Image# 14960727007							PA	GE 1 / 27
FEC FORM 3X	ANI	PORT OF D DISBU her Than An A	RSEN	IENT	S		Office Use Only	
1. NAME OF COMMITTEE (in ful		or Print V		nple: If typir the lines.	ng, type	12FE4M5		
ADDRESS (number and s		PARK ROAD SUIT	E 250					
Check if differe	nt							
than previously reported. (ACC						NC	28209	-
2. FEC IDENTIFICAT	ION NUMBER	<b>▼</b>			S		ZIP CC	DDE 🔺
<b>C</b> C00471508		3.	IS THIS REPORT		NEW N) <b>OR</b>	(A)	/IENDED )	
4. TYPE OF REPO (Choose One) (a) Quarterly Repor April 15 Quarterly F July 15 Quarterly F October 15 Quarterly F January 31 Year-End F July 31 Mid Report (No Year Only) Termination (TER)	ts: teport (Q1) teport (Q2) teport (Q3) teport (YE) d-Year n-election (MY) Report	Report Due On: (c) 12-Day PRE-Election Report for the Election Report for the Election Report for the Election	ction on		12C) /	Sep Oct General Special ( Runoff (3	(12S) in the State 30R) in the State	Special (30S)
5. Covering Period			4	through vledge and b	03	e, correct and	d complete.	
Type or Print Name of T Signature of Treasurer	Dr. Robert Mo	Robert McBride Jr.		[Electronically	p Filed] Da	ate 04	/ D D / 15	Y Y Y Y 2014
NOTE: Submission of fals	e, erroneous, or	incomplete informa	tion may sul	oject the pers	son signing thi	is Report to th	he penalties of 2	U.S.C. §437g.
Office Use Only							FEC FOF Rev. 12/2	

04/15/2014 16 : 01

# SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
ORTHOCAROLINA PA FEDER	AL PAC	
Report Covering the Period: From:	01 01 / Y Y Y Y Y 01 01 To:	M m         /         D m         /         Y m
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		76829.63
(b) Cash on Hand at Beginning of Reporting Period	76829.63	
(c) Total Receipts (from Line 19)	75870.33	75870.33
<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	. 152699.96	152699.96
7. Total Disbursements (from Line 31)	105.99	105.99
<ol> <li>Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))</li> </ol>	152593.97	152593.97
<ol> <li>Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>	0.00	
<ol> <li>Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

7

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	Page <b>3</b>
Write or Type Committee Name		. 490 🗸
ORTHOCAROLINA PA FEDERAL	PAC	
Report Covering the Period: From:		03 / D D / Y Y Y Y 03 31 2014
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)	67090.91	67090.91
(I) Remized (use Schedule A)	7 7 7	
(ii) Unitemized	8779.42	8779.42
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	75870.33	75870.33
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines	7 7 7 7 7	7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	75870.33	75870.33
12. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	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		7 7 7
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	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Louin Funda (from Och-dula UE)	0.00	0.00
(b) Levin Funds (from Schedule H5)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(-,		
19. Total Receipts (add Lines 11(d),	75070.00	7676.00
12, 13, 14, 15, 16, 17, and 18(c))►	75870.33	75870.33
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	75870.33	75870.33
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7

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### **DETAILED SUMMARY PAGE**

II. Disbursements	COLUMN B Calendar Year-to-Date	
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures (2 U S C 8441a(d))	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	105.99	105.9
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	105.99	105.9
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	105.99	105.99

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I

### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	75870.33	75870.33
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75870.33	75870.33
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE

