FEC FORM 3X	AN	EPORT C ID DISB Other Than A	URSEM	ENTS	ee	(Office Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING L	_ /	ample:If typing er the lines	, type			
First Colonies Ane	sthesia Associat	tes, LLC Political <i>i</i>		9 6 				
ADDRESS (number and	street)	901 Research Blv	d.					
Check if different than previous reported. (AC	rent L						20850	
2. FEC IDENTIFICA	TION NUMBER	▼	CITY 🛤		S	STATE	ZIPCOD	e 🔺
C00416305			3. IS THIS REPOR		NEW N) OR	X AME (A)	NDED	
July 15 Quarterly October Quarterly January Quarterly July 31 M Report(N Year Onl	orts: 7 Report(Q1) 7 Report(Q2) 15 7 Report(Q3) 31 7 Report(YE) Aid-Year lon-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elec Report for (d) 30-Day Post -Ele Report for	r the:)	12C)	Aug 20 Sep 20 Oct 20 General (12 Special (12 Runoff (30F	0 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
5. Covering Period	07		07	through	12		2007	
I certify that I have exan Type or Print Name of T		t and to the best c Dr. Jeremy Roth	t my knowledge	and belief it is	true, correct a	and complete.		
Signature of Treasurer	Electronically	y Filed by Dr. Je	eremy Roth		Da	ate 12	04	2008
NOTE : Submission of	false, erroneous	, or incomplete inf	ormation may s	ubject the pers	on signing this	Report to the p	enalties of 2 U.S.	.C 437g.
Office Use Only							FEC FORM (Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

-	First Colonies Anesthesia Associates	, LLC Political Action Committee	
F	Report Covering the Period: From:	M M D D Y Y Y Y Y Y 0 7 0 1 2 0 0 7	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2007 Y Y		15412.77
	(b) Cash on Hand at Begining of Reporting Period	40275.47	
	(c) Total Receipts (from Line 19)	28640.00	57430.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68915.47	72842.77
7.	Total Disbursements (from Line 31)	32206.83	36134.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36708.64	36708.64
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	Page 3
Write or Type Committee Name First Colonies Anesthesia Associates, LLC F	Political Action Committee	
Report Covering the Period: From:	0 1 Y Y W Y 0 1 2 0 0 7 T	D: D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	27460.00	56250.00
(ii) Unitemized	1180.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	28640.00	57430.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28640.00	57430.00
2. Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
 B. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) 	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28640.00	57430.00
0. Total Federal Receipts (subtract Line 18(c) from Line 19)	28640.00	57430.00

DETAILED SUMMARY PAGE OF RECEIPTS

Image# 28934583995

Image# 28934583996

DETAILED SUMMARY PAGE

21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Non-Federal Share	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(i) Federal Share	(a) Shared Federal/Non-Federal	0.00	0.00
(b) Other Federal Operating Expenditures 0.00 (c) Total Operating Expenditures (add 21(a)(), (a)(ii) and (b))	(i) Federal Share		
Expenditures 0.00 0 (c) Total Operating Expenditures 0.00 0 (a) Zortraides to Affiliated/Other Party 0.00 0 22. Transfers to Affiliated/Other Party 0.00 0 23. Contributions to Federal Candidated/Other Party 0.00 0 24. Independent Expenditure 0.00 6300 25. Coordinated Expenditures 0.00 0 (use Schedule E) 0.00 0 0 26. Loan Repayments Made 0.00 0 0 27. Loans Made 0.00 0 0 0 28. Helrunds of Contributions To: 0.00 0 0 0 27. Loans Made 0.00 0 0 0 0 28. Helrunds of Contributions To: 0.00 0 0 0 0 0 28. The Policial Committees 0.00 0 0 0 0 0 (a) Individual? Person Other 0.00 0 0 0 0 29. Other Delisolareoments:		0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	Expenditures	0.00	0.00
3. Committees	(add 21(a)(i), (a)(ii) and (b)) 🕨	0.00	0.00
Federal Candidates/Committees 5100.00 6300 44. Independent Expenditure 0.00 0 (use Schedule E) 0.00 0 (cs Schedule E) 0.00 0 (d) Individuals/Persons Other 0.00 0 (e) Other Political Committees 0.00 0 (such as PACs) 0.00 0 (e) Other Dibtursements 27106.83 28834 0. Federal Election Activity (2 U.S.C 431(20)) 0.00 (a) Shared Federal Election Activity 0.00 0 (i) Tederal Share 0.00 0.00 (b) Federal Election Activity (2 dd Lines 30(a)(i), 30(a	Committees	0.00	0.00
4. Independent Expenditure 0.00 0 (use Schedule E) 0.00 0 6. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 0.00 0 (use Schedule F) 0.00 0 6. Loan Repayments Made 0.00 0 7. Loans Made 0.00 0 8. Refunds of Contributions To: 0.00 0 (a) Individuals/Persons Other 0.00 0 (b) Political Committees 0.00 0 (c) Other Political Committees 0.00 0 (c) Other Political Committees 0.00 0 (c) Other Disbursements 27106.83 29834 0. Federal Election Activity (2 U.S.C 431(20)) 0.00 0 (a) Shared Federal Election Activity 0.00 0 (ii) "Levin" Share 0.00 0 (b) Federal Election Activity (2dd 0.00 0 (c) Total Federal Election Activity (2dd 0.00 0 (b) Federal Election Activity (2dd 0.00 0.00 0 (c) Total Federal Election Activity (2dd 0.00 0.00 0 (b) Federal Electio	Federal Candidates/Committees	5100.00	6300.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 0.00 0 6. Loan Repayments Made	4. Independent Expenditure	0.00	0.00
26. Loan Repayments Made	 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 	0.00	0.00
7. Loans Made	, ,	0.00	0.00
28. Refunds of Contributions To: 0.00 0 (a) Individuals/Persons Other Than Political Committees 0.00 0 (b) Political Committees 0.00 0 (c) Other Political Committees 0.00 0 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 0.00 0 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 0.00 0 (e) Other Disbursements. 27106.83 29834 29. Other Disbursements. 0.00 0 (i) Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 0.00 0 (ii) "Levin" Share 0.00 0 0 (ii) "Levin" Share 0.00 0 0 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83 361		0.00	0.00
(b) Political Committees 0.00 0 (c) Other Political Committees 0.00 0 (c) Other Political Committees 0.00 0 (d) Total Contribution Refunds 0.00 0 (add Lines 28(a), (b), and (c)) 0.00 0 (d) Total Contribution Refunds 0.00 0 (add Lines 28(a), (b), and (c)) 0.00 0 (d) Total Contribution Refunds 0.00 0 (eadd Lines 28(a), (b), and (c)) 27106.83 29834 29. Other Disbursements 27106.83 29834 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0 (a) Shared Federal Election Activity 0.00 0 (i) Federal Share 0.00 0 (ii) "Levin" Share 0.00 0 (b) Federal Election Activity Paid Entirely 0.00 0 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83 361	28. Refunds of Contributions To:		0.00
(c) Other Political Committees (c) Other Political Committees (such as PACs) 0.00 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 0.00 (e) Other Disbursements (f) Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 (i) Federal Election Activity Paid Entirely (b) Federal Election Activity Paid Entirely (c) Total Pederal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) (c) Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))			
(such as PACs) 0.00 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 0.00 (29. Other Disbursements 27106.83 20. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 (ii) "Levin" Share 0.00 (b) Federal Election Activity Paid Entirely With Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83		0.00	0.00
(add Lines 28(a), (b), and (c))		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share (ii) "Levin" Share (b) Federal Election Activity Paid Entirely With Federal Flunds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) (a) Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		0.00	0.00
(a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share (ii) "Levin" Share (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9. Other Disbursements	27106.83	29834.13
(i) Federal Share 0.00 (ii) "Levin" Share 0.00 (b) Federal Election Activity Paid Entirely 0.00 With Federal Funds 0.00 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83			
(ii) "Levin" Share 0.00 (b) Federal Election Activity Paid Entirely 0.00 (c) Total Federal Election Activity (add 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 11. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83		0.00	0.00
(b) Federal Election Activity Paid Entirely (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83	(b) Federal Election Activity Paid Entirely	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b)) 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83 361	(c) Total Federal Election Activity (add	0.00	0.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 32206.83 361	Lines 30(a)(i), 30(a)(ii) and 30(b))		
32. Total Federal Disbursements		32206.83	36134.13
	32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		32206.83	36134.13

Image# 28934583997

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		Page 4
	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)	28640.00	57430.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	28640.00	57430.00
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 3X) ITEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 6 / 52 (check only one) 11a X 11a 11b 11c 12					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Political Action	Committee						
A.	Full Name (Last, First, Middle Initial) Dr. Rubin Alexander	Date of Receipt							
	Mailing Address 6611 Hunter Trail			1 2 / 3 1 / Y Y Y Y 1 2 / 3 1					
	City	State Zip (Transaction ID: SA11AI.4231					
	Fredercik	MD 2170	02	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 contribut- ion					
	Receipt For:	Aggregate Year-to-I	Date 🔻						
	 Primary General Other (specify) ▼ 		300.00						
- B.	Full Name (Last, First, Middle Initial) Dr. Mark L. Beck			Date of Receipt					
	Mailing Address 16 Norris Run Court			12 / 31 / Y Y Y Y 12 / 31					
	City	State Zip (Transaction ID: SA11AI.4176					
	Reisterstown	MD 211:	36	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		300.00 \$50 per payroll contribut-					
	Name of Employer FCAA	Occupation Anesthesiologist		ion					
	Receipt For: Primary General	Aggregate Year-to-I	Date 🔻						
	Other (specify) ▼		300.00						
- C.	Full Name (Last, First, Middle Initial) Dr. Mark L. Beck			Date of Receipt					
	Mailing Address 16 Norris Run Court			1 2 / 3 1 / Y Y Y Y 1 2 0 0 7					
	City		Code	Transaction ID: SA11AI.4310					
	Reisterstown FEC ID number of contributing federal political committee.	MD 211:	30	Amount of Each Receipt this Period					
	Name of Employer FCAA	Occupation Anesthesiologist		payroll deduction					
	Receipt For:	Aggregate Year-to-E	Date 🔻	1					
	Primary General Other (specify) ▼		300.00						
	SUBTOTAL of Receipts This Page (optional)			700.00					
ŀ	TOTAL This Period (last page this line number	only)	· · · · · · · · · · · · · · · · · · ·						

