

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
ORTHOCAROLINA PA FEDERAL PAC

ADDRESS (number and street) 4601 PARK ROAD SUITE 250
 Check if different than previously reported. (ACC) CHARLOTTE NC 28209

2. **FEC IDENTIFICATION NUMBER** C C00471508 **3. IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Robert McBride Jr.

Signature of Treasurer Dr. Robert McBride Jr. *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="76829.63"/>	<input type="text" value="76829.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="76829.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="75870.33"/>	<input type="text" value="75870.33"/>
(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="152699.96"/>	<input type="text" value="152699.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="105.99"/>	<input type="text" value="105.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="152593.97"/>	<input type="text" value="152593.97"/>
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)

Page 3

Write or Type Committee Name

ORTHOCAROLINA PA 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).....	67090.91	67090.91
(ii) Unitemized	8779.42	8779.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	75870.33	75870.33
(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)	75870.33	75870.33
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))..... ▶	75870.33	75870.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	75870.33	75870.33

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	105.99	105.99
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)) ..	105.99	105.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105.99	105.99

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)	75870.33	75870.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75870.33	75870.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<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)
ORTHOCAROLINA PA FEDERAL PAC

A. David T Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 11189 Villa Trace Pl
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, P.A. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7062
 Amount of Each Receipt this Period
 600.00

B. Robert Beaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 562 Windsor Place
 City Concord State NC Zip Code 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7049
 Amount of Each Receipt this Period
 1000.00

C. Walter Beaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 3700 Beresford Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 591.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.6998
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Christopher Bensen		Date of Receipt MM / DD / YYYY 03 / 10 / 2014 Transaction ID : SA11AI.6997
Mailing Address 1139 Aho Road		Amount of Each Receipt this Period 1000.00
City Blowing Rock	State NC	Zip Code 28605
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.26	

Full Name (Last, First, Middle Initial) B. Sarjoo Bhagia		Date of Receipt MM / DD / YYYY 03 / 10 / 2014 Transaction ID : SA11AI.6988
Mailing Address 7213 Fairway Vista Drive		Amount of Each Receipt this Period 500.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 591.00	

Full Name (Last, First, Middle Initial) C. Marcus Briones		Date of Receipt MM / DD / YYYY 03 / 10 / 2014 Transaction ID : SA11AI.7033
Mailing Address 1010 Westbury Dr		Amount of Each Receipt this Period 1000.00
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.90	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<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	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Scott Burbank
Full Name (Last, First, Middle Initial)

Mailing Address 8631 Barclay Woods Ct

City	State	Zip Code
Charlotte	NC	28226

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
591.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.6995

Amount of Each Receipt this Period
 500.00

B. Ralph Carter
Full Name (Last, First, Middle Initial)

Mailing Address 201 Sterling Lane

City	State	Zip Code
Laurinburg	NC	28352

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1590.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7004

Amount of Each Receipt this Period
 1500.00

C. Dr. Virginia F. Casey
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Valencia Tarrac

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7000

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Robert Chadderdon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1590 Clyton Drive
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.6976
 Amount of Each Receipt this Period
 500.00

B. Bruce Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1783 Sterling Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1091.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7054
 Amount of Each Receipt this Period
 1000.00

C. Brian M. Curtin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Maryland Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, P.A. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7019
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 27
	<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	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Donald D'Alessandro
Full Name (Last, First, Middle Initial)

Mailing Address 3700 Columbine Circle

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.6984

Amount of Each Receipt this Period

1000.00

B. Jeffery Daily
Full Name (Last, First, Middle Initial)

Mailing Address 1419 Summerlin Dairy Rd

City	State	Zip Code
Wingate	NC	28174

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1090.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7038

Amount of Each Receipt this Period

1000.00

C. Dr. Bruce V. Darden
Full Name (Last, First, Middle Initial)

Mailing Address 4236 Foxcroft Road

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7003

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 27
	<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	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Brian DeLay
Full Name (Last, First, Middle Initial)

Mailing Address 21200 Blakely Shores Dr

City Cornelius	State NC	Zip Code 28031
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2091.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		10		2014

Transaction ID : SA11AI.7036

Amount of Each Receipt this Period
2000.00

B. Michael Dockery
Full Name (Last, First, Middle Initial)

Mailing Address 3701 Bodenham Court

City Charlotte	State NC	Zip Code 28215
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1591.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		10		2014

Transaction ID : SA11AI.7024

Amount of Each Receipt this Period
1500.00

C. Yates Dunaway
Full Name (Last, First, Middle Initial)

Mailing Address 2326 Thetford CT

City Charlotte	State NC	Zip Code 28211
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1591.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		10		2014

Transaction ID : SA11AI.7002

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 12 OF 27
<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)
ORTHOCAROLINA PA FEDERAL PAC

