

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

ADDRESS (number and street) 145 KIMEL PARK DRIVE SUITE 300
 Check if different than previously reported. (ACC)
WINSTON-SALEM NC 27103

2. **FEC IDENTIFICATION NUMBER** C00435651
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Theodore C. Fyock
Signature of Treasurer Electronically Filed by Mr. Theodore C. Fyock Date 10 14 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		26273.05
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	45673.05									
(c) Total Receipts (from Line 19)	10200.00	30600.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55873.05	56873.05								
7. Total Disbursements (from Line 31)	16175.00	17175.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39698.05	39698.05								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10200.00	30600.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10200.00	30600.00
(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)	10200.00	30600.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10200.00	30600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10200.00	30600.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	675.00	675.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	675.00	675.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	12500.00	12500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16175.00	17175.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16175.00	17175.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	10200.00	30600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10200.00	30600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	675.00	675.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	675.00	675.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Dr. Terrence Almengual</p> <p>Mailing Address 4248 Saddlewood Forest Drive</p> <p>City State Zip Code Winston-Salem NC 27106</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1800.00</p>	<p>Date of Receipt 09 / 30 / 2008</p> <p>Transaction ID: SA11AI.4223</p> <p>Amount of Each Receipt this Period 600.00</p> <p>\$200/monthly</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Vincent Castellano, III</p> <p>Mailing Address 8475 Lismore Street</p> <p>City State Zip Code Clemmons NC 27012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1800.00</p>	<p>Date of Receipt 09 / 30 / 2008</p> <p>Transaction ID: SA11AI.4224</p> <p>Amount of Each Receipt this Period 600.00</p> <p>\$200/monthly</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. David Colonna</p> <p>Mailing Address 387 Cedar Trails</p> <p>City State Zip Code Winston-Salem NC 27104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Piedmont Triad Anesthesia, P.A Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1800.00</p>	<p>Date of Receipt 09 / 30 / 2008</p> <p>Transaction ID: SA11AI.4225</p> <p>Amount of Each Receipt this Period 600.00</p> <p>\$200/monthly</p>
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SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Kumar Dongre	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 150 Shamrock Trail	Transaction ID: SA11AI.4226
	City State Zip Code Lewisville NC 27023	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$200/monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, P.A. Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

B.	Full Name (Last, First, Middle Initial) Dr. Paolo Flezzani	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3270 Beroth Road	Transaction ID: SA11AI.4227
	City State Zip Code Pfafftown NC 27040	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$200/monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, P.A. Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

C.	Full Name (Last, First, Middle Initial) Dr. Greg Hardie	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1619 Appian Way	Transaction ID: SA11AI.4228
	City State Zip Code Clemmons NC 27012	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$200/monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. George Hertz		Date of Receipt	
	Mailing Address 4232 Lake Cliffe Drive		M M / D D / Y Y Y Y Y 09 / 30 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4230
	Clemmons	NC	27012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist		\$200/monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1800.00		

B.	Full Name (Last, First, Middle Initial) Dr. Curtis Johnsrude		Date of Receipt	
	Mailing Address 4416 Bent Tree Farm Road		M M / D D / Y Y Y Y Y 09 / 30 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4231
	Winston-Salem	NC	27106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist		\$200/monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1800.00		

C.	Full Name (Last, First, Middle Initial) Dr. Daniel Kennedy		Date of Receipt	
	Mailing Address 4255 Foxbury Court		M M / D D / Y Y Y Y Y 09 / 30 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4232
	Winston-Salem	NC	27104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist		\$200/monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1800.00		

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Frederick Alan Koontz		Date of Receipt
	Mailing Address 4246 Allistair Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4233
Name of Employer Piedmont Triad Anesthesia, P.A.		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
		<input type="text"/> 1800.00	\$200/monthly

B.	Full Name (Last, First, Middle Initial) Dr. Joseph McConville		Date of Receipt
	Mailing Address 3120 Millhaven Lake Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	Winston-Salem	NC	27106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4234
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
		<input type="text"/> 1800.00	\$200/monthly

C.	Full Name (Last, First, Middle Initial) Dr. Joseph Middleton		Date of Receipt
	Mailing Address 1901 Buena Vista Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4235
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
		<input type="text"/> 1800.00	\$200/monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Suresh Penkar	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4206 Garden Spring Road	Transaction ID: SA11AI.4236
	City State Zip Code Clemmons NC 27012	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$200/monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