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 52 (check only one)
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and or for commercial purposes, other than using th	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)		
	First Colonies Anesthesia Associates	, LLC Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. John Bunker	Date of Receipt	
	Mailing Address 15229 National Pike		12 007
	City	State Zip Code	Transaction ID: SA11AI.4210
	Hagerstown	MD 21740	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 contribut- ion
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	300.00]
– В.	Full Name (Last, First, Middle Initial) Dr. John Bunker		Date of Receipt
	Mailing Address 15229 National Pike	M M / D D / Y Y Y Y 12 31 2007	
	City	State Zip Code	Transaction ID: SA11AI.4311
	Hagerstown	MD 21740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00]
– C.	Full Name (Last, First, Middle Initial) Dr. Donald J. Charney		Date of Receipt
	Mailing Address 3707 Meadowhill Cou	rt	M = M / D = D / Y = Y = Y Y 1 2 3 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.4178
	Phoenix	MD 21131	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 contribut- ion
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	700.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 52 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,			
Α.	Full Name (Last, First, Middle Initial) Dr. Donald J. Charney			Date of Receipt
	Mailing Address 3707 Meadowhill Cour	t		12 / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4312
	Phoenix	MD	21131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio Anesthes		payroll deduction
	Receipt For:	1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
в.	Full Name (Last, First, Middle Initial) Dr. Satyam Chary			Date of Receipt
	Mailing Address 9 Alterwood Lane			12 31 Y Y Y Y 12 31
	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 \$50 per payroll contribut-
	Name of Employer FCAA	Occupatio Anesthes		ion
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		300.00	
C.	Full Name (Last, First, Middle Initial) Dr. Satyam Chary			Date of Receipt
	Mailing Address 9 Alterwood Lane			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4313
	Owings Mills	MD	21117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio Anesthes		payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			500.00
	TOTAL This Period (last page this line number	only)		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) Dr. Thomas K. Chau Mailing Address 7204 Loch Edin Court City Paternac Marge of Employer PCCMAR Primary General Mailing Address 7204 Loch Edin Court Mailing Address Paternac Marge of Employer Potemac Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ State Zip Code Mailing Address 7204 Loch Edin Court State Zip Code Primary General Other (specify) ▼ 300.00 State Zip Code Mailing Address 720 Loch Edin Court MD <		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 52 (check only one) 11a X 11a 11b 11c 12
First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Midde Initial) Dr. Thoma K, Chau Maiing Address Tech Primary City Site Zip Code Amount of Each Receipt Inis Period	Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.		
A. Dr. Thomas K. Chau Date of Receipt Mailing Address 7204 Loch Edin Court 12 31 200.7 City State Zip Code Transaction ID: SA11AL.4100 Potomac MD 20854 Amount of Each Receipt this Period Receipt For: Aggregate Year to Date ▼ Occupation 300.00 Primary General Aggregate Year to Date ▼ Date of Receipt Dr. Thomas K. Chau Date of Receipt 12 31 2.00.7 City State Zip Code 760.00 300.00 350 per payroll contribut- Primary General Aggregate Year to Date ▼ 70.00 77 77 78 7.200.7 7 City State Zip Code 70.1 7.1 7.200.7 7 7 7.200.7 7 7 7.200.7 7 7 7.200.7 7 7 7.200.7 7 7 7.200.7 7 7 7.200.7 7 7 7.200.7 7 7 7 7.200.7 7 7 7.200.7 7 7 7.200.7			LLC Politica	al Action Committee	
City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. C Transaction ID: SA11AL4100 Name of Employer Occupation Aresthesiologist Aggregate Year to Date V \$50 per payroll contribut- Primary General 300.00 \$50 per payroll contribut- Other (spacify) ▼ State Zip Code Transaction ID: SA11AL4314 Maing Address 7204 Loch Edin Court Transaction ID: SA11AL4314 Aggregate Year-to-Date V Other (spacify) ▼ State Zip Code Transaction ID: SA11AL4314 Potomac MD 20854 Transaction ID: SA11AL4314 Aggregate Year-to-Date Tip 2 0 Totomac Transaction ID: SA11AL4314 Address T20 0 7 Transaction ID: SA11AL4314 Amount of Each Receipt this Period TEC: Dinumber of contributing federal political committee. C Transaction ID: SA11AL4314 Amount of Each Receipt this Period Name of Employer FCA Occupation Aresthesiologist Aggregate Year-to-Date V Transaction ID: SA11AL4310 Dr. Tomage Chem Maing Address T415 Commonweakth Drive Unit 204 State Zip Cofe <th>⊻ A.</th> <th></th> <th>Date of Receipt</th>	⊻ A.		Date of Receipt		
Potomac MD 20854 Amount of Each Receipt Receipt Receipt For: 300.00		Mailing Address 7204 Loch Edin Court			
FEC ID number of contributing federal political committee. C 300.00 Name of Employer FCAA Occupation Anesthesiologist S50 per payroll contribut- S0 per payroll contribut- Aggregate Year-to-Date ▼ B Ort Themas K: Chau Date of Receipt B Ort Themas K: Chau Date of Receipt B Ort Themas K: Chau Date of Receipt Maiing Address 7204 Loch Edin Court Transaction ID: SA11AL4314 Potomac MD 20854 FEC ID number of contributing federal political committee. C 100.00 Name of Employer FCAA Aggregate Year-to-Date ▼ payroll deduction Name of Employer FCAA Occupation Anesthesiologist Amount of Each Receipt this Period Name of Employer FCAA Occupation Anesthesiologist Aggregate Year-to-Date ▼ Dr. Dwayee Chen Unit 204 State Zip Code MD 20852 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AL4150 Mailing Address T1415 Commonweakth Drive Unit 204 State Zip Code State Transaction ID: SA11AL4150 Name of Employer FCC ID number of contributing federal political committee. C State Zip Code State<		-		Zip Code	Transaction ID: SA11AI.4100
rederal political committee. 0 Name of Employer Occupation Anesthesiologist Anesthesiologist Maiing Address 7204 Loch Edin Court City State Zip Code Pictomac MD 20854 FEC ID number of contributing C Transaction ID: SA11AL4314 Amount of Each Receipt Ins Anesthesiologist Agregate Year-to-Date V Potmac Anesthesiologist Agregate Year-to-Date V Primary General Other (specify) ▼ 400.00 Primary General Other (specify) ▼ Agregate Year-to-Date ▼ Primary General Occupation Agregate Year-to-Date Agregate Year-to-Date ▼ Primary General Occupation Maiing Address <th></th> <th>Potomac</th> <th>MD</th> <th>20854</th> <th>Amount of Each Receipt this Period</th>		Potomac	MD	20854	Amount of Each Receipt this Period
Picch of Employer Occupation Anesthesiologist Ion Ion<			C		
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3. Dr. Thomas K. Chau Date of Receipt Mailing Address 7204 Loch Edin Court Image: Second Seco			0 0	300.00]
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Yane of Employer Occupation Anesthesiologist Anesthesiologist Aggregate Year-to-Date ✓ Other (specify) ✓ Full Name (Last, First, Middle Initial) D Dr. Dwayne Chen Date of Receipt Mailing Address 11415 Commonweakth Drive M Unit 204 MD 20852 FEC ID number of contributing federal political committee. C 300.00 Name of Employer Occupation Anesthesiologist Receipt For: Aggregate Year-to-Date ✓ Primary General Occupation Primary General Occupation Masthesiologist Aggregate Year-to-Date ✓ Primary General 300.00 \$50 per payroll contribut- SUBTOTAL of Receipts This Page (optional) 300.00 ✓ 700.00			C		
Primary General Other (specify) ▼ 400.00 Dr. Dwayne Chen Date of Receipt Mailing Address 11415 Commonweakth Drive Unit 204 State Zip Code City State Zip Code Rockville MD 20852 FEC ID number of contributing federal political committee. C Name of Employer Occupation FCAA Aggregate Year-to-Date \$50 per payroll contribution SUBTOTAL of Receipts This Page (optional) 300.00 \$700.00		Name of Employer FCAA			payroll deduction
Other (specify) ▼ 400.00 Full Name (Last, First, Middle Initial) Dr. Dwayne Chen Mailing Address 11415 Commonweakth Drive Unit 204 City City State Zip Code Rockville MD 20852 FEC ID number of contributing federal political committee. C 300.00 Name of Employer Occupation Anesthesiologist Receipt For: Aggregate Year-to-Date SubstortAL of Receipts This Page (optional)			Aggregate	e Year-to-Date 🔻	_
Dr. Dwayne Chen Date of Receipt Mailing Address 11415 Commonweakth Drive Unit 204 State Zip Code Rockville MD 20852 FEC ID number of contributing federal political committee. C 300.00 Name of Employer Occupation 300.00 FCAA Anesthesiologist Stop er payroll contribution Primary General 300.00 Other (specify) ▼ 300.00 700.00			0 0	400.00	
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FEC ID number of contributing federal political committee. 300.00 Name of Employer FCAA Occupation Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) T00.00		-			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 52 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
A oi	ny information copied from such Reports and for commercial purposes, other than using th	son for the purpose of soliciting contributions o solicit contributions from such committee.		
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
Z	First Colonies Anesthesia Associates	, LLC Politica	I Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen	Date of Receipt		
	Mailing Address 11415 Commonweak Unit 204	th Drive		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.4317
	Rockville	MD	20852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation Anesthes		payroll deduction
	Receipt For:		Year-to-Date V	—
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr. Edward G. Chen			Date of Receipt
	Mailing Address 10209 Fleming Avenu	he		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.4102
	Bethesda	MD	20814	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 contribut- ion
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr. Edward G. Chen			Date of Receipt
	Mailing Address 10209 Fleming Avenu	he		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4315
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation Anesthes		payroll deduction
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	400.00	
				500.00

