

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 120
 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 (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 2010 through 09 30 2010

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 06 2010

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								
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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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		66773.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	67754.34									
(c) Total Receipts (from Line 19)	10800.00	32400.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78554.34	99173.05								
7. Total Disbursements (from Line 31)	44000.00	64618.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34554.34	34554.34								
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**

FEC Form 3X (Rev. 06/2004)

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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	10800.00	32400.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10800.00	32400.00
(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)	10800.00	32400.00
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))	10800.00	32400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10800.00	32400.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	500.00	618.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	500.00	618.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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.....	43500.00	63000.00
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))..	44000.00	64618.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44000.00	64618.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	10800.00	32400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10800.00	32400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	500.00	618.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	618.71

**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 / 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.	Full Name (Last, First, Middle Initial) Dr. Terrence Almengual		Date of Receipt
	Mailing Address 4248 Saddlewood Forest Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Winston-Salem	NC	27106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4488
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" value="600.00"/>
		<input type="text" value="1800.00"/>	\$200/monthly

B.	Full Name (Last, First, Middle Initial) Dr. Vincent Castellano, III		Date of Receipt
	Mailing Address 8475 Lismore Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clemmons	NC	27012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4489
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" value="600.00"/>
		<input type="text" value="1800.00"/>	\$200/monthly

C.	Full Name (Last, First, Middle Initial) Dr. David Colonna		Date of Receipt
	Mailing Address 387 Cedar Trails		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4490
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" value="600.00"/>
		<input type="text" value="1800.00"/>	\$200/monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 7 / 19
	<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
	Mailing Address 20425 Staghorn Court		<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 / 2010
	City	State	Zip Code
	Cornelius	NC	28031
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4491
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. Paolo Flezzani		Date of Receipt
	Mailing Address 3270 Beroth 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 / 2010
	City	State	Zip Code
	Pfafftown	NC	27040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4492
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

C.	Full Name (Last, First, Middle Initial) Dr. Greg Hardie		Date of Receipt
	Mailing Address 1619 Appian Way		<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 / 2010
	City	State	Zip Code
	Clemmons	NC	27012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4493
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 8 / 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.	Full Name (Last, First, Middle Initial) Dr. George Hertz		Date of Receipt
	Mailing Address 4232 Lake Cliffe Drive		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clemmons	NC	27012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4494
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" value="600.00"/>
		<input type="text" value="1800.00"/>	\$200/monthly

B.	Full Name (Last, First, Middle Initial) Dr. Curtis Johnsrude		Date of Receipt
	Mailing Address 4416 Bent Tree Farm Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Winston-Salem	NC	27106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4495
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" value="600.00"/>
		<input type="text" value="1800.00"/>	\$200/monthly

C.	Full Name (Last, First, Middle Initial) Dr. Daniel Kennedy		Date of Receipt
	Mailing Address 4255 Foxbury Court		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4496
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" value="600.00"/>
		<input type="text" value="1800.00"/>	\$200/monthly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 9 / 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. Full Name (Last, First, Middle Initial)
Dr. Frederick Alan Koontz

Mailing Address 4246 Alistair Road

City State Zip Code
Winston-Salem NC 27104

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4497

Amount of Each Receipt this Period
600.00

\$200/monthly

B. Full Name (Last, First, Middle Initial)
Dr. Joseph McConville

Mailing Address 3120 Millhaven Lake Drive

City State Zip Code
Winston-Salem NC 27106

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

Name of Employer Occupation
Piedmont Triad Anesthesia, PA Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4498

Amount of Each Receipt this Period
600.00

\$200/monthly

C. Full Name (Last, First, Middle Initial)
Dr. Joseph Middleton

Mailing Address 1901 Buena Vista Road

City State Zip Code
Winston-Salem NC 27104

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

Name of Employer Occupation
Piedmont Triad Anesthesia, PA Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4499

Amount of Each Receipt this Period
600.00

\$200/monthly

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 10 / 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.	Full Name (Last, First, Middle Initial) Dr. Suresh Penkar		Date of Receipt
	Mailing Address 4206 Garden Spring 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
	City	State	Zip Code
	Clemmons	NC	27012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4500
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) Charles Derek Reid		Date of Receipt
	Mailing Address 2145 Cherrywood 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
	City	State	Zip Code
	Clemmons	NC	27012
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4501
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. Michael Scannell		Date of Receipt
	Mailing Address 2185 Knight 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
	City	State	Zip Code
	Kernersville	NC	27284
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4502
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: PAGE 11 / 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. Full Name (Last, First, Middle Initial)
Dr. Benzion Schkolne

Mailing Address 300 Beechcliff Court

City State Zip Code
Winston-Salem NC 27104

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

Name of Employer Occupation
Piedmont Triad Anesthesia, PA Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4503

Amount of Each Receipt this Period
600.00

\$200/monthly

B. Full Name (Last, First, Middle Initial)
Dr. Ronald Waterer

Mailing Address 689 Lichfield Drive

City State Zip Code
Winston-Salem NC 27104

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

Name of Employer Occupation
Piedmont Triad Anesthesia, PA Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4504

Amount of Each Receipt this Period
600.00

\$200/monthly

C. Full Name (Last, First, Middle Initial)
Dr. Daniel Winters

Mailing Address 4180 Dimholt Court

City State Zip Code
Winston-Salem NC 27104

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

Name of Employer Occupation
Piedmont Triad Anesthesia, PA Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: SA11AI.4505

Amount of Each Receipt this Period
600.00

\$200/monthly

SUBTOTAL of Receipts This Page (optional) ► 1800.00

TOTAL This Period (last page this line number only) ► 10800.00

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 / 19

<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.

