

# 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 (12G)  
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 11 25 2008 through 12 31 2008

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 01 12 2009

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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		26273.05
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	39098.05									
(c) Total Receipts (from Line 19) .....	6800.00	40800.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	45898.05	67073.05								
7. Total Disbursements (from Line 31) .....	1000.00	22175.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44898.05	44898.05								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	6800.00	40800.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	6800.00	40800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6800.00	40800.00
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)) .....	6800.00	40800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6800.00	40800.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	675.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	675.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00
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.....	1000.00	17500.00
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))..	1000.00	22175.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	22175.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	6800.00	40800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6800.00	40800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	675.00
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	675.00

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

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

FOR LINE NUMBER: PAGE 6 / 12  
(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. Terrence Almengual

Mailing Address 4248 Saddlewood Forest 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 ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.4294

Amount of Each Receipt this Period  
400.00

\$200/monthly

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

Mailing Address 8475 Lismore Street

City State Zip Code  
Clemmons NC 27012

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 ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.4295

Amount of Each Receipt this Period  
400.00

\$200/monthly

**C.** Full Name (Last, First, Middle Initial)  
Dr. David Colonna

Mailing Address 387 Cedar Trails

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 ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.4296

Amount of Each Receipt this Period  
400.00

\$200/monthly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 12  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Kumar Dongre</p> <p>Mailing Address 150 Shamrock Trail</p> <p>City State Zip Code <b>Lewisville NC 27023</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Piedmont Triad Anesthesia, P.A. Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 2 / 3 1 / 2 0 0 8</span></p> <p><b>Transaction ID: SA11AI.4297</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>\$200/monthly</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Paolo Flezzani</p> <p>Mailing Address 3270 Beroth Road</p> <p>City State Zip Code <b>Pfafftown NC 27040</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Piedmont Triad Anesthesia, P.A. Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 2 / 3 1 / 2 0 0 8</span></p> <p><b>Transaction ID: SA11AI.4298</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>\$200/monthly</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Greg Hardie</p> <p>Mailing Address 1619 Appian Way</p> <p>City State Zip Code <b>Clemmons NC 27012</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 2 / 3 1 / 2 0 0 8</span></p> <p><b>Transaction ID: SA11AI.4299</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>\$200/monthly</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1200.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. George Hertz	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4232 Lake Cliffe Drive	<b>Transaction ID:</b> SA11AI.4300
	City State Zip Code Clemmons NC 27012	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$200/monthly
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 ▼ 2400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Curtis Johnsrude	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4416 Bent Tree Farm Road	<b>Transaction ID:</b> SA11AI.4301
	City State Zip Code Winston-Salem NC 27106	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$200/monthly
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 ▼ 2400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel Kennedy	Date of Receipt MM / DD / YYYY 12 / 31 / 2008
	Mailing Address 4255 Foxbury Court	<b>Transaction ID:</b> SA11AI.4302
	City State Zip Code Winston-Salem NC 27104	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$200/monthly
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 ▼ 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Frederick Alan Koontz		Date of Receipt
	Mailing Address 4246 Alistair Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4303
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="400.00"/>
		<input type="text" value="2400.00"/>	\$200/monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph McConville		Date of Receipt
	Mailing Address 3120 Millhaven Lake Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Winston-Salem	NC	27106
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4304
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="400.00"/>
		<input type="text" value="2400.00"/>	\$200/monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph Middleton		Date of Receipt
	Mailing Address 1901 Buena Vista Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4305
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="400.00"/>
		<input type="text" value="2400.00"/>	\$200/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1200.00"/>
<b>TOTAL</b> 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 10 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Suresh Penkar		Date of Receipt
	Mailing Address 4206 Garden Spring Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Clemmons	NC	27012
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4306
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="400.00"/>
		<input type="text" value="2400.00"/>	\$200/monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Scannell		Date of Receipt
	Mailing Address 2185 Knight Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Kernersville	NC	27284
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4307
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="400.00"/>
		<input type="text" value="2400.00"/>	\$200/monthly

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Benzion Schkolne		Date of Receipt
	Mailing Address 300 Beechcliff Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4308
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="400.00"/>
		<input type="text" value="2400.00"/>	\$200/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1200.00"/>
<b>TOTAL</b> 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 / 12
	(check only one)	
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Ronald Waterer		Date of Receipt
	Mailing Address 689 Lichfield Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4309
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 400.00
		<input type="text"/> 2400.00	\$200/monthly

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel Winters		Date of Receipt
	Mailing Address 4180 Dimholt Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Winston-Salem	NC	27104
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist	<b>Transaction ID:</b> SA11AI.4310
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 400.00
		<input type="text"/> 2400.00	\$200/monthly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 6800.00

**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 / 12

<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

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) DOLLAR FOR HOUSE		Transaction ID: SB29.4312	
	Mailing Address P.O. Box 1352		Date of Disbursement 12 / 11 / 2008	
	City Cary	State NC	Zip Code 27512	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution		011	
	Candidate Name DOLLAR FOR HOUSE		Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NC	District:		

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

1000.00

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

1000.00