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 52 (check only one)			
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	NAME OF COMMITTEE (In Full)						
	First Colonies Anesthesia Associates,	LLC Politica	I Action Committee				
Α.	Full Name (Last, First, Middle Initial) Dr. Jen W. Chen			Date of Receipt			
	Mailing Address 1104 Mill Ridge Road			M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.4104			
	<u>McLean</u>	VA	22102	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00			
	Name of Employer FCAA	Occupation		\$50 per payroll contribut- ion			
		Anesthes					
	Receipt For: Primary General	Aggregate	Year-to-Date	_			
	Other (specify) ▼	0 0	300.00				
в.	Full Name (Last, First, Middle Initial) Dr. Jen W. Chen			Date of Receipt			
	Mailing Address 1104 Mill Ridge Road			M M / D D / Y			
	City	State	Zip Code	Transaction ID: SA11AI.4316			
	<u>McLean</u>	VA	22102	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer FCAA	Occupation Anesthes		payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		400.00]			
с.	Full Name (Last, First, Middle Initial) Dr. William L. Chester	<u> </u>		Date of Receipt			
	Mailing Address 5801 Nicholson Lane #1915			M M / D D / Y Y Y Y 12 31 2007			
	City	State	Zip Code	Transaction ID: SA11AI.4106			
	North Bethesda	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 contribut- ion			
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	300.00]			
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	Any information copied from such Reports and or for commercial purposes, other than using t	he name and addres	ss of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
	angle First Colonies Anesthesia Associate					
∠ 4.	Full Name (Last, First, Middle Initial) Dr. William L. Chester			Date of Receipt		
	Mailing Address 5801 Nicholson Lane #1915	Э		12 31 2007		
	City	State	Zip Code	Transaction ID: SA11AI.4318		
	North Bethesda	MD	20852	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer FCAA	Occupation		payroll deduction		
		Anesthesio				
	Receipt For: Primary General	Aggregate Ye	ear-to-Date 🔻	-		
	Other (specify)	0 0 0	400.00			
	Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey			Date of Receipt		
-	Mailing Address 18720 Shremor Driv	е		1 2 3 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.4108		
	Derwood	MD	20855	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer FCAA	Occupation Anesthesiol	ogist	\$ 50 per payroll contribu- tion		
	Receipt For:		ear-to-Date V			
	Primary General Other (specify) ▼		300.00			
	Full Name (Last, First, Middle Initial) Dr. Melvin V. Coursey			Date of Receipt		
•	Mailing Address 18720 Shremor Driv	e		M M / D D / Y Y Y Y		
				12 31 2007		
	City Derwood	State MD	Zip Code 20855	Transaction ID: SA11AI.4319		
			20633	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer FCAA	Occupation Anesthesiol	ogist	payroll deduction		
	Receipt For:		ear-to-Date V	-		
	Primary General		400.00			
	Other (specify)	0 0 0	400.00			
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/52 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any dress of any political committ	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
А.	Full Name (Last, First, Middle Initial) Dr. Lauren J. Deloach			Date of Receipt
	Mailing Address 15114 Pepperridge Dri	ve		12 31 Y Y Y Y 12 31 12007
	City	State	Zip Code	Transaction ID: SA11AI.4200
	Bowie	MD	20721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupatio		\$50 per payroll contribut- ion
	Receipt For:	Anesthe	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	
в.	Full Name (Last, First, Middle Initial) Dr. Lauren J. Deloach			Date of Receipt
	Mailing Address 15114 Pepperridge Dri	12 31 Y Y Y Y 12 31 2007		
	City	State	Zip Code	Transaction ID: SA11AI.4320
	Bowie	MD	20721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio Anesthes		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan			Date of Receipt
	Mailing Address 104 Ellingwood Lane			12 31 Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4212
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00 \$50 per payroll contribut-
	Name of Employer FCAA	Occupatio Anesthes		ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 700.00
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ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/52				
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	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	↓ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee					
۹.	Full Name (Last, First, Middle Initial) Dr. Danielle Dugan			Date of Receipt				
	Mailing Address 104 Ellingwood Lane			12 ^{//} 31 ^{//} 2007				
	City	State	Zip Code	Transaction ID: SA11AI.4321				
	Frederick	MD	21702	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer FCAA	Occupatio		payroll deduction				
	Receipt For:	Anesthes						
	Primary General	Aggregate	e Year-to-Date	-				
	Other (specify)	0 0	300.00					
- 3.	Full Name (Last, First, Middle Initial) Dr. Todd A. Epstein			Date of Receipt				
	Mailing Address 11305 Struttman Terra	ace		M M / D D / Y Y Y Y 12 31 2007				
	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	Occupatio Anesthes		\$50 per payroll contribut- ion				
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	300.00]				
_).	Full Name (Last, First, Middle Initial) Dr. Todd A. Epstein			Date of Receipt				
	Mailing Address 11305 Struttman Terra	ace		M M / D D / Y Y Y Y 12 31 2007				
	City	State	Zip Code	Transaction ID: SA11AI.4323				
	North Behtesda	MD	20852	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer FCAA	Occupatio Anesthes		payroll deduction				
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	NAME OF COMMITTEE (In Full)							
	First Colonies Anesthesia Associates	First Colonies Anesthesia Associates, LLC Political Action Committee						
▲.	Full Name (Last, First, Middle Initial) Dr. Phillip Ferkler			Date of Receipt				
	Mailing Address 4107 Vicki Lynn Cour	t		M M / D D / Y Y Y Y 12 31 2007				
	City		Zip Code	Transaction ID: SA11AI.4325				
	Mount Airy	MD	21771	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		60.00				
	Name of Employer FCAA	Occupation Anesthesiolo	nist	payroll deduction				
	Receipt For:	Aggregate Yea	•	-1				
	Primary General	, iggregate i ea		1				
	Other (specify)	0 0 0	240.00					
- В.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli			Date of Receipt				
	Mailing Address 504 Reserve Champic	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 Anesthesiolo	gist	 \$50 per payroll contribut- ion 				
	Receipt For:	Aggregate Yea	•	1				
	Primary General Other (specify) ▼		300.00]				
- C.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli	1		Date of Receipt				
-	Mailing Address 504 Reserve Champic	on Drive		1 2 3 1 2 0 0 7				
	City	State	Zip Code	Transaction ID: SA11AI.4326				
	Rockville	MD	20850	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer FCAA	Occupation Anesthesiolo	gist	 payroll deduction 				
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 52 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements main and ad	y not be sold or used by any podress of any political committe	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Stephen Grube			Date of Receipt
	Mailing Address 13895 Foxtower Road			12 D J Y Y Y Y 12 31 2007
	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	Occupatio Anesthes		\$50 per payroll contribut- ion
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Stephen Grube			Date of Receipt
	Mailing Address 13895 Foxtower Road			12 / D D / Y Y Y Y 12 / 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4327
	Thurmont	MD	21788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		payroll deduction
	Name of Employer FCAA	Occupatio Anesthes		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Keith A. Hairston			Date of Receipt
	Mailing Address 12312 High Stakes Dri	ve		12 31 YYYY 12007
	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	Occupatio Anesthes		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0.0	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)			700.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 52 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	I Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dr. Keith A. Hairston			Date of Receipt
	Mailing Address 12312 High Stakes Dri	ive		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4328
	Reisterstown	MD	21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer FCAA	Occupation		payroll deduction
	Receipt For:	Anesthes	Year-to-Date V	
	Primary General	Aggregate		
_	Other (specify) 🔻	0 0	300.00	
в.	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth			Date of Receipt
υ.	Mailing Address 1614 Randallwood Co	urt		1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4186
	Jarrettesville	MD	21084	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 contribut- ion
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	1		Date of Receipt
	Mailing Address 1614 Randallwood Co	urt		12 / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4332
	Jarrettesville	MD	21084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation Anesthes		payroll deduction
	Receipt For:	Aggregate	Year-to-Date	_
	Primary General Other (specify) ▼	0 0	400.00	
ſ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		500.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 52 (check only one) 11a X 11a 13 14 15 16
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may no le name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates	, LLC Political A	ction Committee	
Z	Full Name (Last, First, Middle Initial)	·		
•	Dr. Sung-Soo Hong Mailing Address 8525 Huntspring Driv	e		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.4188
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthesiol	ogist	\$50 per payroll contribut- ion
	Receipt For:	Aggregate Ye	•	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Dr. Sung-Soo Hong			Date of Receipt
	Mailing Address 8525 Huntspring Driv	е		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · 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.4333
	Lutherville	MD	21093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation Anesthesiol	•	
	Receipt For: Primary General	Aggregate Ye	ar-to-Date 🔻	_
	Other (specify) ▼	0 0 0	400.00	
_	Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper	•		Date of Receipt
	Mailing Address 4550 North PArk Ave	. #101		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.4154
	Chevy Chase	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00 \$50 per payroll contribut-
	Name of Employer FCAA	Occupation Anesthesiol	•	ion
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date V 300.00	
Γ		1		700.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/52 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	rson for the purpose of soliciting contributions		
ľ	NAME OF COMMITTEE (In Full)			
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Hopper			Date of Receipt
	Mailing Address 4550 North PArk Ave.	#101		1 2 / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4334
	Chevy Chase	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio		payroll deduction
	Receipt For:	Anesthe		
	Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)	0 0	300.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Stuart W. Hough			Date of Receipt
	Mailing Address 9110 Travener Circle			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4110
	Fredercik	MD	21704	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 contribut- ion
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	450.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Stuart W. Hough	I		Date of Receipt
	Mailing Address 9110 Travener Circle			1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4335
	Fredercik	MD	21704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer FCAA	Occupatio Anesthes		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	600.00	
	SUBTOTAL of Receipts This Page (optional)	I		700.00
ŀ				
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 52 (check only one) 11a X 11a 13 14 15 16 17
Any information copied from or for commercial purposes	n such Reports and Statements ma , other than using the name and ad	ay not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE First Colonies Anest	E (In Full) hesia Associates, LLC Politic	al Action Committee	
Full Name (Last, First, M Dr. David Johnson	/liddle Initial)		Date of Receipt
Mailing Address 5506	Bootjack Drive		M M / D D / Y
City	State	Zip Code	Transaction ID: SA11AI.4138
Frederick	MD	21702	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			300.00
Name of Employer FCAA	Occupation Anesthe		\$50 per payroll contribut- ion
Receipt For:		e Year-to-Date 🔻	
Primary 0 Other (specify) ▼	General	300.00]
Full Name (Last, First, M Dr. David Johnson	/liddle Initial)		Date of Receipt
Mailing Address 5506	Bootjack Drive		M M / D D / Y
City	State	Zip Code	Transaction ID: SA11AI.4336
Frederick	MD	21702	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			100.00
Name of Employer FCAA	Occupation Anesthe		payroll deduction
Receipt For:		e Year-to-Date 🔻	
Primary 0 Other (specify) ▼	General	300.00]
Full Name (Last, First, M Dr. Cristina Johnston	/liddle Initial)		Date of Receipt
Mailing Address 3458	B Holland Cliffs Road		M M / D D Y
City	State	Zip Code	Transaction ID: SA11AI.4196
Huntingtown	MD	20639	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			300.00
Name of Employer FCAA	Occupation Anesthe	on siologist	\$50 per payroll contribut- ion
Receipt For: Primary 0 Other (specify) ▼	General Aggregat	e Year-to-Date 300.00]
SUBTOTAL of Receipts T	his Page (optional)		700.00
	page this line number only)		

ITEMIZE	ILE A (FEC Form 3X) D RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 21 / 52 (check only one) 11a X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions
or for comme	rcial purposes, other than using the COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
	onies Anesthesia Associates,	LLC Politica	al Action Committee	
A. Dr. Cristina				Date of Receipt
Mailing Ac	dress 3458 Holland Cliffs Ro	ad		1 2 / D D / Y Y Y Y 3 1 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.4337
<u>Huntingt</u>		MD	20639	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		100.00
Name of E FCAA	Employer	Occupatio Anesthes		 payroll deduction
Receipt Fo		Aggregate	e Year-to-Date V	
Prim Othe	nary General er (specify) ▼		300.00]
	e (Last, First, Middle Initial) A. Kaufman			Date of Receipt
Mailing Ac	dress 7514 Arrowood Road			M · M / D · D Y Y · Y · Y Y 12 31 2007
City		State	Zip Code	Transaction ID: SA11AI.4156
Bethesd		MD	20817	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		300.00
Name of E FCAA	Employer	Occupatio Anesthes		 \$50 per payroll contribut- ion
Receipt Fo		Aggregate	e Year-to-Date 🔻	
	er (specify) 🔻	0 0	300.00	
	e (Last, First, Middle Initial) A. Kaufman	I		Date of Receipt
Mailing Ac	dress 7514 Arrowood Road			M M / D D Y
City		State	Zip Code	Transaction ID: SA11AI.4338
Bethesd		MD	20817	Amount of Each Receipt this Period
federal po	umber of contributing litical committee.	C		payroll deduction
Name of E FCAA		Occupatio Anesthes		
Receipt Fo		Aggregate	e Year-to-Date V 300.00]
SUBTOTAL	of Receipts This Page (optional)	•		500.00
	s Period (last page this line number		r	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 22 / 52 (check only one) X 11a 11b 11c 12
-			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r e name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Γ				
	First Colonies Anesthesia Associates,	LLC Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol			Date of Receipt
	Mailing Address 6579 Prestwick Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.4112
	Frederick	MD	20777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthesic	bloaist	\$50 per payroll contribut- ion
	Receipt For:	1	/ear-to-Date ▼	-
	Primary General		300.00	1
	Other (specify)		300.00	1
– В.	Full Name (Last, First, Middle Initial) Dr. Cynthia E. Kenol			Date of Receipt
	Mailing Address 6579 Prestwick Drive			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4339
	Frederick	MD	20777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation	1	 payroll deduction
	Receipt For:	Anesthesic	•	
	Primary General	Aggregate Y	'ear-to-Date ▼	1
	Other (specify)		400.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Harkisan A. Lahari			Date of Receipt
	Mailing Address 11722 Split Tree Circle	9		M M / D D / Y Y Y Y 12 31 2007
	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 Anesthesic	blogist	 \$50 per payroll contribut- ion
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify) ▼		300.00]
Γ		<u> </u>		700.00
┝	SUBTOTAL of Receipts This Page (optional)		•••••	-
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 52 (check only one)					
Any information copied from s or for commercial purposes, o	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribut or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit							
NAME OF COMMITTEE (First Colonies Anesthe	(In Full) esia Associates, LLC Politi	cal Action Committee						
Full Name (Last, First, Mid Dr. Harkisan A. Lahari	Idle Initial)		Date of Receipt					
Mailing Address 11722	Split Tree Circle		M M / D D / Y Y Y Y 12 31 2007					
City	State	Zip Code	Transaction ID: SA11AI.4342					
Potomac	MD	20854	Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.			100.00					
Name of Employer FCAA	Occupat Anesth	ion esiologist	payroll deduction					
Receipt For:		ate Year-to-Date V						
PrimaryGeOther (specify) ▼	eneral	300.00]					
Full Name (Last, First, Mid Dr. Kathleen A. Leavitt	Idle Initial)		Date of Receipt					
Mailing Address 3467 N	N. Venice Street		M M / D D / Y Y Y Y 12 / 31 2007					
City	State	Zip Code	Transaction ID: SA11AI.4158					
Arlington	VA	22207	Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.			300.00					
Name of Employer FCAA	Occupat Anesth	ion esiologist	\$50 per payroll contribut- ion					
Receipt For:		ate Year-to-Date 🔻						
Primary Ge Other (specify) ▼	eneral	300.00]					
Full Name (Last, First, Mid Dr. Kathleen A. Leavitt	Idle Initial)		Date of Receipt					
Mailing Address 3467 N	N. Venice Street		M · M / D · D / Y · Y · Y · Y Y 12 31 2007					
City	State	Zip Code	Transaction ID: SA11AI.4343					
Arlington	VA	22207	Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.			100.00					
Name of Employer FCAA	Occupat Anesth	ion esiologist	payroll deduction					
Receipt For: Primary Ge Other (specify) ▼	eneral Aggrega	ate Year-to-Date 300.00]					
SUBTOTAL of Receipts This	s Page (optional)		500.00					
· · · · · · · · · · · · · · · · · · ·	ge this line number only)							

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone Mailing Address 11667 Fairmont Place City State If any information contributing C FeC ID number of contributing C Mare of Employer Occupation FCAA Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 11667 Fairmont Place Name of Employer Occupation FCAA Aggregate Year-to-Date Primary General Other (specify) ▼ 450.00 FEC ID number of contributing federal political committee. Date of Receipt Mailing Address 11667 Fairmont Place Transaction ID: SA11AL4346 Mailing Address 11667 Fairmont Place 1 City State Zip Code 1 Mailing Address 11667 Fairmont Place 1 1 Rec		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 52 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11
First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) Dr. Tromas E. Malone Mailing Address 11667 Fairmont Place City State Primary C Image: Initial Committee MD Primary C Primary Cocupation Argregate Year-to-Date Transaction ID: SA11Al 4140 Amount of Each Receipt His Period \$75 per payroll contribut- Primary General Occupation Mailing Address 11667 Fairmont Place \$75 per payroll contribut- Full Name (Last, First, Middle Initial) Date of Receipt \$75 per payroll contribut- Primary General Aggregate Year-to-Date V Date of Receipt Mailing Address 11667 Fairmont Place Transaction ID: SA11Al 4346 Amount of Each Receipt His Period FEC ID number of contributing federal political committee. Date of Receipt Name (Last, First, Middle Initial) Dr. Tromas E. Malone Date of Receipt Primary General C Transaction ID: SA11Al 4346 Amount of Each Receipt His Period Y 2 0 0.7 Transaction ID: SA11Al 4346 </th <th></th> <th>Any information copied from such Reports and S or for commercial purposes, other than using the</th> <th>son for the purpose of soliciting contributions</th>		Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions		
✓ Full Name (Last, First, Middle Initial) Ør. Thomas E, Malone Maling Address 11667 Fairmont Place Ör. Thomas E, Malone MD Maling Address 11667 Fairmont Place Tassaction ID: SA11A.4140 Anount of Each Receipt In Anount of Each Receipt In Primary General Other (specify) ▼ Occupation Maling Address 11667 Fairmont Place Tassaction ID: SA11A.4140 Anesthesiologist Anount of Each Receipt In: Name (Last, First, Middle Initial) Occupation Or. Thomas E, Malone Date of Receipt Maling Address 11667 Fairmont Place Tassaction ID: SA11A.4346 Manount of Each Receipt In: Aggregate Year-to-Date ▼ Other (specify) ▼ General Other (specify) ▼ General Other (specify) ▼ General Occupation Anesthesiologist Anesthesiologist Anesthesiologist Name (Last, First, Middle Initial) Date of Receipt Or. Tommare (Last, First, Middle Initial) Date of Receipt Or. Tommare (Last, First, Middle Initial) Date of Receipt Or. Tommare (Last, First, Middle Initial) Date of Receipt			LLC Politics	al Action Committee	
Dr. Thomas E. Malone Date of Receipt Mailing Address 11667 Fairmont Place City State Zip Code Jiamsville MD 21754 FEC ID number of contributing federal political committee. C Anount of Each Receipt this Period Prevent Occupation Anesthesiologist Anount of Each Receipt this Period Receipt For: Aggregate Year-to-Date ▼ Pinnary Gity State Zip Code Jiamsville MD 21754 Foul Name (Last, First, Middle Initial) Dr. Thomas E. Malone Date of Receipt this Period Mailing Address 11667 Fairmont Place Transaction ID: SA11AL4346 Mailing Address 11667 Fairmont Place Transaction ID: SA11AL4346 Manount of Each Receipt this Period 150.00 payroll deduction Pare of Employer Occupation Anesthesiologist Anount of Each Receipt this Period 150.00 Payroll deduction Aggregate Year-to-Date ▼ Transaction ID: SA11AL4360 Transaction ID: SA11AL4360 Maing Address SD3 0 (2007) Transaction ID: SA11AL4360 Transaction ID: SA11AL4360 Maing Address General Other (specify) ▼	Ζ				
City State Zip Code Mam of Contributing MD 21754 FEC ID number of contributing C Amount of Each Receipt this Period Marce of Employer Occupation Aggregate Year-to-Date S75 per payroll contribut- Primary General Other (specify) ◆ Aggregate Year-to-Date V Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone Date of Receipt Maing Address Maing Address 11667 Fairmont Place MD 21754 Transaction UD: SA11AL4346 Maling Address 11667 Fairmont Place MD 21754 Transaction UD: SA11AL4346 Maling Address 6504 Greentree Road Aggregate Year-to-Date V Transaction UD: SA11AL4346 Amount of Each Receipt Initial Date of Receipt Maing Address 504 (2 0.0.7) Receipt For: Aggregate Year-to-Date V Transaction UD: SA11AL4346 Amount of Each Receipt Inis Period Full Name (Last, First, Middle Initial) Date of Receipt Maing Address 504 (2 0.0.7) Transaction UD: SA11AL436 Maling Address 6504 Greentree Road Maing Address 6504 Greentree Road Transaction UD: SA11AL40		Dr. Thomas E. Malone			Date of Receipt
Ijamsville MD 21754 FEC ID number of contributing federal policial committee. C Amount of Each Receipt this Period 450.00 Name of Employer FCAA Occupation Anesthesiologist Anesthesiologist Anesthesiologist Anesthesiologist Anesthesiologist Maiing Address Aggregate Year-to-Date ▼ Full Name (Last, Frist, Middle Initial) Dr. Thomas E. Malone Date of Receipt Maiing Address 11667 Fairmont Place City State Zip Code Ijamsville MD 21754 FEC ID number of contributing federal policial committee. C Name of Employer FCAA Occupation Anesthesiologist Anesthesiologist Aggregate Year-to-Date ▼ Name of Employer FCAA Occupation Anesthesiologist Anesthesiologist Date of Receipt Maiing Address 650.0 General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA114L160 Maiing Address 650.4 Greentree Road MD 200.7 Transaction ID: SA114L160 Maiing Address 650.4 Greentree Road MD 200.7 Transaction ID: SA114L160 Maiing Address 650.4 Greentree Road MD 200.7 Transaction ID: SA114L160 Maiing Address 650.4 Greentree Road MD		Mailing Address 11667 Fairmont Place	9		
FEC ID number of contributing federal political committee.		City	State	Zip Code	Transaction ID: SA11AI.4140
rederal political committee. Your State Primary General Other (specify) ▼ Agregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas E. Malone Dr. Thomas E. Malone MD Maiing Address 11667 Fairmont Place City State Ijamsville MD Primary General Occupation Anesthesiologist Aggregate Year-to-Date ME Maling Address 11667 Fairmont Place City State Ijamsville MD Perinary General Other (specify) ▼ Occupation Anesthesiologist Aggregate Year-to-Date ▼ Maiing Address 6504 Greentree Road Transaction ID: SA11AL4346 Maling Address 6504 Greentree Road MD City State Zip Code 112 Maling Address 6504 Greentree Road MD 20817 FEC ID number of contributing federal political committee. MD 20817 Transaction ID: SA11AL4160 Amount of Each Receipt this Period 12 31 2 0		ljamsville	MD	21754	Amount of Each Receipt this Period
Pricka di Ellipoyes Docupation Primary General Primary General Primary General Dr. Thomas E. Maione Mailing Address Mailing Address 11667 Fairmont Place City State Jiamsville MD PCAA MD Primary General City State Itamsville MD Name of Employer Occupation Primary General Other (specify) ▼ 450.00 Part State Zip Code Mailing Address 6504 Greentree Road City State Zip Code Primary General Occupation Ansethesiologist Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 6504 Greentree Road 12 31 2.00.7 City State Zip Code MD 20.0.0 payroll deduction Mailing Address 6504 Greentree Road MD 2.00.7 Transaction ID: SA11Al.4160 Bethesda MD 20817 A			C		
Receipt For: Aggregate Year-to-Date ▼ Citry 450.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. Thomas E. Malone MD Mailing Address 11667 Fairmont Place City State Zip Code Ijamsville MD 21754 FEC ID number of contributing C 150.00 receipt For: Occupation Primary General Occupation Maggregate Year-to-Date ▼ Primary General 0.00 Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00 Primary General Aggregate Year-to-Date ▼ 150.00 Full Name (Last, First, Middle Initial) Date of Receipt 152.00 152.00 Full Name (Last, First, Middle Initial) Date of Receipt 12 31 / 2.00.7 Transaction ID: SA11AL Aggregate Year-to-Date ▼ 12 31 / 2.00.7 Transaction ID: SA11AL Maling Address		Name of Employer FCAA			\$75 per payroll contribut- ion
Primary General Other (specify) ▼ 450.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 11667 Fairmont Place Mailing Address 11667 Fairmont Place City State Zip Code Jamsville MD 21754 FEC ID number of contributing C 150.00 receipt For: Occupation Aggregate Year-to-Date ✓ Mailing Address 6504 Greentree Road 450.00 Date of Receipt Full Name (Last, First, Middle Initial) Dr. Mollyann G. March Date of Receipt Mailing Address Mailing Address 6504 Greentree Road 450.00 Transaction ID: SA11Al.4160 Mailing Address 6504 Greentree Road MD 20817 FEC ID number of contributing tederal political committee. C Transaction ID: SA11Al.4160 Mailing Address 6504 Greentree Road MD 20817 FEC ID number of contributing tederal political committee. C Transaction ID: SA11Al.4160 Mailing Address 60areal Occupation Anesthesiologist Aggregate Year-to-Date ▼ Mare of Employer <		Receipt For:	- I - I	0	—
Dr. Thomas E. Malone Date of Receipt Mailing Address 11667 Fairmont Place City State Zip Code Jiamsville MD 21754 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Primary General Occupation Aggregate Year-to-Date Pair of Scott Primary General 450.00 Date of Receipt Mailing Address Full Name (Last, First, Middle Initial) Dr. Mollyann G. March Date of Receipt Mailing Address Mailing Address 6504 Greentree Road MD 20817 Transaction ID: SA11AI.4160 Anount of Each Receipt For: Occupation Aggregate Year-to-Date Mailing Address 6504 Greentree Road Mailing Address 6504 Greentree Road MD 20817 Transaction ID: SA11AI.4160 Amount of Each Receipt this Period 450.00 \$75 per payroll contribution \$75 per payroll contribution Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date \$75 per payroll contribution Primary General Occupation Aggregate Year-to-Date \$75 per payroll contribution <td></td> <td></td> <td></td> <td></td> <td></td>					
City State Zip Code Jiamsville MD 21754 FEC ID number of contributing rederal political committee. C Transaction ID: SA11AL.4346 Amount of Each Receipt this Period 150.00 Name of Employer FCAA Aggregate Year-to-Date Image: Content of the specify of the specific the specif	. –				Date of Receipt
Ijamsville MD 21754 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Anesthesiologist Payroll deduction Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Full Name (Last, First, Middle Initial) Dr. Molyann G. March Date of Receipt Mm M 2 0 0.7 City State Zip Code Mm M 2 0 0.7 Transaction ID: SA11AI.4160 Bethesda MD 20817 Transaction ID: SA11AI.4160 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Aresthesiologist Amount of Each Receipt this Period Name of Employer Occupation Anesthesiologist Amount of Each Receipt this Period Receipt For: Occupation Anesthesiologist Amount of Each Receipt this Period Primary General Occupation Aresthesiologist Amount of Each Receipt this Period Primary General Occupation Aresthesiologist Amount of Each Receipt thot Primary General Occupation Af50.00 \$		Mailing Address 11667 Fairmont Place)		
FEC ID number of contributing federal political committee. C 150.00 Name of Employer FCAA Occupation Anesthesiologist payroll deduction Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ pate of Receipt Full Name (Last, First, Middle Initial) Dr. Mollyann G. March Date of Receipt Date of Receipt Mailing Address 6504 Greentree Road MD 20817 FEC ID number of contributing federal political committee. C 450.00 Name of Employer FCAA Occupation Anesthesiologist Amount of Each Receipt Name of Employer FCAA Occupation Anesthesiologist Afgregate Year-to-Date ▼ Name of Employer FCAA Occupation Anesthesiologist Afgregate Year-to-Date ▼ Primary Other (specify) ▼ General Other (specify) ▼ Aggregate Year-to-Date ▼ \$75 per payroll contribution (Anesthesiologist)		City		Zip Code	Transaction ID: SA11AI.4346
federal political committee. Image: Committee committee. Image: Committee committee. Image: Committee committ		ljamsville	MD	21754	Amount of Each Receipt this Period
Name of Employer Occupation Anesthesiologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ 450.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. Mollyann G. March Date of Receipt Mailing Address 6504 Greentree Road City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. C 450.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Primary General Occupation 450.00 Name of Employer Occupation Aggregate Year-to-Date ▼ \$75 per payroll contribut- Primary General Other (specify) ▼ 450.00 \$75 per payroll contribut-			C		
Primary General Other (specify) ▼ 450.00 Full Name (Last, First, Middle Initial) Dr. Mollyann G. March Mailing Address 6504 Greentree Road City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. C 450.00 Name of Employer Occupation Aggregate Year-to-Date ▼ Primary General 450.00		Name of Employer FCAA			payroll deduction
Other (specify) ▼ 450.00 Full Name (Last, First, Middle Initial) Date of Receipt Dr. Mollyann G. March Date of Receipt Mailing Address 6504 Greentree Road City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. C 450.00 Name of Employer FCAA Occupation Anesthesiologist 450.00 Receipt For: Aggregate Year-to-Date ▼ \$75 per payroll contribut- Other (specify) ▼ 450.00 \$75 per payroll contribut-			Aggregate	e Year-to-Date 🔻	
Dr. Mollyann G. March Date of Receipt Mailing Address 6504 Greentree Road City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Anesthesiologist Afo.00 Receipt For: Aggregate Year-to-Date ▼ \$75 per payroll contribut- Primary General 450.00 \$1050.00			0 0	450.00	
City State Zip Code Bethesda MD 20817 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation 450.00 Feceipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) ▼ 450.00 1050.00	. –				Date of Receipt
Bethesda MD 20817 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 450.00 Name of Employer FCAA Occupation Anesthesiologist 450.00 Receipt For: Aggregate Year-to-Date ▼ 000 Primary General Other (specify) ▼ 450.00 1050.00		Mailing Address 6504 Greentree Road			
FEC ID number of contributing federal political committee. C 450.00 Name of Employer FCAA Occupation Anesthesiologist 450.00 Receipt For: Aggregate Year-to-Date ▼ 575 per payroll contribution Primary General Other (specify) ▼ 450.00		-		Zip Code	
federal political committee. 430.00 Name of Employer FCAA Occupation Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼		Bethesda	MD	20817	Amount of Each Receipt this Period
FCAA Occupation FCAA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 450.00			C		
Primary General Other (specify) ▼ 450.00					
Other (specify) ▼ 450.00			Aggregate	e Year-to-Date 🔻	_
SUBTOTAL of Receipts This Page (optional)			0 0	450.00	
	Γ	SUBTOTAL of Receipts This Page (ontional)	1		1050.00
	┢				

SCHEDULE A (FEC Form	3X)	FOR LINE NUMBER: PAGE 25 / 52
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
TI EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any persor sing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia Assoc	siates, LLC Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Mollyann G. March		Date of Receipt
Mailing Address 6504 Greentree	Road	1 2 / D D / Y Y Y Y 1 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.4347
Bethesda	MD 20817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer FCAA	Occupation	 payroll deduction
Receipt For:	Anesthesiologist Aggregate 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		
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	Occupation Anesthesiologist	\$50 per payroll contribut- ion
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Stephen D. Martin		Date of Receipt
Mailing Address 3336 O Street		
City	State Zip Code	Transaction ID: SA11AI.4348
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer FCAA	Occupation Anesthesiologist	 payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify) ▼	300.00	
SURTOTAL of Receipte This Page (anti	onal)	550.00
TOTAL This Period (last page this line r	number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 52 (check only one) X X 11a 11b 11c 13 14 15 16
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	on for the purpose of soliciting contributions solicit contributions from such committee.	
	angle First Colonies Anesthesia Associates,	LLC Political Action Committee	
م. م.	Full Name (Last, First, Middle Initial) Dr. Anna L. Noriega		Date of Receipt
	Mailing Address 603 Queen Street #4		12 ^{M M} /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.	C	600.00
	Name of Employer FCAA	Occupation Anesthesiologist	\$100 per payroll contribu- tion
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	600.00]
	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.4349
	Alexandria	VA 22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer FCAA	Occupation Anesthesiologist	 payroll deduction
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00]
	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon		Date of Receipt
	Mailing Address 12123 Merricks Court		M M / D D / Y Y Y Y 12 31 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 Anesthesiologist	 \$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
Γ	SUBTOTAL of Receipts This Page (optional)	L	1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 27 / 52 (check only one) X X 11a 11b 11c		
Any	information copied from such Reports and St	tatements may		son for the purpose of soliciting contributions		
or fo	or commercial purposes, other than using the	name and add	Iress of any political committee t	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	First Colonies Anesthesia Associates, I	LLC Politica	I Action Committee			
	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon			Date of Receipt		
Ν	Mailing Address 12123 Merricks Court			M · M / D · D / Y · Y · Y · Y Y		
Ċ	Dity	State	Zip Code	Transaction ID: SA11AI.4350		
1	Vonrovia	MD	21770	Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	С		100.00		
- 1 1	Name of Employer FCAA	ı iologist	payroll deduction			
Ē	Receipt For:	1 I	Year-to-Date V			
	Primary General Other (specify) ▼		300.00			
	Full Name (Last, First, Middle Initial) Dr. Phillip H. Owens			Date of Receipt		
N	Mailing Address 141 Adams Street NW			M M / D D / Y Y Y Y 12 31 2007		
	City	State	Zip Code	Transaction ID: SA11AI.4122		
7	Washington	DC	20001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			300.00		
– ۲ ۱	Name of Employer FCAA	Occupation Anesthes		\$50 per payroll contribut- ion		
F	Receipt For:	Aggregate	Year-to-Date V			
	Other (specify) ▼		300.00			
	Full Name (Last, First, Middle Initial) Dr. Phillip H. Owens	I		Date of Receipt		
N	Mailing Address 141 Adams Street NW			M M / D D / Y Y Y Y 12 31 2007		
	City	State	Zip Code	Transaction ID: SA11AI.4351		
7	Washington	DC	20001	Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	C		100.00		
F _	Name of Employer -CAA	Occupation Anesthes		payroll deduction		
F	Receipt For:	Aggregate	Year-to-Date 🔻			
	Other (specify) ▼	0 0	300.00			
su	BTOTAL of Receipts This Page (optional)	I		500.00		
	TAL This Period (last page this line number of					

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 52 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any info	rmation copied from such Reports and Sta mmercial purposes, other than using the n	n for the purpose of soliciting contributions		
	IE OF COMMITTEE (In Full) t Colonies Anesthesia Associates, L	LC Political	Action Committee	
	Name (Last, First, Middle Initial) aul M. Park			Date of Receipt
Maili	ng Address 821 Oak Knoll Terrace			1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7
City		State	Zip Code	Transaction ID: SA11AI.4124
	kville	MD	20850	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		300.00
Nam FCA	e of Employer A	Occupation Anesthesi		 \$50 per payroll contribut- ion
Rece	eipt For:	Aggregate `	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
	Name (Last, First, Middle Initial) 'aul M. Park			Date of Receipt
Maili	ng Address 821 Oak Knoll Terrace			M - M / D - D Y Y - Y - Y Y 12 31 2007
City		State	Zip Code	Transaction ID: SA11AI.4352
	kville	MD	20850	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		100.00
Nam FCA	e of Employer A	Occupation Anesthesi		payroll deduction
Rece	sipt For:	Aggregate `	Year-to-Date 🔻	
	Primary General Other (specify)	0 0	300.00	
	Name (Last, First, Middle Initial) estutis J Pauliukonis			Date of Receipt
Maili	ng Address 1813 Solitare Lane			M M / D D Y Y Y Y </td
City		State	Zip Code	Transaction ID: SA11AI.4126
	ean	VA	22101	Amount of Each Receipt this Period
fede	ID number of contributing ral political committee.	C		300.00 \$50 per payroll contribut-
	e of Employer A	Occupation Anesthesi		ion
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 300.00]
SUBTO	TAL of Receipts This Page (optional)			700.00
	This Period (last page this line number or			

	E A (FEC Form 3X) RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 52 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17					
Any information or for commercia	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	OMMITTEE (In Full) ies Anesthesia Associates,	LLC Political Action Committee						
Full Name (L Dr. Kestutis J	ast, First, Middle Initial) Pauliukonis		Date of Receipt					
Mailing Addr	ess 1813 Solitare Lane		M M / D D / Y Y Y Y 12 31 2007					
City		State Zip Code	Transaction ID: SA11AI.4353					
McLean		VA 22101	Amount of Each Receipt this Period					
	ber of contributing al committee.	C	100.00					
Name of Em FCAA	ployer	Occupation Anesthesiologist	 payroll deduction 					
Receipt For:		Aggregate Year-to-Date ▼	1					
Primar Other (y General specify) ▼	300.00						
Full Name (L Dr. Michael J.	ast, First, Middle Initial) Peck	I	Date of Receipt					
Mailing Addr	ess 4 Farm Haven Court		M · M / D · D Y Y · Y · Y Y 12 31 2007					
City		State Zip Code	Transaction ID: SA11AI.4162 Amount of Each Receipt this Period					
Rockville		MD 20852						
federal politic	ber of contributing al committee.	C	450.00					
Name of Em FCAA	ployer	Occupation Anesthesiologist	 \$75 per payroll contribut- ion 					
Receipt For:		Aggregate Year-to-Date 🔻						
Other (y General specify) ▼	450.00						
Full Name (L Dr. Michael J	ast, First, Middle Initial) Peck		Date of Receipt					
Mailing Addr	ess 4 Farm Haven Court		M - M / D - D Y Y - Y - Y Y 12 31 2007					
City		State Zip Code	Transaction ID: SA11AI.4354					
Rockville		MD 20852	Amount of Each Receipt this Period					
federal politic	ber of contributing al committee.	C	150.00					
Name of Em FCAA	ployer	Occupation Anesthesiologist	payroll deduction					
Receipt For: Primar Other (y General specify) ▼	Aggregate Year-to-Date ▼ 450.00]					
SUBTOTAL of	Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	700.00					
		only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sche for each category o Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 30 / 52 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
[Any information copied from such Reports and S or for commercial purposes, other than using the	y any person form	for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,				
A.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba				Date of Receipt
	Mailing Address 8400 Tysons Trace Co	12 D D / Y Y Y Y 12 31 2007			
	City	State	Zip Code		Transaction ID: SA11AI.4128
	Vienna	VA	22182		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 contribut- ion
	Receipt For:		e Year-to-Date V		
	Primary General Other (specify) ▼		1 1 1 1 1	00.00	
В.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba				Date of Receipt
	Mailing Address 8400 Tysons Trace Co	12 / 31 / Y Y Y 12 31			
	City	State	Zip Code		Transaction ID: SA11AI.4355
	Vienna FEC ID number of contributing federal political committee.	C	22182		Amount of Each Receipt this Period 100.00
	Name of Employer FCAA	Occupatio Anesthes			payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3	00.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic				Date of Receipt
	Mailing Address 3912 Calverton Drive				12 31 YYYY 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			300.00
	Name of Employer FCAA	Occupatio Anesthes	siologist		\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3	00.00	
	SUBTOTAL of Receipts This Page (optional)				700.00
	TOTAL This Period (last page this line number	only)		····· ►	

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 52 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from su or for commercial purposes, ot	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (I	n Full) sia Associates, LLC Politic	cal Action Committee						
Full Name (Last, First, Midd								
A. Dr. Eugen Pirovic Mailing Address 3912 C	alverton Drive	Date of Receipt						
City	State	Zip Code	Transaction ID: SA11AI.4356					
Hyattsville	MD	20782	Amount of Each Receipt this Period					
FEC ID number of contribut federal political committee.	ting		100.00					
Name of Employer FCAA	Occupati Anesthe	ion esiologist	payroll deduction					
Receipt For:		te Year-to-Date V						
Primary Ger Other (specify) ▼	neral	300.00						
Full Name (Last, First, Mide Dr. Clyde W. Pray	dle Initial)		Date of Receipt					
Mailing Address 908 Oa	k Knoll Terrace	12 ^{//} 31 [/] 2007						
City	State	Zip Code	Transaction ID: SA11AI.4130					
Rockville	MD	20850	Amount of Each Receipt this Period					
FEC ID number of contribut federal political committee.	ting		300.00					
Name of Employer FCAA	Occupati Anesthe	ion esiologist	\$50 per payroll contribut- ion					
Receipt For:		te Year-to-Date 🔻						
Primary Ger Other (specify) ▼	neral	300.00						
Full Name (Last, First, Mido Dr. Clyde W. Pray	dle Initial)		Date of Receipt					
Mailing Address 908 Oa	k Knoll Terrace		M M / D D / Y Y Y Y 12 / 31 / 2007					
City	State	Zip Code	Transaction ID: SA11AI.4357					
Rockville	MD	20850	Amount of Each Receipt this Period					
FEC ID number of contribut federal political committee.			payroll deduction					
Name of Employer FCAA	i !	esiologist						
Receipt For: Primary Ger Other (specify) ♥	neral Aggrega	te Year-to-Date 300.00						
SUBTOTAL of Receipts This	Page (optional)		500.00					
	e this line number only)		· · · · · · · · · · · · · · · · · · ·					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 52 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,			
۷ A.	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney			Date of Receipt
	Mailing Address 1819 N. Greenlease D	Drive		1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4229
	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 Anesthesi		\$50 per payroll contribut- ion
	Receipt For:	- I - I	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Kathleen Ranney			Date of Receipt
	Mailing Address 1819 N. Greenlease D	Drive		M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4358
	Frederick	MD	21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation Anesthesi		payroll deduction
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Ko J. Richard			Date of Receipt
	Mailing Address 4101 Hunt Road			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4114
	Fairfax	VA	22032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupation Anesthesi		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
ſ	SUBTOTAL of Receipts This Page (optional)			700.00
ŀ	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 52 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	I Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Marianne Ries			Date of Receipt
	Mailing Address 114 Midtown Road			12 31 Y Y Y Y 12 31
	City	State	Zip Code	Transaction ID: SA11AI.4132
	Gaithersburg	MD	20878	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 contribut- ion
	Receipt For:	1 -	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Marianne Ries			Date of Receipt
	Mailing Address 114 Midtown Road			1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4359
	Gaithersburg	MD	20878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		payroll deduction
	Name of Employer FCAA	Occupation Anesthes		payroli deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto			Date of Receipt
	Mailing Address 6409 Pinehurst Road			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4190
	Baltimore	MD	21212	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 contribut- ion
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify)	0 0	300.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 700.00
ŀ	TOTAL This Period (last page this line number	only)		•

SCHEDULE A (FEC Forr		FOR LINE NUMBER: PAGE 34 / 52 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 10$
Any information copied from such Rep or for commercial purposes, other than	orts and Statements may not be sold or used by any person using the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
First Colonies Anesthesia Ass	sociates, LLC Political Action Committee	
Full Name (Last, First, Middle Initial Dr. Charles Rizzuto)	Date of Receipt
Mailing Address 6409 Pinehurs	st Road	12 007
City	State Zip Code	Transaction ID: SA11AI.4360
Baltimore	MD 21212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	300.00	
Other (specify)		
Full Name (Last, First, Middle Initial Dr. Timothy Robinson)	Date of Receipt
Mailing Address 2212 Dalewoo	od Road	1 2 3 1 2 0 0 7
City	State Zip Code	Transaction ID: SA11AI.4192
Timonium	MD 21093	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 contribut- ion
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial Dr. Timothy Robinson)	Date of Receipt
Mailing Address 2212 Dalewoo	od Road	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.4361
<u>Timonium</u>	MD 21093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer FCAA	Occupation Anesthesiologist	 payroll deduction
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Possints This Page /	potional	500.00
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TOTAL This Period (last page this lin	e number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 35 / 52 (check only one)
_			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage 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.
Ń	NAME OF COMMITTEE (In Full)			
	First Colonies Anesthesia Associates,	, LLC Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood			Date of Receipt
	Mailing Address 14700 Crossway Road	d		M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.4236
	Rockville	MD	20853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer FCAA	Occupatio Anesthes		\$100 per payroll contribu- tion
	Receipt For:	- I - I	e Year-to-Date V	-
	Primary General Other (specify) ▼		600.00	
_	Full Name (Last, First, Middle Initial)			-
3.	Dr. Suzanne Scattergood			Date of Receipt
	Mailing Address 14700 Crossway Road	d		M M / D D / Y Y Y </th
	City	State	Zip Code	Transaction ID: SA11AI.4365
	Rockville	MD	20853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer FCAA	Occupatio Anesthes		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	600.00]
-).	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman	1		Date of Receipt
	Mailing Address 8010 Summer Mill Co	urt		M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4134
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer FCAA	Occupatio Anesthes		Anesthesiologist
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 52 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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			
. Ľ	Full Name (Last, First, Middle Initial) Dr. Gerald M. Scheinman			Date of Receipt
	Mailing Address 8010 Summer Mill Court			12 31 Y Y Y Y 12 31
	City State Zip Code			Transaction ID: SA11AI.4366
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio Anesthes		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date	_
	Other (specify)	0 0	300.00]
3.	Full Name (Last, First, Middle Initial) Nader Soliman			Date of Receipt
	Mailing Address 22905 David Mill Road			12 ^{//} /2007
	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	Occupatio Anesthes		50 per payroll contributi- on
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 300.00]
;.	Full Name (Last, First, Middle Initial) Nader Soliman			Date of Receipt
	Mailing Address 22905 David Mill Road			M M / D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4367
	Germantown	MD	20876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio Anesthes	siologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
	SUBTOTAL of Receipts This Page (optional)			500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 52 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Robert Study			Date of Receipt
	Mailing Address 6 Beall Spring Court			1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4164
	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 Anesthesi		\$50 per payroll contribut- ion
	Receipt For:	1 1	Year-to-Date V	
	Primary General Other (specify) ▼		300.00]
В.	Full Name (Last, First, Middle Initial) Dr. Robert Study			Date of Receipt
	Mailing Address 6 Beall Spring Court			12 D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4368
	Potomac	MD	20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation Anesthesi		payroll deduction
	Receipt For:	1 1	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
C.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan			Date of Receipt
	Mailing Address 2454 Fire Schillings			12 D D / Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4238
	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 Anesthesi		\$50 per payroll contribut- ion
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
	SUBTOTAL of Receipts This Page (optional)			700.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 52 (check only one)
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	to solicit contributions from such committee.
	First Colonies Anesthesia Associates,	LLC Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan	Date of Receipt	
	Mailing Address 2454 Fire Schillings		1 2 3 1 Y Y Y Y Y 1 2 3 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.4369
	Frederick	MD 21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan		Date of Receipt
	Mailing Address 2454 Five Schillings R	oad	M M / D D Y
	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 contribut- ion
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	300.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan	1	Date of Receipt
	Mailing Address 2454 Five Schillings R	oad	M M / D D / Y Y Y Y 12 31 2007
	City	State Zip Code	Transaction ID: SA11AI.4370
	Frederick	MD 21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	300.00	
	SUBTOTAL of Receipts This Page (optional)		500.00
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		Detailed Summary Page	13 14 15 16 17
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	AME OF COMMITTEE (In Full)	LC Delitical Action Committee	
	irst Colonies Anesthesia Associates, I	LO POINCAI ACUON COMMITTEE	
	ull Name (Last, First, Middle Initial) r. Louis W. Swann	Date of Receipt	
М	ailing Address P.O. Box 6081		12 31 YYYY 12 31
	ity	State Zip Code	Transaction ID: SA11AI.4166
_	1cLean	VA 22106	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С	300.00
N: F	ame of Employer CAA	Occupation Anesthesiologist	\$50 per payroll contribut- ion
R	eceipt For:	Aggregate Year-to-Date V	1
-	Primary General Other (specify) ▼	300.00	
	ull Name (Last, First, Middle Initial) r. Louis W. Swann		Date of Receipt
	ailing Address P.O. Box 6081		1 2 3 1 2 0 0 7
	ity	State Zip Code	Transaction ID: SA11AI.4371
_	1cLean	VA 22106	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	100.00
N F	ame of Employer CAA	Occupation Anesthesiologist	 payroll deduction
R	eceipt For:	Aggregate Year-to-Date V	
-	Primary General Other (specify) ▼	300.00	
	ull Name (Last, First, Middle Initial) ohn Tam		Date of Receipt
	ailing Address 10905 Cripplegate Roa	d	12 31 2007
	ity	State Zip Code	Transaction ID: SA11AI.4280
_		MD 20854	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C	300.00
N F	ame of Employer CAA	Occupation Anesthesiologist	50 per payroll contributi- on
R	eceipt For:	Aggregate Year-to-Date V	1
-	Primary General Other (specify) ▼	300.00	
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Ary Hormation copied from such Reports and Statements may not be sold or used by any person for the purpose of soldiling contributions from such committee. NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) Jam Time Mailing Address 109:005 Cripplegate Road City State PEC ID number of contributing City Name (Last, First, Middle Initial) Mailing Address 100:00 Page of contributing City Name (Last, First, Middle Initial) Mailing Address Other (specify) Query Name (Last, First, Middle Initial) Der (specify) Other (specify) General Other (specify) General Mailing Address 507 Goodland Place Robolytille Mailing Address State Zip Code Name (Last, First, Middle Initial) Dr. Rojack F. Tan Mailing Address 507 Goodland Place Robolytille				Detailed Summary Page	
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City State Zip Code Potomac MD 2054 FEC 10 number of contributing rederal political committee. C Transaction ID: SA11AL4372 Namout of Each Receipt For: Aggregate Year-to-Date Image: Contributing rederal political committee. Image: Contributing rederal political committee. Image: Contributing rederal political committee. Full Name (Last, First, Middle Initial) Dr. Rejack F. Tan Date of Receipt For: Image: Contributing rederal political committee. Date of Receipt For: Name of Employer Occupation Anesthesiologist Aggregate Year-to-Date Image: Contributi- Sion Date of Receipt For: Name of Employer Occupation Anesthesiologist Aggregate Year-to-Date Image: Contributi- Sion Siste Zip Code Mailing Address S07 Goodland Place Conter (specify) Tor: Siste Zip Code Aggregate Year-to-Date Image: Contribut- Infigure F. Tan Mailing Address S07 Goodland Place Transaction ID: SA11AL4383 Anount of Each Receipt Ibis Period FCL ID number of contributing federal political committee. MD 20850 FEC ID Intro- SA11/AL4373 Anount of Each Receipt Ibis Period FCAA Mailing Address S07 Goodland Place Tra	A.		Date of Receipt		
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federal political committee. Image: Committee.			MD	20850	Amount of Each Receipt this Period
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Primary General Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional) 500.00					
Other (specify) ▼ 300.00 SUBTOTAL of Receipts This Page (optional) 500.00			Aggregate	e Year-to-Date 🔻	_
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	ſ	SUBTOTAL of Receipts This Page (optional)			500.00
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate so for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 41 / 52 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used Idress of any politica	d by any person I committee to s	for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Commit	tee	
۷ A.	Full Name (Last, First, Middle Initial) Bernard Tsai				Date of Receipt
	Mailing Address 10013 New London Dr	rive			1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7
	City	State	Zip Code		Transaction ID: SA11AI.4282
	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 contributi- on
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	0 0 0 0 0	300.00	
- B.	Full Name (Last, First, Middle Initial) Bernard Tsai				Date of Receipt
	Mailing Address 10013 New London Dr	rive			12 31 YYYYY 12 31 2007
	City	State	Zip Code		Transaction ID: SA11AI.4374
	Potomac	MD	20854		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer FCAA	Occupation Anesthe			payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼			300.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon				Date of Receipt
	Mailing Address 22 Woodfield Court				12 31 YYYYY 12 31 2007
	City	State	Zip Code		Transaction ID: SA11AI.4204
	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 Anesthe			\$50 per payroll contribut- ion
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 🔻	300.00	
Г		0 0	0 0 0 0 0	0 0 0	
	SUBTOTAL of Receipts This Page (optional)			····· ►	700.00
	TOTAL This Period (last page this line number	only)		►	

c	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42/52
	· · ·		Use separate schedule(s) for each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
A	ny information copied from such Reports and Si	tatements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 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	
A.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon			Date of Receipt
	Mailing Address 22 Woodfield Court			12 31 Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4375
	Reisterstown	MD	21136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	n	payroll deduction
	FCAA ' '	Anesthes	siologist	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		300.00]
— В.	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief			Date of Receipt
	Mailing Address 405 Apple Grove Road	ł		M M / D D / Y
	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 contribut- ion
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
— C.	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	1		Date of Receipt
	Mailing Address 405 Apple Grove Road	ł		12 31 Y Y Y Y 12 31 2007
	City	State	Zip Code	Transaction ID: SA11AI.4376
	Silver Spring	MD	20904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupation Anesthes		payroll deduction
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00]
	SUBTOTAL of Receipts This Page (optional)			500.00
	OTAL This Period (last page this line number of			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 43 / 52 (check only one)
I			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
A.	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 12 31 2007
	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	Occupatio Anesthes		\$50 per payroll contribut- ion
	Receipt For:	1 1	e Year-to-Date V	
	Primary General Other (specify) ▼		300.00	7
_	Eull Name (Last Eiset Middle Initial)		<u> </u>	
в.	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 12 / 31 / 2007
	City	State	Zip Code	Transaction ID: SA11AI.4377
	Chevy Chase	MD	20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio Anesthes		payroll deduction
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Mark Vogt	1		Date of Receipt
5.	Mailing Address 1149 Colonial Road			1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.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	Occupatio Anesthes		\$50 per payroll contribut- ion
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00	
ſ	CUDTOTAL of Dessints This Dars (action a)	1		700.00
╞	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 52 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to	n for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) First Colonies Anesthesia Assoc	iates, LLC Political Action Committee					
Full Name (Last, First, Middle Initial) Dr. Mark Vogt		Date of Receipt				
Mailing Address 1149 Colonial Re	Mailing Address 1149 Colonial Road					
City	State Zip Code	Transaction ID: SA11AI.4379				
<u>McLean</u>	VA 22101	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer FCAA	Occupation Anesthesiologist	 payroll deduction 				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Dr. Christopher J. Wahlgren		Date of Receipt				
Mailing Address 1200 Colvin Mea	Mailing Address 1200 Colvin Meadows Lane					
City	State Zip Code	Transaction ID: SA11AI.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 Anesthesiologist	 \$50 per payroll contribut- ion 				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Dr. Christopher J. Wahlgren	I	Date of Receipt				
Mailing Address 1200 Colvin Mea	adows Lane	12 31 2007				
City	State Zip Code	Transaction ID: SA11AI.4380				
Great Falls	VA 22066	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.						
Name of Employer FCAA	Occupation Anesthesiologist	 payroll deduction 				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (opti	onal)	500.00				
	number only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 52 (check only one) 11a X 11a 11b I3 14 15 16			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to s				
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Political Action Committee				
A.	Full Name (Last, First, Middle Initial) Dr. Timothy G. Wex		Date of Receipt			
	Mailing Address 11429 Cedar Ridge Dr	ive	12 31 Y Y Y Y 12 31			
	City	State Zip Code	Transaction ID: SA11AI.4172			
	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 Anesthesiologist	\$50 per payroll contribut- ion			
	Receipt For:	Aggregate Year-to-Date ▼				
	 Primary General Other (specify) ▼ 	300.00				
- В.	Full Name (Last, First, Middle Initial) Dr. Timothy G. Wex		Date of Receipt			
	Mailing Address 11429 Cedar Ridge Dr	ive	12 31 Y Y Y Y 12 31			
	City	State Zip Code	Transaction ID: SA11AI.4381			
	Potomac	MD 20854	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	100.00			
	Name of Employer FCAA	Occupation Anesthesiologist				
	Receipt For:	Aggregate Year-to-Date				
	Primary General Other (specify) ▼	300.00				
- с.	Full Name (Last, First, Middle Initial) Dr. David Wheeler		Date of Receipt			
	Mailing Address 1108 Collingwood Cou	rt	12 31 Y Y Y Y 12 31 2007			
	City	State Zip Code	Transaction ID: SA11AI.4194			
	Elkridge	MD 21075	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 contribut- ion			
	Receipt For:	Aggregate Year-to-Date 🔻				
	 Primary General Other (specify) ▼ 	300.00				
	SUBTOTAL of Receipts This Page (optional)		▶ 700.00			
	TOTAL This Period (last page this line number	only)	•			

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 52 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	First Colonies Anesthesia Associates,	LLC Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. David Wheeler		Date of Receipt
	Mailing Address 1108 Collingwood Cou	ırt	1 2 3 1 Y Y Y Y Y 1 2 3 1 2 0 0 7
	City	State Zip Code	Transaction ID: SA11AI.4382
	Elkridge	MD 21075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer FCAA	Occupation Anesthesiologist	 payroll deduction
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify)	300.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Thomas M. Wherry	I	Date of Receipt
	Mailing Address 611 W. 2nd. Street		12 / <u>Y Y Y Y</u> 12 / <u>31</u> / <u>2007</u>
	City	State Zip Code	Transaction ID: SA11AI.4208
	Frederick FEC ID number of contributing	MD 21701	Amount of Each Receipt this Period
	federal political committee.		\$50 per payroll contribut-
	Name of Employer FCAA	Occupation Anesthesiologist	ion
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
– C.	Full Name (Last, First, Middle Initial) Dr. Thomas M. Wherry		Date of Receipt
	Mailing Address 611 W. 2nd. Street		12 / ^D D / <u>Y Y Y Y</u> 12 31 2007
	City	State Zip Code	Transaction ID: SA11AI.4383
	Frederick	MD 21701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) v	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)		500.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 52 (check only one) (check 112 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any p dress of any political committ	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) First Colonies Anesthesia Associates,	LLC Politica	al Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon			Date of Receipt
	Mailing Address 18212 Wickham Road			1 2 3 1 Y Y Y Y 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11AI.4198
	Olney	MD	20832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		\$50 per pouroll contribut
	Name of Employer FCAA	Occupatio Anesthes		\$50 per payroll contribut- ion
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	· .
- B.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon			Date of Receipt
	Mailing Address 18212 Wickham Road	1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11AI.4385
	Olney	MD	20832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer FCAA	Occupatio Anesthes		
	Receipt For:	1 · ·	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu			Date of Receipt
	Mailing Address 13508 Gumspring Roa	ad		12 31 Y Y Y Y 12 31
	City	State	Zip Code	Transaction ID: SA11AI.4148
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00 \$50 per payroll contribut-
	Name of Employer FCAA	Occupatio Anesthes		ion
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) \bigtriangledown		300.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 700.00
ŀ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 48 / 52 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
Any information copied from such Reports a or for commercial purposes, other than usin	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full)					
First Colonies Anesthesia Associa	tes, LLC Political Action Committee				
Full Name (Last, First, Middle Initial) Dr. Aiqin Yu					
Mailing Address 13508 Gumspring	Road	12 ^M 12 ^D 31 ^Y 2007			
City	State Zip Code	Transaction ID: SA11AI.4386			
Rockville	MD 20850	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer FCAA	Occupation Anesthesiologist	 payroll deduction 			
Receipt For:	Aggregate Year-to-Date V	_			
Primary General	300.00				
Other (specify)					
Full Name (Last, First, Middle Initial) Dr. Jungim A. Yun		Date of Receipt			
Mailing Address 2057 Thurston Ro	ad	M M / D D / Y Y Y Y 12 31 2007			
City	State Zip Code	Transaction ID: SA11AI.4242			
Frederick	MD 21704	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 contribut- ion 			
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	300.00				
Full Name (Last, First, Middle Initial) Dr. Jungim A. Yun		Date of Receipt			
Mailing Address 2057 Thurston Ro	ad				
City	State Zip Code	Transaction ID: SA11AI.4387			
Frederick	MD 21704	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer FCAA	Occupation Anesthesiologist	payroll deduction			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General Other (specify) ▼	300.00				
SUBTOTAL of Descripto This Desc (artist		500.00			
SUBTUTAL OF Receipts This maye (option	nal)				
TOTAL This Period (last page this line nur	mber only)	27460.00			

Detailed Summary Page 21b 22 X 23 24 25 2		CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only			
ar 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 Malling Address Transaction ID: SB23.4251 Date of Disbursement Political Contribution City Annapolis MD Political Contribution Catagory Office Sought: Y House President State: MD Distruct: 15 Full Name (Last, First, Middle Initial) Andy Harris Maling Address 11 Bladen Street Room 414 City City Cathered Andy Harris Maling Address 11 Bladen Street Room 414 City Cathered City Cathered Andy Harris Maling Address 11 Bladen Street Room 414 City Cathered Office Sought: X House Senate Disbursement			Detailed Summary Page				
First Colonies Ansethesia Associates, LLC Political Action Committee Full Name (Last, First, Middle Initial) Rob Gargiola Mailing Address Mailing Address Disbursement Purpose of Disbursement Portical Contrbution Category/ Type Office Sought: House District: 15 Full Name (Last, First, Middle Initial) Andy Harris Maling Address 11 Bladon Street Room 414 City State Maling Address 11 Bladon Street Room 414 City State Maling Address 11 Bladon Street Room 414 City Monut of Each Disbursement this Period Office Sought: X House President District: 07 Disbursement For: X Primary General Office Sought: X House President Office Sought: X House President Disbursement For: Propose of Disbursement Disbursement For: President State: MD Maling Address 11 Bladen Street Room 414 City State Maling Address 11 Bladen Street Room 414 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>							
Full Name (Last, First, Middle Initia) Transaction ID: SB23.4251 Mailing Address 11 Bladen Street Room 104 MD City Mailing Address Annapolis MD Purpose of Disbursement 011 Cardidate Name Disbursement For: Yppe Yea Office Sought: House Yeasion Disbursement For: Yppe President State: MD Distrest Distrest 15 Bladen Street Room 414 11 City State Annayolis MD President State State: MD Disbursement For: Yeinical Contribution 011 Cardidate Name 011 Office Sought: X House Senate Disbursement For: Yeinical Contribution 011 Cardidate Name 015 Other (specify)	\rangle	, , , , , , , , , , , , , , , , , , ,	LLC Political Action Commi	ttee			
Rob Gargiola Date of Disbursement Mailing Address 11 Bladen Street Room 104 MD City State Amount of Each Disbursement Political Contribution Cardidate Name Office Sought: House President Disbursement Political Contribution Candidate Name Office Sought: House President Disbursement President Mailing Address 11 Bladen Street Room 414 City Room 414 City Puropse of Disbursement Political Contribution Cardidate Name Office Sought: President State: MD District: 15 Mailing Address President State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address It Bladen Street Room 414 City Maing		·					
Room 104 State Zip Code Annapolis MD 21401 Purpose of Disbursement 011 Catggory/ Type Office Sought: House Disbursement For: 011 Candidate Name 011 Category/ Type Transaction ID: SB23.4253 Office Sought: House District: 15 Transaction ID: SB23.4253 Full Name (Last, First, Middle Initial) Other (specify) ▼ Transaction ID: SB23.4253 Malling Address 11 Bladen Street Room 414 Amount of Each Disbursement this Period City Malling Address 11 Bladen Street Room 414 China State: MD Disbursement For: Amount of Each Disbursement this Period Cardidate Name Disbursement For: 2300.00 Coffice Sought: X House Disbursement For: State: MD District: 07 Transaction ID: SB23.4255 Full Name (Last, First, Middle Initial) Andy Harris Malling Address 11 Bladen Street Room 414 Other (specify) ▼ Full Name (Last, First, Middle Initial) MD 21401 Andy Harris MD 21401 Purpose of Disbursement MD					Date of Disbursement		
Annapolis MD 21401 Purpose of Disbursement 011 250.00 Policial Contribution 011 Category/ Type 250.00 Office Sought: House Disbursement For: Office Sought: Yensident State: MD District: 15 Disbursement For: Transaction ID: SB23.4253 Andy Harris Mailing Address 11 Bladen Street Transaction ID: SB23.4253 Mailing Address 11 Bladen Street MD 21401 Anount of Each Disbursement this Period Political Contribution 011 Category/ Type X 20 0 7 X Office Sought: X House Disbursement For: X Primary General Other (specify) V City Snate Disbursement For: X Primary General Transaction ID: SB23.4255 Date of Disbursement District: 07 Transaction ID: SB23.4255 Date of Disbursement this Period City Snate President Disbursement For: X Primary General Y 2 0 0 7 Y Purpose of Disbursement Mailing Address 11 Bladen Street Room 414					08 27 2007		
Political Contribution 011 Candidate Name 011 Category/ Type Office Sought: House X Senate Disbursement For: Other (specify) ▼ State: MD District: 15 Disbursement For: Room 414 Transaction ID: SB23.4253 Malling Address 11 Bladen Street Room 414 Zip Code Amount of Each Disbursement this Period Othics Sought: X House Senate Disbursement For: Peristent Y 2 0 0 7 Y Office Sought: X House Senate Disbursement For: Y Primary General Office Sought: X House Senate Disbursement For: Y Primary General Office Sought: X House Senate Disbursement For: Y Primary General Malling Address 11 Bladen Street Room 414 Transaction ID: SB23.4255 Malling Address 11 Bladen Street Room 414 Transaction ID: SB23.4255 Malling Address 11 Bladen Street Room 414 Zip Code Zito0 Office Sought: X House Y 2 0 0 7 Y Amount of Each Disbursement this Period Office Sought: X House Y 2 0 0 7 Y Primary X General Amount of Each Disbursement this Period Office Sought: X House Y 2 0 0 7 Disbursement For: Y 2 0 0 7 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>							
Office Sought: House Disbursement For: Type Office Sought: Yesident District: 15 Primary X General Full Name (Last, First, Middle Initial) Andy Harris Transaction ID: SB23.4253 Mailing Address 11 Bladen Street Room 414 Transaction ID: SB23.4253 City Mailing Address 11 Bladen Street Room 414 City State Zip Code Annount of Each Disbursement this Period 011 Cardidate Name Other (specify) ▼ Office Sought: X House State: MD District: 07 Full Name (Last, First, Middle Initial) Other (specify) ▼ Andy Harris Disbursement For: Mailing Address 11 Bladen Street Room 414 City State Zip Code MD Mailing Address 11 Bladen Street Room 414 Image: Code MD City State Zip Code MD Amount of Each Disbursement this Period Office Sought: X House Disbursement For: Senate Primary General Other (specify) Office Sought: Neuse Disbursement For:		Political Contribution		011	250.00		
X Senate President State: MD Primary Other (specify) X General Other (specify) Full Name (Last, First, Middle Initial) Andy Harris Transaction ID: SB23.4253 Date of Disbursement Mailing Address 11 Bladen Street Room 414 Zip Code MD Amount of Each Disbursement Political Contribution 011 Category/ Type Amount of Each Disbursement this Period Political Contribution 011 Category/ Type Amount of Each Disbursement this Period Office Sought: X House President Disbursement For: X Primary General Office Sought: X House President Disbursement For: X Primary General Mailing Address 11 Bladen Street Room 414 Zip Code Annapolis Amount of Each Disbursement Mis Period Mailing Address 11 Bladen Street Room 414 Zip Code Annapolis Amount of Each Disbursement Mis Period Mailing Address 11 Bladen Street Room 414 Zip Code Annapolis Amount of Each Disbursement this Period Office Sought: X House Room file Disbursement For: Primary Other (specify) Amount of Each Disbursement this Period Office Sought: X House President Disbursement For: Primary Other (specify) Amount of Each Disbursement for: Primary Zip Ot							
State: MD District: 15 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 Zip Code City MD Annapolis MD Political Contribution 011 Candidate Name Disbursement Price Office Sought: X State: MD District: 07 Full Name (Last, First, Middle Initial) Answert Price Andy Harris Disbursement For: State: MD District: 07 Full Name (Last, First, Middle Initial) Andy Harris Mailing Address 11 Bladen Street Room 414 State Zip Code Anay Harris MD Mailing Address 11 Bladen Street Room 414 State Zip Code Anapolis MD 21401 Purpose of Disbursement MD Political Contribution 011 Category/ Type Office Sought: X President Disbursement For: President Disbursement For: <td< td=""><td></td><td>X Senate</td><td>Primary X General</td><td></td><td></td></td<>		X Senate	Primary X General				
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FEC Schedule B (Form 3X) (Revised 02/2003)

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	\backslash	First Colonies Anesthesia Associa	ites, LLC	Political A	Action Co	ommittee	Э									
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		Mailing Address 6 Bladden Stree Room 363	t						11		C	8		2	007	
		City Annapolis	-	State MD	Zip Code 21401	e			Amou	nt of	Each	Dis	bursen	-	this Pe	
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`	DF COMMITTEE (In Full) plonies Anesthesia Assoc	ciates, LLC Political Action Com	mittee	
Full Nan Dan Ko	ne (Last, First, Middle Initial) pontz			Transaction ID: SB29.4262 Date of Disbursement
Mailing	Address 1901 Researc Suite 350	h Blvd		$12^{M} / 15^{D} / 2007^{Y}$
City Rockvi		State Zip Code MD 20850		Amount of Each Disbursement this Period
Purpose	of Disbursement			759.00
Candida	te Name		Category/ Type	
Office S	Senate President	Disbursement For: Primary Gene Other (specify) V	ral	
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	ne (Last, First, Middle Initial) a Max Brocato			Transaction ID: SB29.4244 Date of Disbursement
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Lobbyist				1363.63
Candida	te Name		Category/ Type	
Office S State:	ought: House Senate President District:	Disbursement For: Primary Gene Other (specify) ▼	ral	
Full Nan	ne (Last, First, Middle Initial) a Max Brocato	1		Transaction ID: SB29.4246 Date of Disbursement
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Lobbyist				1363.63
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FEC Schedule B (Form 3X) (Revised 02/2003)

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	First Colonies Anesthesia Associa	ates, LLC Political Action Comm	ittee	
. –	Full Name (Last, First, Middle Initial)			Transaction ID: SB29.4248
Α.	Barbara Max Brocato			Date of Disbursement
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	Candidate Name		Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Livingston Rifkin			Transaction ID: SB29.4257 Date of Disbursement
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	Candidate Name		Category/ Type	
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FEC Schedule B (Form 3X) (Revised 02/2003)