klausmeier	C	ategory/ Type	
Office Sought: House X Senate President Disburse	ement For: Primary		

SUBTOTAL of Disbursements This Page (optional)	•	1250.00
TOTAL This Period (last page this line number only)	<u> </u>	1250.00

State: MD

District: