

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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		40854.34
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	40854.34									
(c) Total Receipts (from Line 19)	22800.00	22800.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63654.34	63654.34								
7. Total Disbursements (from Line 31)	4500.00	4500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59154.34	59154.34								
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**

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	22800.00	22800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22800.00	22800.00
(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)	22800.00	22800.00
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))	22800.00	22800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22800.00	22800.00

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	500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	500.00	500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	500.00	500.00
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.....	3500.00	3500.00
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))..	4500.00	4500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4500.00	4500.00

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	22800.00	22800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22800.00	22800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	500.00	500.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	500.00	500.00

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

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

FOR LINE NUMBER: PAGE 6 / 16
(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. Full Name (Last, First, Middle Initial)
 Dr. Terrence Almengual
 Mailing Address 4248 Saddlewood Forest Drive
 City State Zip Code
 Winston-Salem NC 27106
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.4554
 Amount of Each Receipt this Period
 1200.00
 \$200/Monthly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Triad Anesthesia, PA Anesthesiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

B. Full Name (Last, First, Middle Initial)
 Dr. Vincent Castellano, III
 Mailing Address 5452 Brookberry Farm Road
 City State Zip Code
 Winston-Salem NC 27106
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.4555
 Amount of Each Receipt this Period
 1200.00
 \$200/Monthly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Triad Anesthesia, PA Anesthesiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

C. Full Name (Last, First, Middle Initial)
 Dr. David Colonna
 Mailing Address 387 Cedar Trails
 City State Zip Code
 Winston-Salem NC 27104
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.4556
 Amount of Each Receipt this Period
 1200.00
 \$200/Monthly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Triad Anesthesia, P.A Anesthesiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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 7 / 16
(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

A.

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

Mailing Address 20425 Staghorn Court

City State Zip Code
Cornelius NC 28031

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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4557

Amount of Each Receipt this Period
1200.00

\$200/Monthly

B.

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

Mailing Address 3270 Beroth Road

City State Zip Code
Pfafftown NC 27040

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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4558

Amount of Each Receipt this Period
1200.00

\$200/Monthly

C.

Full Name (Last, First, Middle Initial)
Thomas Gendrachi, Jr.

Mailing Address 3748 Burbank Lane

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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4575

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 8 / 16
	<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. Greg Hardie		Date of Receipt	
	Mailing Address 1619 Appian Way		M M / D D / Y Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4559
	Clemmons	NC	27012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1200.00	
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist		\$200/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1200.00		

B.	Full Name (Last, First, Middle Initial) Dr. George Hertz		Date of Receipt	
	Mailing Address 4232 Lake Cliffe Drive		M M / D D / Y Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4560
	Clemmons	NC	27012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1200.00	
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist		\$200/Monthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1200.00		

C.	Full Name (Last, First, Middle Initial) Dr. Curtis Johnsrude		Date of Receipt	
	Mailing Address 4416 Bent Tree Farm Road		M M / D D / Y Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4561
	Winston-Salem	NC	27106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1200.00	
Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist		\$200/Monthly
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)	▶	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 / 16
(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 Kennedy
 Mailing Address 4255 Foxbury Court
 City State Zip Code
 Winston-Salem NC 27104
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.4562
 Amount of Each Receipt this Period
 1200.00
 \$200/Monthly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Triad Anesthesia, PA Anesthesiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

B. Full Name (Last, First, Middle Initial)
Dr. Frederick Alan Koontz
 Mailing Address 4246 Allistair Road
 City State Zip Code
 Winston-Salem NC 27104
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.4563
 Amount of Each Receipt this Period
 1200.00
 \$200/Monthly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Triad Anesthesia, P.A. Anesthesiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph McConville
 Mailing Address 3120 Millhaven Lake Drive
 City State Zip Code
 Winston-Salem NC 27106
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 1 1
Transaction ID: SA11AI.4564
 Amount of Each Receipt this Period
 1200.00
 \$200/Monthly
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Piedmont Triad Anesthesia, PA Anesthesiologist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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 10 / 16
	<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. Joseph Middleton	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 1901 Buena Vista Road	Transaction ID: SA11AI.4565
	City State Zip Code Winston-Salem NC 27104	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	\$200/Monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Dr. Suresh Penkar	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4206 Garden Spring Road	Transaction ID: SA11AI.4566
	City State Zip Code Clemmons NC 27012	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	\$200/Monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, PA Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Charles Derek Reid	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2145 Cherrywood Drive	Transaction ID: SA11AI.4567
	City State Zip Code Clemmons NC 27012	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	\$200/Monthly
	Name of Employer Occupation Piedmont Triad Anesthesia, PA 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)	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 11 / 16
(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. Michael Scannell

Mailing Address 2185 Knight Road

City State Zip Code
Kernersville NC 27284

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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4568

Amount of Each Receipt this Period
1200.00

\$200/Monthly

B. 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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4569

Amount of Each Receipt this Period
1200.00

\$200/Monthly

C. 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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.4570

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 / 16	
	(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"/> 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. Daniel Winters		Date of Receipt		
	Mailing Address 4180 Dimholt Court		M M / D D / Y Y Y Y 06 / 30 / 2011		
	City	State	Zip Code	Transaction ID: SA11AI.4571	
	Winston-Salem	NC	27104	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	1200.00	
	Name of Employer Piedmont Triad Anesthesia, PA		Occupation Anesthesiologist	\$200/Monthly	
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)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	22800.00

**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 13 / 16

<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.

Mailing Address P.O. BOX 5869

City HIGH POINT State NC Zip Code 27262

Purpose of Disbursement
TAX RETURN PREPARATION

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.4583

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2011

Amount of Each Disbursement this Period

500.00

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)

PAGE 14 / 16

<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

A.

Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Transaction ID: SB23.4588

Date of Disbursement

Mailing Address PO BOX 426

^M 0	^M 4	/	^D 0	^D 3	/	^Y 2	^Y 0	^Y 1	^Y 1
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City STEVENSVILLE State MD Zip Code 21666

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
CONTRIBUTION

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 01

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) COMMITTEE TO ELECT THOM TILLIS Mailing Address 17209 GREEN DOLPHIN LANE City CORNELIUS State NC Zip Code 28031 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 98 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4585 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DOLLAR FOR HOUSE Mailing Address P.O. Box 1352 City Cary State NC Zip Code 27512 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 36 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4576 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HOLLO FOR HOUSE Mailing Address P.O. BOX 88 City TAYLORSVILLE State NC Zip Code 28681 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 88 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4580 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)
JULIA HOWARD FOR HOUSE COMMITTEE

Mailing Address 330 S. Salisbury Street

City Mocksville State NC Zip Code 27028

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 79

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4582
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
NC HEALTHY LEADERSHIP COMMITTEE

Mailing Address P.O. BOX 1054

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 41

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4577
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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