

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 (12S)
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 / 2011 through 12 / 31 / 2011

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 Mr. Theodore C. Fyock [Electronically Filed] Date 01 / 17 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="40854.34"/>	<input type="text" value="40854.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59154.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21550.00"/>	<input type="text" value="44350.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="80704.34"/>	<input type="text" value="85204.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="32500.00"/>	<input type="text" value="37000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48204.34"/>	<input type="text" value="48204.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: / / To: / /

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		
(i) Itemized (use Schedule A).....	21550.00	44350.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21550.00	44350.00
(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)	21550.00	44350.00
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 Transfers (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))..... ▶	21550.00	44350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21550.00	44350.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	29500.00	33000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	32500.00	37000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32500.00	37000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21550.00	44350.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21550.00	44350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	500.00
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	500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<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

A. Dr. Terrence Almengual
Full Name (Last, First, Middle Initial)

Mailing Address 4248 Saddlewood Forest Drive

City Winston-Salem	State NC	Zip Code 27106
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FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period

1200.00

\$200/Monthly

B. Dr. Vincent Castellano III
Full Name (Last, First, Middle Initial)

Mailing Address 5452 Brookberry Farm Road

City Winston-Salem	State NC	Zip Code 27106
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FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period

1200.00

\$200/Monthly

C. Dr. Simon Chao
Full Name (Last, First, Middle Initial)

Mailing Address 2704 Maplewood Avenue

City Winston-Salem	State NC	Zip Code 27103
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FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologists
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period

1000.00

\$200/Monthly beginning 8/31/11

SUBTOTAL of Receipts This Page (optional).....▶	3400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. David Colonna
 Full Name (Last, First, Middle Initial)
 Mailing Address 387 Cedar Trails
 City Winston-Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Triad Anesthesia, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 30 / 2011
Transaction ID : SA11AI.4617
 Amount of Each Receipt this Period 600.00
 \$200/Monthly

B. Dr. David Colonna
 Full Name (Last, First, Middle Initial)
 Mailing Address 387 Cedar Trails
 City Winston-Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Triad Anesthesia, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 11 / 30 / 2011
Transaction ID : SA11AI.4616
 Amount of Each Receipt this Period 150.00

C. Dr. David Colonna
 Full Name (Last, First, Middle Initial)
 Mailing Address 387 Cedar Trails
 City Winston-Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Triad Anesthesia, P.A. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2150.00

Date of Receipt 12 / 31 / 2011
Transaction ID : SA11AI.4615
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00
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 OF 19
<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

Full Name (Last, First, Middle Initial) A. Dr. Kumar Dongre		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4618
Mailing Address 20425 Staghorn Court		Amount of Each Receipt this Period 1200.00 \$200/Monthly
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2400.00	
Name of Employer Piedmont Triad Anesthesia, P.A.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paolo Flezzani		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4619
Mailing Address 3270 Beroth Road		Amount of Each Receipt this Period 1200.00 \$200/Monthly
City Pfafftown	State NC	Zip Code 27040
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2400.00	
Name of Employer Piedmont Triad Anesthesia, P.A.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas Gendrach Jr.		Date of Receipt 12 / 31 / 2011 Transaction ID : SA11AI.4620
Mailing Address 3748 Burbank Lane		Amount of Each Receipt this Period 1200.00 \$200/Monthly
City Winston-Salem	State NC	Zip Code 27106
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2400.00	
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3600.00
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 OF 19
<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. Dr. Greg Hardie
Full Name (Last, First, Middle Initial)

Mailing Address 1619 Appian Way

City Clemmons State NC Zip Code 27012

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

Name of Employer Piedmont Triad Anesthesia, PA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period **1200.00**

\$200/Monthly

B. Dr. George Hertz
Full Name (Last, First, Middle Initial)

Mailing Address 4232 Lake Cliffe Drive

City Clemmons State NC Zip Code 27012

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

Name of Employer Piedmont Triad Anesthesia, PA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period **1200.00**

\$200/Monthly

C. Dr. Curtis Johnsrude
Full Name (Last, First, Middle Initial)

Mailing Address 4416 Bent Tree Farm Road

City Winston-Salem State NC Zip Code 27106

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

Name of Employer Piedmont Triad Anesthesia, PA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt **12 / 31 / 2011**

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period **1200.00**

\$200/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	3600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
<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. Dr. Daniel Kennedy
Full Name (Last, First, Middle Initial)
Mailing Address 4255 Foxbury Court

City Winston-Salem	State NC	Zip Code 27104
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FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period

600.00

\$200/Monthly

B. Dr. Daniel Kennedy
Full Name (Last, First, Middle Initial)
Mailing Address 4255 Foxbury Court

City Winston-Salem	State NC	Zip Code 27104
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FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period

100.00

C. Dr. Frederick Alan Koontz
Full Name (Last, First, Middle Initial)
Mailing Address 4246 Allistair Road

City Winston-Salem	State NC	Zip Code 27104
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FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period

1200.00

\$200/Monthly

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<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

Full Name (Last, First, Middle Initial) A. Dr. Joseph McConville		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : SA11AI.4627
Mailing Address 3120 Millhaven Lake Drive		Amount of Each Receipt this Period 600.00 \$200/Monthly
City Winston-Salem	State NC	Zip Code 27106
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1800.00	
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph McConville		Date of Receipt MM / DD / YYYY 12 / 31 / 2011 Transaction ID : SA11AI.4628
Mailing Address 3120 Millhaven Lake Drive		Amount of Each Receipt this Period 100.00
City Winston-Salem	State NC	Zip Code 27106
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1900.00	
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph Middleton		Date of Receipt MM / DD / YYYY 12 / 31 / 2011 Transaction ID : SA11AI.4629
Mailing Address 1901 Buena Vista Road		Amount of Each Receipt this Period 1200.00 \$200/Monthly
City Winston-Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 2400.00	
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 12 OF 19
<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

Full Name (Last, First, Middle Initial) A. Dr. Suresh Penkar		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 4206 Garden Spring Road		Transaction ID : SA11AI.4630
City Clemmons	State NC	Zip Code 27012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1200.00	
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 ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Charles Derek Reid		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011
Mailing Address 2145 Cherrywood Drive		Transaction ID : SA11AI.4631
City Clemmons	State NC	Zip Code 27012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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	

Full Name (Last, First, Middle Initial) C. Charles Derek Reid		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2145 Cherrywood Drive		Transaction ID : SA11AI.4632
City Clemmons	State NC	Zip Code 27012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 13 OF 19
<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

Full Name (Last, First, Middle Initial) A. Dr. Michael Scannell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 2185 Knight Road		Transaction ID : SA11AI.4633
City Kernersville	State NC	Zip Code 27284
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1200.00	
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 ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Dr. Benzion Schkolne		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 300 Beechcliff Court		Transaction ID : SA11AI.4634
City Winston-Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1200.00	
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 ▼ 2400.00	

Full Name (Last, First, Middle Initial) C. Dr. Ronald Waterer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2011
Mailing Address 689 Lichfield Drive		Transaction ID : SA11AI.4635
City Winston-Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
<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. Dr. Ronald Waterer
Full Name (Last, First, Middle Initial)
Mailing Address 689 Lichfield Drive

City Winston-Salem	State NC	Zip Code 27104
-----------------------	-------------	-------------------

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

Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
100.00

B. Dr. Daniel Winters
Full Name (Last, First, Middle Initial)
Mailing Address 4180 Dimholt Court

City Winston-Salem	State NC	Zip Code 27104
-----------------------	-------------	-------------------

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

Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period
1200.00

\$200/Monthly

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	21550.00

**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

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 426

City State Zip Code
STEVENSVILLE MD 21666

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.4595

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BARRY FOR CONGRESS

Mailing Address PO BOX 2085

City State Zip Code
MONROE NC 28111

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.4611

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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)

<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

Full Name (Last, First, Middle Initial)

A. BEV PERDUE COMMITTEE

Mailing Address PO BOX 12086
WAKE

City RALEIGH State NC Zip Code 27605-2086

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2011

Transaction ID : SB29.4604

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BRUNSTETTER FOR NC SENATE

Mailing Address 2521 BITTING ROAD

City WINSTON-SALEM State NC Zip Code 27104

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : SB29.4596

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. CAMPAIGN TO ELECT ERIC L MANSFIELD

Mailing Address P.O. BOX 87047

City FAYETTEVILLE State NC Zip Code 28304-7047

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 21

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : SB29.4606

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

**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

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT DON EAST FOR NC SENATE

Mailing Address 971 Longhill Road

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 30

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2011

Transaction ID : SB29.4600

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT THOM TILLIS

Mailing Address 17209 GREEN DOLPHIN LANE

City CORNELIUS State NC Zip Code 28031

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 98

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2011

Transaction ID : SB29.4598

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. DOLLAR FOR HOUSE

Mailing Address P.O. Box 1352

City Cary State NC Zip Code 27512

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 36

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2011

Transaction ID : SB29.4597

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7500.00

**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

Full Name (Last, First, Middle Initial)

A. HOLLO FOR HOUSE

Mailing Address P.O. BOX 88

City TAYLORSVILLE State NC Zip Code 28681

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 88

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2011

Transaction ID : SB29.4601

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. JERRY TILLMAN FOR NC SENATE

Mailing Address 1207 DOGWOOD LANE

City ARCHADALE State NC Zip Code 27263

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SB29.4599

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. NC HEALTHY LEADERSHIP COMMITTEE

Mailing Address P.O. BOX 1054

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 41

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2011

Transaction ID : SB29.4607

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9000.00

**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

Full Name (Last, First, Middle Initial)

A. PHIL BERGER COMMITTEE

Mailing Address P.O. BOX 1309

City EDEN State NC Zip Code 27289

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4605

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. WILLIAM BRISSON FOR NC HOUSE

Mailing Address P.O. BOX 531

City DUBLIN State NC Zip Code 28332

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4602

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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