Transaction ID: SB21B.4451

Date of Disbursement

Mailing Address P.O. BOX 5869

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	0

City State Zip Code
HIGH POINT NC 27262

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Accounting fees for Form 990

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00

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

A.	Full Name (Last, First, Middle Initial) BEV PERDUE COMMITTEE	Transaction ID: SB29.4453 Date of Disbursement 08 / 20 / 2010
	Mailing Address PO BOX 12086 WAKE	Amount of Each Disbursement this Period 1000.00
	City RALEIGH State NC Zip Code 27605-2086	
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BILL BRAWLEY COMMITTEE	Transaction ID: SB29.4459 Date of Disbursement 08 / 20 / 2010
	Mailing Address 13612 O'TOOLE DRIVE	Amount of Each Disbursement this Period 4000.00
	City MATTHEWS State NC Zip Code 28105	
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRUNSTETTER FOR NC SENATE	Transaction ID: SB29.4485 Date of Disbursement 09 / 20 / 2010
	Mailing Address 2521 BITTING ROAD	Amount of Each Disbursement this Period 4000.00
	City WINSTON-SALEM State NC Zip Code 27104	
	Purpose of Disbursement CONTRIBUTION Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 31	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	9000.00
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)

<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)
BRYAN HOLLOWAY FOR NC HOUSE

Mailing Address 1165 Sterling Pointe Drive

City King State NC Zip Code 27021

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NC District: 91

Transaction ID: SB29.4469
Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2010

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
CITIZENS TO ELECT LARRY WOMBLE

Mailing Address 1294 Salem Lake Road

City Winston-Salem State NC Zip Code 27107

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NC District: 71

Transaction ID: SB29.4472
Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2010

Amount of Each Disbursement this Period

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

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NC District: 30

Transaction ID: SB29.4484
Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2010

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)

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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) DOUG BERGER FOR NC SENATE	Transaction ID: SB29.4462 Date of Disbursement																			
	Mailing Address PO BOX 1101	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	2	7	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8	/	2	7	/	2	0	1	0												
	City YOUNGSVILLE State NC Zip Code 27514	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07																				
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

B.	Full Name (Last, First, Middle Initial) FOLWELL COMMITTEE	Transaction ID: SB29.4473 Date of Disbursement																			
	Mailing Address P.O. Box 5424	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	6	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9	/	1	6	/	2	0	1	0												
	City Winston-Salem State NC Zip Code 27103	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 74																				
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVID ROUZER COMMITTEE	Transaction ID: SB29.4479 Date of Disbursement																			
	Mailing Address PO BOX 2267	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	6	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9	/	1	6	/	2	0	1	0												
	City SMITHFIELD State NC Zip Code 27577	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12																				
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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

A.	Full Name (Last, First, Middle Initial) JERRY TILLMAN FOR NC SENATE	Transaction ID: SB29.4476 Date of Disbursement
	Mailing Address 1207 DOGWOOD LANE	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ARCHADALE State NC Zip Code 27263	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 29	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) JULIA HOWARD FOR HOUSE COMMITTEE	Transaction ID: SB29.4466 Date of Disbursement
	Mailing Address 330 S. Salisbury Street	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mocksville State NC Zip Code 27028	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="4000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 79	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) LARRY BROWN FOR NC HOUSE	Transaction ID: SB29.4468 Date of Disbursement
	Mailing Address P.O. Box 85	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kernersville State NC Zip Code 27284	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 73	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

A. Full Name (Last, First, Middle Initial) MCCORMICK FOR 92 HOUSE CAMPAIGN Mailing Address 1325 IVY STREET BLD 2 City WINSTON-SALEM State NC Zip Code 27105 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 92 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4470 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 500.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) MCGEE FOR HOUSE COMMITTEE Mailing Address P.O. Box 5 City Clemmons State NC Zip Code 27012 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 75 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4467 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) MOTT BLAIR FOR NC HOUSE Mailing Address 411 EAST WESTBROOK STREET City WALLACE State NC Zip Code 28466 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4457 Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2010
	Amount of Each Disbursement this Period 4000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

<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) OWENS FOR NC HOUSE	Transaction ID: SB29.4481 Date of Disbursement
	Mailing Address 1443 NORTHSIDE ROAD	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ELIZABETH CITY State NC Zip Code 27909	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PURCELL FOR NC SENATE COMMITTEE	Transaction ID: SB29.4465 Date of Disbursement
	Mailing Address PO BOX 154	<input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAURINBURG State NC Zip Code 28353	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="4000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 25	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STAN BINGHAM FOR SENATE	Transaction ID: SB29.4477 Date of Disbursement
	Mailing Address 292 NORTH MAIN STREET	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City DENTON State NC Zip Code 27239	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 33	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

A. Full Name (Last, First, Middle Initial)
THE COMMITTEE TO ELECT LINDA GARROU

Mailing Address P.O. BOX 11843

City WINSTON-SALEM State NC Zip Code 27116

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
State: NC District: 32

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4483
Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

4000.00

B. Full Name (Last, First, Middle Initial)
THE GOODWIN COMMITTEE

Mailing Address P.O. BOX 27841

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4486
Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
VAN BRAXTON FOR NC HOUSE

Mailing Address PO BOX 5415

City KINSTON State NC Zip Code 28503

Purpose of Disbursement
CONTRIBUTION

Candidate Name

011
Category/
Type

Office Sought: House Senate President
State: NC District: 10

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4474
Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

43500.00