

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 / / through / /

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 / /

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="2015"/>		<input type="text" value="23241.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23241.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="22600.00"/>	<input type="text" value="22600.00"/>
(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="45841.94"/>	<input type="text" value="45841.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5002.00"/>	<input type="text" value="5002.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40839.94"/>	<input type="text" value="40839.94"/>
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)

Page 3

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).....	22400.00	22400.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22600.00	22600.00
(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)	22600.00	22600.00
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))..... ▶	22600.00	22600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22600.00	22600.00

DETAILED SUMMARY PAGE
of Disbursements

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	2.00	2.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2.00	2.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	5000.00	5000.00
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)) ..	5002.00	5002.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5002.00	5002.00

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)	22600.00	22600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22600.00	22600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2.00	2.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	2.00

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
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
 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5058
 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
 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5059
 Amount of Each Receipt this Period 1200.00
 \$200/Monthly

C. Dr. Simon Chao
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Downing Creek Court
 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 Anesthesiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5060
 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 7 OF 13
	<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. 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5061

Amount of Each Receipt this Period 1200.00
\$200/Monthly

B. Dr. Kumar Dongre
Full Name (Last, First, Middle Initial)

Mailing Address 20425 Staghorn Court

City Cornelius State NC Zip Code 28031

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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5062

Amount of Each Receipt this Period 1200.00
\$200/Monthly

C. Dr. Paolo Flezzani
Full Name (Last, First, Middle Initial)

Mailing Address 3270 Beroth Road

City Pfafftown State NC Zip Code 27040

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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5063

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**

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FOR LINE NUMBER: PAGE 8 OF 13
(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. Thomas Gendrachi Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3748 Burbank Lane
 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5064
 Amount of Each Receipt this Period 1200.00
 \$200/Monthly

B. 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5065
 Amount of Each Receipt this Period 1200.00
 \$200/Monthly

C. 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5066
 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: PAGE 9 OF 13
(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. 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5067
 Amount of Each Receipt this Period 1200.00
 \$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
 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5068
 Amount of Each Receipt this Period 1200.00
 \$200/Monthly

C. Dr. Frederick Alan Koontz
 Full Name (Last, First, Middle Initial)
 Mailing Address 4246 Allistair Road
 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 ▼ 800.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5069
 Amount of Each Receipt this Period 800.00
 \$200/Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 3200.00
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 13
<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. Joseph McConville
Full Name (Last, First, Middle Initial)

Mailing Address 3120 Millhaven Lake Drive

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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5070

Amount of Each Receipt this Period 1200.00
\$200/Monthly

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

Mailing Address 1901 Buena Vista Road

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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5071

Amount of Each Receipt this Period 1200.00
\$200/Monthly

C. Charles Derek Reid
Full Name (Last, First, Middle Initial)

Mailing Address 2145 Cherrywood 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5072

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 11 OF 13
<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. Michael Scannell
Full Name (Last, First, Middle Initial)

Mailing Address 2185 Knight Road

City Kenersville State NC Zip Code 27284

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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5073

Amount of Each Receipt this Period 1200.00
\$200/Monthly

B. Dr. Benzion Schkolne
Full Name (Last, First, Middle Initial)

Mailing Address 6122 Northwood Road

City Dallas State TX Zip Code 75225

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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5074

Amount of Each Receipt this Period 1200.00
\$200/Monthly

C. 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2015
Transaction ID : SA11AI.5075

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: PAGE 12 OF 13
(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. Daniel Winters

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 ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period
 1200.00

\$200/Monthly

B. 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	22400.00

**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. FRIENDS OF TIM MOORE

Mailing Address 305 E KINGS STREET

City State Zip Code
KINGS MOUNTAIN NE 28086

Purpose of Disbursement
CONTRIBUTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 08 / 2015

Transaction ID : SB29.5054

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. PHIL BERGER COMMITTEE

Mailing Address P.O. BOX 1309

City State Zip Code
EDEN NC 27289

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 08 / 2015

Transaction ID : SB29.5051

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

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

5000.00

5000.00