6 OF

27

TEMIZED RECEIPTS		Detailed Summary Page		-		1b	11c	12		
				13	14		15	16	17	
Any information copied from such Reports ar or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDI	ERAL PAC									
Full Name (Last, First, Middle Initial) <b>A.</b> David T Anderson			[	Date of	f Rece	eipt				
Mailing Address 11189 Villa Trace Pl				м м	/	D 10		2014	Y	
City	State	Zip Code		Trans	action	ו ID :	SA11AI.			
Charlotte	NC	28277	A	Amount	t of Ea	ach F	Receipt th	nis Perio	b	
FEC ID number of contributing federal political committee.	С				7		- 7	60	0.00	
Name of Employer	Occupation	1								
OrthoCarolina, P.A.	Physician									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33 - 3 - 4		11							
Other (specify)		600.00	4							
Full Name (Last, First, Middle Initial) B. Robert Beaver			r	Date of	f Rece	vint				
Mailing Address 562 Windsor Place			- '			D		VV	V	
Maining / Marooc 302 Windson Flace				03	,	10		_2014		
City	State	Zip Code			action		SA11AL			
Concord	NC	28025	A				Receipt th		d	
FEC ID number of contributing federal political committee.	С							100	1000.00	
Name of Employer	Occupation	I	_							
OrthoCarolina, PA	Orthopedic	Surgeon								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	, iggi oguto		11.							
Other (specify)		1000.00								
Full Name (Last, First, Middle Initial) C. Walter Beaver			[	Date of	f Rece	eipt				
Mailing Address 3700 Beresford Road				м м 03	1	D 10		2014	Y	
City	State	Zip Code		Trans	sactior	n ID :	SA11AI.	.6998		
Charlotte	NC	28211	ŀ	Amoun	t of Ea	ach F	Receipt th	nis Perio	b	
FEC ID number of contributing federal political committee.	С				7			50	0.00	
Name of Employer	Occupation		_							
OrthoCarolina, PA	Physician									
Receipt For:	Receipt For: Aggregate Year-to-Date ▼									
Primary General	riggi egute		11.							
Other (specify)		591.00								
SUBTOTAL of Receipts This Page (optional	)							2100	0.00	
	,		-		7	-	7			

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 7 OF

27

	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by an ng the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEE	DERAL PAC	
Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Christopher Bensen		Date of Receipt
Mailing Address 1139 Aho Road	State Zip Code	03 10 2014 Transaction ID : SA11AI.6997
Blowing Rock	NC 28605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
OrthoCarolina PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1083.26	
Full Name (Last, First, Middle Initial) B. Sarjoo Bhagia		Date of Receipt
Mailing Address 7213 Fairway Vista Drive	03 10 2014	
City	State Zip Code	Transaction ID : SA11AI.6988
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
OrthoCarolina, PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	591.00	
Full Name (Last, First, Middle Initial) C. Marcus Briones		Date of Receipt
Mailing Address 1010 Westbury Dr	03 10 _ 2014 _	
City	State Zip Code	Transaction ID : SA11AI.7033
Matthews	NC 28104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
OrthoCarolina, PA		
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1090.90	
SUBTOTAL of Receipts This Page (option	al)	

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE

8 OF

27

		Detailed Summary Page		X 1'	1a 2		11b 14	11c		12 16	<b>1</b> 7	7	
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson to s	for	the	purp ntrib	pose o	f solicitin	g con	tributi	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	AL PAC											
Α.	Full Name (Last, First, Middle Initial) Scott Burbank				Dat	te of	f Re	ceipt					
	Mailing Address 8631 Barclay Woods Ct				M	м 03	/	10		20		Y	
	City	State	Zip Code	L	T	rans	acti	ion ID	: SA11AI	.6995			
	Charlotte	NC	28226	_	Am	ount	t of	Each	Receipt tl	his Pe	əriod		
	FEC ID number of contributing federal political committee.	С						,			500.	00	
	Name of Employer	Occupation		-									
	OrthoCarolina	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			1 L -									
	Other (specify)		591.00										
в.	Full Name (Last, First, Middle Initial) Ralph Carter				Dat	te of	f Re	ceipt					
	Mailing Address 201 Sterling Lane				M	м 03	/	D 1(		201		Y	
	City	State	Zip Code		Tr	ans	acti	on ID	: SA11AI	.7004			
	Laurinburg	NC	28352		Am	ount	t of	Each	Receipt tl	his Pe	eriod		
	FEC ID number of contributing federal political committee.	С						,		1	1500.0	00	
	Name of Employer	Occupation		-									
	OrthoCarolina, PA	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			1 I I									
	Other (specify) <b>v</b>		1590.90										
c.	Full Name (Last, First, Middle Initial) Dr. Virginia F. Casey				Dat	te of	f Re	ceipt					
	Mailing Address 3000 Valencia Tarrac					03	/	D 1(		201		Y	
	City	State	Zip Code		Т	rans	sact	ion ID	: SA11A	.7000			
	Charlotte	NC	28211		Am	ount	t of	Each	Receipt tl	his Pe	əriod		
	FEC ID number of contributing federal political committee.	С						7	7		1000.	00	
	Name of Employer	Occupation		-									
	OrthoCarolina, PA	Orthopedic	Surgeon										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		4004.00										
	Other (specify)		1091.00										
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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FOR LINE NUMBER:

11b

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PAGE

11c

9 OF

12

27

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	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER													
Α.	Full Name (Last, First, Middle Initial) Robert Chadderdon							Date of	f Re	eceipt				
	Mailing Address 1590 Clyton Drive							м м 03	/	10		y y 2014	Y	
	City	State		Code				Trans	sacti	ion ID	: SA11AI.6	<b>3976</b>		
	Charlotte	NC	282	203			_	Amoun	t of	Each I	Receipt thi	s Period		
	FEC ID number of contributing federal political committee.	С								7		500	.00	
	Name of Employer	Occupation												
	OrthoCarolina, PA	Physician												
	Receipt For:	Aggregate	Year-to-l	Date ▼										
	Primary General	riggrogato	Total to	Balo										
	Other (specify)		9	- 1	500.00	)								
в.	Full Name (Last, First, Middle Initial) Bruce Cohen							Date of	f Re	eceipt				
	Mailing Address 1783 Sterling Road							03	/	10		2014	Y	
	City	State	Zip	Code				Trans	acti	ion ID :	SA11AI.7			
	Charlotte	NC	282	209							Receipt thi			
	FEC ID number of contributing federal political committee.	С								,		1000	.00	
	Name of Employer OrthoCarolina, PA	Occupation Physician					_							
	Receipt For:	Aggregate	Year-to-l	Date ▼			1							
	Primary General Other (specify) ▼		,		1091.00	)								
<u> </u>	Full Name (Last, First, Middle Initial) Brian M. Curtin							Date of	f Re	eceipt				-
	Mailing Address 1608 Maryland Ave							м м 03		10		2014	Y	
	City	State	Zip	Code					sact		: SA11AI.			
	Charlotte	NC	282	209							Receipt thi			_
	FEC ID number of contributing federal political committee.	С								,		500		
	Name of Employer	Occupation					-							
	OrthoCarolina, P.A.	Physician												
	Receipt For:	Aggregate	Year-to-l	Date ▼										
	Primary General	, iggi egale	104110-			-								
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 10 OF

27

TEMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		r	<u> </u>
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	l ay not be sold or used by any pe address of any political committee	erson t	13 for the licit co	pur ntrib	14 pose of outions	15 soliciting from sucl	g contr h com	ributio	17 ons e.
Full Name (Last, First, Middle Initial) <b>A.</b> Donald D'Alessandro Mailing Address 3700 Columbine Circle City Charlotte	State NC	Zip Code 28211			/ sact	10 ion ID :			4	
FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For:	C Occupation Physician Aggregate	Year-to-Date ▼ 1091.00				л Л		1(	000.0	0
Full Name (Last, First, Middle Initial)         Jeffery Daily         Mailing Address 1419 Summerlin Dairy Rd         City         Wingate         FEC ID number of contributing federal political committee.         Name of Employer         OrthoCarolina, PA         Receipt For:         Primary       General         Other (specify) ▼	State NC C Occupation Physician Aggregate	Zip Code 28174 Year-to-Date ▼ 1090.90			/ acti	10		nis Per		0
Full Name (Last, First, Middle Initial)         Dr. Bruce V. Darden         Mailing Address 4236 Foxcroft Road         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer         OrthoCarolina, PA         Receipt For:         Primary       General         Other (specify) ▼	State NC C Occupation Orthopedic Aggregate				/ sact	10 ion ID :		nis Per	4	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 11 OF

27

	EMIZED RECEIPTS		Detailed Summary Page		-		11b	11c		12		
					13		14	15		16		17
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER/	AL PAC										
A.	Full Name (Last, First, Middle Initial) Brian DeLay				Date o	f Re	eceipt					
	Mailing Address 21200 Blakely Shores Dr				м м 03	/	10			ү 014	Y	
	City	State	Zip Code		Trans	act	ion ID :	: SA11AI	.703	6		
	Cornelius	NC	28031	_	Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					<u>т</u>	5		2000	.00	
	Name of Employer	Occupation		-								
	OrthoCarolina, PA	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)	L	2091.00									
в.	Full Name (Last, First, Middle Initial) Michael Dockery				Date o	f Re	eceipt					
	Mailing Address 3701 Bodenham Court				м м 03	/	10		20	) 14	Y	
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	702	4		
	Charlotte	NC	28215		Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,	5		1500.	00	
	Name of Employer	Occupation		-								
	OrthoCarolina, PA	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		1501.00									
	Other (specify)		1591.00									
C.	Full Name (Last, First, Middle Initial) Yates Dunaway				Date o	f Re	eceipt					
	Mailing Address 2326 Thetford CT				м м 03	/	D 10			ү 014	Y	
	City	State	Zip Code		Trans	act	ion ID :	: SA11AI	.700	2		
	Charlotte	NC	28211	_	Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,			1500	.00	
	Name of Employer	Occupation		-								
	OrthoCarolina, PA	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1591.00									
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

27

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and State or for commercial purposes, other than using the nati		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	PAC	
Name of Employer     O       OrthoCarolina, PA     Pl	State     Zip Code       NC     28209       C     C       Inccupation       hysician       uggregate Year-to-Date ▼       1091.00	Date of Receipt
Name of Employer     O       OrthoCarolina, PA     Pł	State Zip Code NC 28211 C Inccupation hysician loggregate Year-to-Date ▼ 1091.00	Date of Receipt
Name of Employer     O       OrthoCarolina, PA     P	State Zip Code NC 28607 C C C C C C C C C C C C C C C C C C C	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		3000.00

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 13 OF

27

	EMIZED RECEIPTS		Detailed Summary Pag		X	-		11b	11c		12	
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements ma	y not be sold or used by	any pers	on f	13 for the	e pur	14 pose c	15 of soliciting	g cor	16 ntributi	000 100 100 100 100 100 100 100 100 100
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER				5 30							
Α.	Full Name (Last, First, Middle Initial) Adam Fosnaugh Mailing Address 7620 Caspian Dr					Date o	of Re	eceipt	D / Y		Y	Y
	City	State	Zip Code			03	sact	10		20	014	
	Waxhaw	NC	28173			Amour	nt of	Each	Receipt tl	his P	eriod	
	FEC ID number of contributing federal political committee.	С						7		_	1000.	00
	Name of Employer	Occupation			1							
	OrthoCarolina, PA	Physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1090.	90								
B	Full Name (Last, First, Middle Initial) Dr. Erika Gantt					Date d	of Be	eceint				
υ.	Mailing Address 2438 Mecklenburg Avenue					03	/	1			) 14	Y
	City	State	Zip Code			Tran	sact		: SA11AI			
	Charlotte	NC	28205			Amour	nt of	Each	Receipt tl	his P	eriod	
	FEC ID number of contributing federal political committee.	С						7		_	1000.	00
	Name of Employer OrthoCarolina, PA	Occupation Orthopedic S	Suraeon		-							
	Receipt For:	•	Year-to-Date ▼		1							
	Primary General Other (specify) ▼		, 1091.	00								
С.	Full Name (Last, First, Middle Initial) William M Geideman					Date o	of Re	eceipt				
	Mailing Address 4421 3rd St. NW					м 03	Л /	D 1(			)14	Y
	City Hickory	State NC	Zip Code 28601						: SA11AI Receipt tl			
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	Name of Employer	Occupation			1							
	OrthoCarolina, P.A.	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the 

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PAGE 14 OF

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ITEMIZED RECEIPTS	for each catego Detailed Summa		11a 13		11b 14	11c	12	17
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NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERA	L PAC							
Full Name (Last, First, Middle Initial)         Matthew Gullickson         Mailing Address 7513 Christopher Place         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer         OrthoCarolina, PA         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NC     28226       C     C       Occupation     Physician       Aggregate Year-to-Date ▼	1091.00		/ sact	10 ion ID		nis Perioo	_
Full Name (Last, First, Middle Initial)  B. Nady Hamid  Mailing Address 2108 Cumerland Ave  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NC 28203 C Occupation			acti	10 on ID :			
OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼	1091.00						
C. Full Name (Last, First, Middle Initial) Dr. Patrick Hayes Mailing Address 408 Johnsfield Road			 Date o	_	ceipt	D / Y	Y Y	Y
City Shelby FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: □ Primary □ General Other (specify) ▼	State NC     Zip Code 28150       C     28150       Occupation       Orthopedic Surgeon       Aggregate Year-to-Date ▼	1090.90				) : SA11AI. Receipt th	nis Perioo	d 0.00
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# SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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PAGE 15 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	AL PAC		
Α.	Full Name (Last, First, Middle Initial)         Dr. James G Hendrix         Mailing Address 352 Sycamore Ridge Rd Ne			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.7018
	Concord	NC	28025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	l	
	OrthoCarolina PA	Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Brian Krenzel			Date of Receipt
	Mailing Address 4112 1st Place NW	-		03 10 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.7044
	Hickory	NC	28601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500.00
	Name of Employer	Occupation	I	
	OrthoCarolina PA	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
с.	Full Name (Last, First, Middle Initial) Mark F. Kurd			Date of Receipt
	Mailing Address 1905 Beverly Dr.			03 / D D / Y Y Y Y 10 2014
	City Charlotte	State NC	Zip Code 28207	Transaction ID : SA11AI.6972
		110	20201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		
	OrthoCarolina, P.A.	Physician		_
	Receipt For:	Aggregate	Year-to-Date ▼	
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 16 OF

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	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	AL PAC								
Α.	Full Name (Last, First, Middle Initial) Daniel Lewis				Date of	f Receipt				
	Mailing Address 7235 Shefingdell Drive				м м 03		D 10		2014	Y
	City	State	Zip Code		Trans	action II				
	Charlotte	NC	28226		Amoun	t of Each	Rece	eipt this	Period	
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	Name of Employer	Occupation								
	OrthoCarolina, PA	Physician								
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в.	Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra				Date of	f Receipt				
	Mailing Address 3586 Fieldstone Drive				м м 03		D 10	/ Y	2014	Y
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	Gastonia	NC	28056			t of Each				
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	Name of Employer	Occupation		_						
	OrthoCarolina, PA	Orthopedic	Suraeon							
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c.	Full Name (Last, First, Middle Initial) Roy Majors				Date of	f Receipt				
	Mailing Address 5547 Fallon CT				м м 03		D 10		2014	Y
	City	State	Zip Code		Trans	saction I	) : SA	11AI.70	25	
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PAGE 17 OF

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Α.	Full Name (Last, First, Middle Initial) John Masonis Mailing Address 1766 Maryland Ave				Date o						X
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	Charlotte	NC	28209					Receipt th			
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	OrthoCarolina, PA	Physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1091.00								
в.	Full Name (Last, First, Middle Initial) Dr. Robert McBride Jr.				Date o	f Re	eceipt				
	Mailing Address 4601 Park Road Suite 250				м м 03	/	D 10		ү 20	)14	Y
	City	State NC	Zip Code					SA11AI.			
	Charlotte	NC .	28209	_	Amoun	t of	Each I	Receipt th	nis P	eriod	
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	Primary General Other (specify) ▼		1091.00								
с.	Full Name (Last, First, Middle Initial) Patricia McHale				Date o	f Re	eceipt				
	Mailing Address 15819 Glen Miro Dr				03	/	10			ү )14	Y
	City Huntersville	State NC	Zip Code 28078					: SA11AI			
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PAGE 18 OF

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER												
A.	Full Name (Last, First, Middle Initial) John Meade				Date o	f Re	eceipt						
	Mailing Address 227 Chaucer Lane				03	/	D 10			ү 014	Y		
	City	State	Zip Code		Trans	sact	ion ID :	ID : SA11AI.7052					
	Matthews	NC	28104	_	Amoun	t of	Each I	Receipt th	nis P	eriod			
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	OrthoCarolina, PA	Physician											
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	Primary General Other (specify) ▼		1091.00										
в.	Full Name (Last, First, Middle Initial) Michael Meighen				Date o	f Re	eceipt						
	Mailing Address 3649 Richwood Circle				м м 03	/	10		_ 20	)14	Y		
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	Kannapolis	NC	28081		Amoun	t of	Each I	Receipt th	nis P	'eriod			
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	Primary General	Aggregate		d.									
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C.	Full Name (Last, First, Middle Initial) James Melvin				Date o	f Re	eceipt						
	Mailing Address 315 Arlington Avenue #1906				м м 03	/	D 10			ү )14	Y		
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.700	1			
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	OrthoCarolina, PA	Physician											
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PAGE 19 OF

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDE		looress of any political committee	e to so		ntribut	tions	from suc	n commi	ttee.					
Full Name (Last, First, Middle Initial) A. Alden Milam Mailing Address 3320 Selwyn Ave	Alden Milam													
City	State NC	Zip Code 28209					: SA11AI.		_					
Charlotte FEC ID number of contributing federal political committee.	C	26209	Amount of Each Receipt this Period											
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 1166.94												
Full Name (Last, First, Middle Initial) B. Jeffery Mokris Mailing Address 17812 Wilbanks Dr	·			Date of		eipt 10		2014	Y					
City Charlotte	State Zip Code NC 28278							7035						
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
Name of Employer OrthoCarolina, PA	Occupation Physician	I												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1091.00												
Full Name (Last, First, Middle Initial) C. Robert Morgan				Date o	f Rece	eipt								
Mailing Address 3637 Richwood Circle				м м 03	1	D 10		у у 2014	Y					
City Kannapolis	State NC	Zip Code 28081					<b>: SA11AI</b> Receipt th		d					
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SCHEDULE A	(FEC	Form	3X)
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PAGE 20 OF

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Α.	Full Name (Last, First, Middle Initial) R G Mostak Mailing Address 6362 Chamar Circle	G Mostak														
	City	State	Zip Code		03 Tra			10 D : SA11A		2014						
	Kannapolis	NC	28081	F				Receipt 1								
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00													
B.	Full Name (Last, First, Middle Initial) Dr. Daniel B. Murrey			Date	of R	leceipt										
	Mailing Address 1020 Isleworth Avenue				03	Μ		10	2	014	Υ					
	City	State NC	Zip Code	Transaction ID : SA11AI.7047 Amount of Each Receipt this Period												
	Charlotte FEC ID number of contributing federal political committee.	C	28203		Amou	nt o	f Each	Receipt 1	his I	Period 1500	.00					
	Name of Employer OrthoCarolina, PA	Occupation Orthopedic														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00													
С.	Full Name (Last, First, Middle Initial) Jason P. Norcross				Date	of R	leceipt									
	Mailing Address 4226 54th Avenue NE				M 03			D / 10		014	Y					
	City Hickory	State NC	Zip Code 28601					D:SA11A Receipt 1								
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	OrthoCarolina, P.A.	Physician														
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PAGE 21 OF

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	EMIZED RECEIPTS		Detailed Summary Page		✓ 11a 13		11b	11c	12	17					
	ny information copied from such Reports an for commercial purposes, other than using				for the		pose c	of soliciting	g contrib	utions					
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDE	ERAL PAC													
Δ.	Full Name (Last, First, Middle Initial) Scott B. O'Neal				Date of	of Re	eceipt								
	Mailing Address 5933 Copperleaf Common	s Ct			03 10 2014										
	City	State	Zip Code			sact		; : SA11AI							
	Charlotte	NC	28277		Amour	nt of	Each	Receipt th	nis Perio	d					
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	Name of Employer	Occupation	1												
	OrthoCarolina, P.A.	Physician													
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	Primary General	33 - 3 - 4		11.											
	Other (specify)		500.00	4											
В.	Full Name (Last, First, Middle Initial) Lois Osier				Date of	of Re	eceipt								
	Mailing Address 2126 Hastings Dr		03				2014	Y							
	City	State	Zip Code		Tran	sact		: SA11AI.							
	Charlotte	NC	28207					Receipt th		d					
	FEC ID number of contributing federal political committee.	C		1000.0											
	Name of Employer	Occupation	1												
	OrthoCarolina, PA	Physician													
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	Primary General			11.											
	Other (specify) <b>v</b>		1091.00	4											
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Michael D Paloski				Date of	of Re	eceipt								
	Mailing Address 4629 Pine Valley Road				03	/	D 1(		2014	Y					
	City	State	Zip Code		Tran	sact	ion ID	: SA11AI							
	Charlotte	NC	28210		Amou	nt of	Each	Receipt th	nis Perio	d					
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	OrthoCarolina PA	Physician													
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FEC Schedule A (Form 3X) Rev. 02/2003

18

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

Use separate schedule(s)

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PAGE

22 OF

27

(check only one) for each category of the X 11a 11b 12 11c **Detailed Summary Page** 14 13 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) ORTHOCAROLINA PA FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Paul C. Perlik Α. Date of Receipt Mailing Address 901 Berkeley Avenue M M / 03 2014 10 City State Zip Code Transaction ID : SA11AI.6991 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation Orthopedic Surgeon OrthoCarolina, PA Receipt For: Aggregate Year-to-Date ▼ Primary General 1091.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dana Piasecki Date of Receipt Mailing Address 1547 Queens Rd West M M 03 2014 10 City State Zip Code Transaction ID : SA11AI.6969 Charlotte NC 28207 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Name of Employer Occupation OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primarv General 1091.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stefan Renaud Date of Receipt Mailing Address 333 W. Trade St. #1507 M M / D D 2014 03 10 City State Zip Code Transaction ID : SA11AI.6977 NC Charlotte 28202 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician OrthoCarolina, PA Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 3000.00

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

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PAGE 23 OF

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	y information copied from such Reports and S for commercial purposes, other than using the					for the		pose of	soliciting	g contribu	itions			
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	AL PAC												
Α.	Full Name (Last, First, Middle Initial)           Alfred Rhyne           Mailing Address 540 Hempstead Pl					Date o		eceipt	о / Y	YY	Y			
	City	State	Zip Code		_	03		10		2014				
	Charlotte	NC	28207						SA11AL Receipt th	./012 his Period				
	FEC ID number of contributing federal political committee.	С	400.00											
	Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼	491.00	_									
в.	Full Name (Last, First, Middle Initial) Paul Rush		g			Date o	f Re	eceipt						
	Mailing Address 11102 Old Johns Road		03	/	10		2014	Y						
	City Laurinburg	State NC	Zip Code 28352		Transaction ID : SA11AI.7015 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						7	3	1000	0.00			
	Name of Employer OrthoCarolina, PA		-											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1091.00										
С.	Full Name (Last, First, Middle Initial) Dr. Shadley C Schiffern				T	Date o	of Re	eceipt						
	Mailing Address 18623 Silent Falls Cove					03	/	10		2014	Y			
	City Davidson	State NC	Zip Code 28036		┣				<b>SA11AI</b> Receipt th	<b>.7059</b> his Period				
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	OrthoCarolina PA	Physician												
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### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 24 OF

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Full Name (Last, First, Middle Initial)         Paul Segebarth         Mailing Address 1900 Vernon Dr         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer         OrthoCarolina, PA         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NC     28211-1720       C     Occupation       Physician     Aggregate Year-to-Date ▼       1000.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Ronald Singer         Mailing Address 11026 Beau Riley Road         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer         OrthoCarolina, PA         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NC     28277       C     Occupation       Physician     Aggregate Year-to-Date ▼       1091.00	Date of Receipt
Full Name (Last, First, Middle Initial)         John F. Sloboda         Mailing Address 414 N. Ridge Circle         City         Boone         FEC ID number of contributing federal political committee.         Name of Employer         OrthoCarolina, P.A.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NC       28607         C       Occupation         Physician       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	3000.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 25 OF

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ITEMIZED RECEIPTS			Detailed Summary Page		>	-		11b	11c		12					
	y information copied from such Reports and St															
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER		ddress of any political com	imittee	to so	olicit co	ntrik	outions	from suc	h co	mmitte	e.				
A.	Full Name (Last, First, Middle Initial) Dr. Scott Smith					Date o	of Re	eceipt								
	Mailing Address 720 East 10th Street							03 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State	Zip Code		Transaction ID : SA11AI.7074											
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c.	Full Name (Last, First, Middle Initial) Kevin Stanley					Date o	f Re	eceipt								
	Mailing Address 119 Lynfield Court					03	/	D 1(			ү 014	Y				
	City	State	Zip Code			Tran	sact	ion ID	: SA11AI	.700	6					
	Mooresville	NC	28117		_	Amoun	t of	Each	Receipt th	nis P	'eriod					
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PAGE 26 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	<b>_</b> 47		
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Full Name (Last, First, Middle Initial) A. Dr. William Stucky Mailing Address 208 Buffalo Church Road				Date o		eipt 10		2014	Y	]		
City	State	Zip Code		Transaction ID : SA11AI.7043								
Cherryville FEC ID number of contributing federal political committee.	C	28021		Amount of Each Receipt this Period								
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Orthocarolina, PA	Orthopedic	Surgeon	_									
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Full Name (Last, First, Middle Initial) B. Mark Suprock	1			Date o	f Rec	eipt						
Mailing Address 910 Martingale Lane		03 10 / Y Y Y Y Y 03 10 2014										
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Full Name (Last, First, Middle Initial) C. John Ternes				Date o	f Rec	eipt						
Mailing Address 3707 Moreland Farms Rd.	03 10 _2014 _											
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SCHEDULE A	(FEC	Form	3X)
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PAGE 27 OF

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Α.	Full Name (Last, First, Middle Initial)         Ron Vandernoord         Mailing Address       14535 Davis Trace			_	Date c	of Re	eceipt	D / Y	Y Y	Y					
	<u></u>	Chata	Zin Onda	_	03 10 2014										
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в.	Full Name (Last, First, Middle Initial) Alan Ward				Date c	of Re	eceipt								
	Mailing Address 2101 Woodhaven Rd						03 10 2014								
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С.	Full Name (Last, First, Middle Initial) Dr. J. Michael Wattenbarger				Date c	of Re	eceipt								
	Mailing Address 1624 Sterling Road						D 1(		2014	Y					
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