

**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="2014"/>		48701.94
(b) Cash on Hand at Beginning of Reporting Period.....	44601.94	
(c) Total Receipts (from Line 19)	11150.00	22550.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55751.94	71251.94
7. Total Disbursements (from Line 31).....	1000.00	16500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54751.94	54751.94
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: / / 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).....	11150.00	22550.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11150.00	22550.00
(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)	11150.00	22550.00
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))..... ▶	11150.00	22550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11150.00	22550.00

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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	0.00	15500.00
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)) ..	1000.00	16500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	16500.00

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)	11150.00	22550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11150.00	22550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

**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 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

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

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period

600.00

\$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

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

600.00

\$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

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.4926

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 7 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

Full Name (Last, First, Middle Initial) A. Dr. David Colonna		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4927
Mailing Address 387 Cedar Trails		Amount of Each Receipt this Period 350.00 \$200/Monthly less \$250
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) B. Dr. Kumar Dongre		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4928
Mailing Address 20425 Staghorn Court		Amount of Each Receipt this Period 600.00 \$200/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Dr. Paolo Flezzani		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4929
Mailing Address 3270 Beroth Road		Amount of Each Receipt this Period 600.00 \$200/Monthly
City Pfafttown	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 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

Full Name (Last, First, Middle Initial) A. Thomas Gendrachi Jr.		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4930
Mailing Address 3748 Burbank Lane		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		
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Dr. Greg Hardie		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4931
Mailing Address 1619 Appian Way		Amount of Each Receipt this Period 600.00 \$200/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Dr. George Hertz		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4932
Mailing Address 4232 Lake Cliffe Drive		Amount of Each Receipt this Period 600.00 \$200/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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

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

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

FOR LINE NUMBER: PAGE 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

Full Name (Last, First, Middle Initial) A. Dr. Curtis Johnsrude			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table> Transaction ID : SA11AI.4933			M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y											
06		30		2014											
Mailing Address 4416 Bent Tree Farm Road			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">600.00</td> </tr> </table> \$200/Monthly			600.00									
600.00															
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">1200.00</td> </tr> </table>				1200.00									
1200.00															

Full Name (Last, First, Middle Initial) B. Dr. Daniel Kennedy			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table> Transaction ID : SA11AI.4934			M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y											
06		30		2014											
Mailing Address 4255 Foxbury Court			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">600.00</td> </tr> </table> \$200/Monthly			600.00									
600.00															
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">1200.00</td> </tr> </table>				1200.00									
1200.00															

Full Name (Last, First, Middle Initial) C. Dr. Frederick Alan Koontz			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table> Transaction ID : SA11AI.4935			M M	/	D D	/	Y Y Y Y	06		30		2014
M M	/	D D	/	Y Y Y Y											
06		30		2014											
Mailing Address 4246 Allistair Road			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">600.00</td> </tr> </table> \$200/Monthly			600.00									
600.00															
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">1200.00</td> </tr> </table>				1200.00									
1200.00															

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5">1800.00</td> </tr> </table>	1800.00				
1800.00						
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="5"> </td> </tr> </table>					

**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

Full Name (Last, First, Middle Initial) A. Dr. Joseph McConville		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4936
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		
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph Middleton		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4937
Mailing Address 1901 Buena Vista Road		Amount of Each Receipt this Period 600.00 \$200/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Charles Derek Reid		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4938
Mailing Address 2145 Cherrywood Drive		Amount of Each Receipt this Period 600.00 \$200/Monthly
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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 / 2014
Transaction ID : SA11AI.4939

Amount of Each Receipt this Period 600.00
\$200/Monthly

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

Mailing Address 300 Beechcliff 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 / 2014
Transaction ID : SA11AI.4940

Amount of Each Receipt this Period 600.00
\$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 / 2014
Transaction ID : SA11AI.4941

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: 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
 06 / 30 / 2014
Transaction ID : SA11AI.4942

Amount of Each Receipt this Period
 600.00
 \$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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	11150.00

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. BERGER FOR CONGRESS

Mailing Address PO BOX 3117

City EDEN State NC Zip Code 27289

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB23.4945

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

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

1000.00
