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)
[X] 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. David Colonna
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. Full Name (Last, First, Middle Initial): Dr. Kumar Dongre
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. Full Name (Last, First, Middle Initial): Dr. Paolo Flezzani
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) ▶