

**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="2016"/>	<input type="text" value="44633.94"/>	<input type="text" value="44633.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16427.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10800.00"/>	<input type="text" value="21600.00"/>
(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="27227.94"/>	<input type="text" value="66233.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4606.00"/>	<input type="text" value="43612.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22621.94"/>	<input type="text" value="22621.94"/>
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)

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).....	10800.00	21600.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10800.00	21600.00
(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)	10800.00	21600.00
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))..... ▶	10800.00	21600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10800.00	21600.00

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	6.00	512.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6.00	512.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
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	600.00	39100.00
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)) ..	4606.00	43612.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4606.00	43612.00

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)	10800.00	21600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10800.00	21600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6.00	512.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6.00	512.00

**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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 / 2016
Transaction ID : SA11AI.5161
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$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 / 2016
Transaction ID : SA11AI.5162
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$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 / 2016
Transaction ID : SA11AI.5163
 Amount of Each Receipt this Period 600.00
 Memo Item
 \$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"/> 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	<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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5164

Amount of Each Receipt this Period
600.00

Memo Item
\$200/MONTHLY

B. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5165

Amount of Each Receipt this Period
600.00

Memo Item
\$200/MONTHLY

C. Thomas Gendrach 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period
600.00

Memo Item
\$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 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. 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 / 2016
Transaction ID : SA11AI.5167
 Amount of Each Receipt this Period 600.00
 Memo Item \$200/MONTHLY

B. 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 / 2016
Transaction ID : SA11AI.5168
 Amount of Each Receipt this Period 600.00
 Memo Item \$200/MONTHLY

C. 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 / 2016
Transaction ID : SA11AI.5169
 Amount of Each Receipt this Period 600.00
 Memo Item \$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 9 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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A. 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 / 2016
Transaction ID : SA11AI.5170

Amount of Each Receipt this Period
600.00

Memo Item
\$200/MONTHLY

B. 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 / 2016
Transaction ID : SA11AI.5171

Amount of Each Receipt this Period
600.00

Memo Item
\$200/MONTHLY

C. 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 / 2016
Transaction ID : SA11AI.5172

Amount of Each Receipt this Period
600.00

Memo Item
\$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 10 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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

A. 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5173

Amount of Each Receipt this Period
600.00

Memo Item
\$200/MONTHLY

B. David L Saliba II
Full Name (Last, First, Middle Initial)

Mailing Address 1810 Woodstone Drive

City Winston-Salem State NC Zip Code 27127

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 / 2016

Transaction ID : SA11AI.5174

Amount of Each Receipt this Period
600.00

Memo Item
\$200/MONTHLY

C. Dr. Michael Scannell
Full Name (Last, First, Middle Initial)

Mailing Address 2185 Knight Road

City Kernersville 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11AI.5175

Amount of Each Receipt this Period
600.00

Memo Item
\$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 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. 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 / 2016**
Transaction ID : SA11AI.5176
 Amount of Each Receipt this Period **600.00**
 Memo Item
\$200/MONTHLY

B. 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 / 2016**
Transaction ID : SA11AI.5177
 Amount of Each Receipt this Period **600.00**
 Memo Item
\$200/MONTHLY

C. Dr. Daniel Winters
 Full Name (Last, First, Middle Initial)
 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 / 2016**
Transaction ID : SA11AI.5178
 Amount of Each Receipt this Period **600.00**
 Memo Item
\$200/MONTHLY

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	10800.00

**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. BROCK FOR CONGRESS

Mailing Address PO BOX 912

City MOCKSVILLE State NC Zip Code 27028

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SB23.5182

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JULIA HOWARD FOR CONGRESS

Mailing Address 330 SOUTH SALISBURY STREET

City MOCKSVILLE State NC Zip Code 27028

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SB23.5183

Amount of Each Disbursement this Period

2000.00

Memo Item

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

4000.00

4000.00

**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. NORTH CAROLINA REPUBLICAN PARTY

Mailing Address 1506 HILLSBOROUGH STREET

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 19 / 2016

Transaction ID : SB29.5179

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

600.00

600.00