B.	Full Name (Last, First, Middle Initial) Dr. Michael Scannell	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 856 Fenimore Street	Transaction ID: SA11AI.4237
	City State Zip Code Winston-Salem NC 27103	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$200/monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

C.	Full Name (Last, First, Middle Initial) Dr. Benzion Schkolne	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 300 Beechcliff Court	Transaction ID: SA11AI.4238
	City State Zip Code Winston-Salem NC 27104	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$200/monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
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 11 / 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Ronald Waterer		Date of Receipt
	Mailing Address 689 Lichfield Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4239
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
		<input type="text"/> 1800.00	\$200/monthly

B.	Full Name (Last, First, Middle Initial) Dr. Daniel Winters		Date of Receipt
	Mailing Address 4180 Dimholt Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4240
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
		<input type="text"/> 1800.00	\$200/monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1200.00
TOTAL This Period (last page this line number only)	<input type="text"/> 10200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Sharrard, McGee & Co., P.A.

Mailing Address P.O. Box 5869

City High Point State NC Zip Code 27262

Purpose of Disbursement
Accounting fees for 2007 tax returns

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4196

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

675.00

SUBTOTAL of Disbursements This Page (optional) ▶

675.00

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

675.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
MCHENRY FOR CONGRESS

Mailing Address PO BOX 1406

City State Zip Code
HICKORY NC 28603

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MCHENRY FOR CONGRESS

Office Sought: House
 Senate
 President

State: NC District: 10

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4266
Date of Disbursement

08 / 08 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
VIRGINIA FOXX FOR CONGRESS

Mailing Address P.O. Box 1100

City State Zip Code
Clemmons NC 27012

Purpose of Disbursement
Contribution

Candidate Name
VIRGINIA FOXX FOR CONGRESS

Office Sought: House
 Senate
 President

State: NC District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4220
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) BROCK FOR SENATE</p> <p>Mailing Address 2207 Farmington Road</p> <p>City Mocksville State NC Zip Code 27028</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BROCK FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4256</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BRYAN HOLLOWAY FOR NC HOUSE</p> <p>Mailing Address 1165 Sterling Pointe Drive</p> <p>City King State NC Zip Code 27021</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BRYAN HOLLOWAY FOR NC HOUSE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4258</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR LARRY WOMBLE</p> <p>Mailing Address 1294 Salem Lake Road</p> <p>City Winston-Salem State NC Zip Code 27107</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CITIZENS FOR LARRY WOMBLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.4259</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A. Full Name (Last, First, Middle Initial) DON EAST FOR NC SEANTE <hr/> Mailing Address 971 Longhill Road <hr/> City Pilot Mountain State NC Zip Code 27041 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DON EAST FOR NC SEANTE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4260 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) FOLWELL COMMITTEE <hr/> Mailing Address P.O. Box 5424 <hr/> City Winston-Salem State NC Zip Code 27103 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name FOLWELL COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4261 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) JULIA HOWARD FOR HOUSE COMMITTEE <hr/> Mailing Address 330 S. Salisbury Street <hr/> City Mocksville State NC Zip Code 27028 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JULIA HOWARD FOR HOUSE COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4262 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A. Full Name (Last, First, Middle Initial) LARRY BROWN FOR NC HOUSE <hr/> Mailing Address P.O. Box 85 <hr/> City Kenersville State NC Zip Code 27284 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name LARRY BROWN FOR NC HOUSE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: SB29.4263 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MCGEE FOR HOUSE COMMITTEE <hr/> Mailing Address P.O. Box 5 <hr/> City Clemmons State NC Zip Code 27012 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MCGEE FOR HOUSE COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: SB29.4264 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PARMON FOR NC HOUSE <hr/> Mailing Address 1735 Ardmore Road <hr/> City Winston-Salem State NC Zip Code 27127 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name PARMON FOR NC HOUSE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: SB29.4265 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
RANDLEMAN FOR NC HOUSE

Mailing Address 487 Triple Cove Drive

City Wikesboro State NC Zip Code 28697-7493

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RANDLEMAN FOR NC HOUSE

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4267
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)