A. Thomas Fehring
Full Name (Last, First, Middle Initial)

Mailing Address 2329 PENDER PLACE

City Charlotte	State NC	Zip Code 28209
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.6982

Amount of Each Receipt this Period
1000.00

B. James Fleischli
Full Name (Last, First, Middle Initial)

Mailing Address 1310 Andover Rd

City Charlotte	State NC	Zip Code 28211
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7068

Amount of Each Receipt this Period
1000.00

C. Stephen Fleming
Full Name (Last, First, Middle Initial)

Mailing Address 247 Hunting Road

City Boone	State NC	Zip Code 28607
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.6999

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 13 OF 27
	<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	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Adam Fosnaugh

Mailing Address 7620 Caspian Dr

City Waxhaw	State NC	Zip Code 28173
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FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1090.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7031

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr. Erika Gantt

Mailing Address 2438 Mecklenburg Avenue

City Charlotte	State NC	Zip Code 28205
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon
---------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7014

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. William M Geideman

Mailing Address 4421 3rd St. NW

City Hickory	State NC	Zip Code 28601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, P.A.	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7069

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 14 OF 27
	<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	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Matthew Gullickson
Full Name (Last, First, Middle Initial)

Mailing Address 7513 Christopher Place

City Charlotte State NC Zip Code 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1091.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7039

Amount of Each Receipt this Period
 1000.00

B. Nady Hamid
Full Name (Last, First, Middle Initial)

Mailing Address 2108 Cumerland Ave

City Charlotte State NC Zip Code 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1091.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7067

Amount of Each Receipt this Period
 1000.00

C. Dr. Patrick Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 408 Johnsfeld Road

City Shelby State NC Zip Code 28150

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7029

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 15 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. James G Hendrix
 Full Name (Last, First, Middle Initial)
 Mailing Address 352 Sycamore Ridge Rd Ne
 City State Zip Code
 Concord NC 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7018
 Amount of Each Receipt this Period
 1000.00

B. Brian Krenzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4112 1st Place NW
 City State Zip Code
 Hickory NC 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7044
 Amount of Each Receipt this Period
 1500.00

C. Mark F. Kurd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1905 Beverly Dr.
 City State Zip Code
 Charlotte NC 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, P.A. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.6972
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 16 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Daniel Lewis

Mailing Address 7235 Shefingdell Drive

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11Al.7028

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr. Ranjan Maitra

Mailing Address 3586 Fieldstone Drive

City Gastonia	State NC	Zip Code 28056
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon
---------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11Al.7040

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Roy Majors

Mailing Address 5547 Fallon CT

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Physician
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11Al.7025

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 17 OF 27
	<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	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. John Masonis			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 1766 Maryland Ave			Transaction ID : SA11AI.6985
City Charlotte	State NC	Zip Code 28209	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert McBride Jr.			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 4601 Park Road Suite 250			Transaction ID : SA11AI.6993
City Charlotte	State NC	Zip Code 28209	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00		

Full Name (Last, First, Middle Initial) C. Patricia McHale			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 15819 Glen Miro Dr			Transaction ID : SA11AI.7066
City Huntersville	State NC	Zip Code 28078	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00		

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 18 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. John Meade		Date of Receipt 03 / 10 / 2014 Transaction ID : SA11AI.7052
Mailing Address 227 Chaucer Lane		Amount of Each Receipt this Period 1000.00
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1091.00	
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Meighen		Date of Receipt 03 / 10 / 2014 Transaction ID : SA11AI.7032
Mailing Address 3649 Richwood Circle		Amount of Each Receipt this Period 1000.00
City Kannapolis	State NC	Zip Code 28081
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1091.00	
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James Melvin		Date of Receipt 03 / 10 / 2014 Transaction ID : SA11AI.7001
Mailing Address 315 Arlington Avenue #1906		Amount of Each Receipt this Period 2000.00
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 2000.00	
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 19 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Alden Milam			Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2014 Transaction ID : SA11AI.7016
Mailing Address 3320 Selwyn Ave			Amount of Each Receipt this Period 1000.00
City Charlotte	State NC	Zip Code 28209	
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.94		

Full Name (Last, First, Middle Initial) B. Jeffery Mokris			Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2014 Transaction ID : SA11AI.7035
Mailing Address 17812 Wilbanks Dr			Amount of Each Receipt this Period 1000.00
City Charlotte	State NC	Zip Code 28278	
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00		

Full Name (Last, First, Middle Initial) C. Robert Morgan			Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2014 Transaction ID : SA11AI.7050
Mailing Address 3637 Richwood Circle			Amount of Each Receipt this Period 1000.00
City Kannapolis	State NC	Zip Code 28081	
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00		

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 20 OF 27
	<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	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. R G Mostak
Full Name (Last, First, Middle Initial)

Mailing Address 6362 Chamar Circle

City Kannapolis	State NC	Zip Code 28081
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, P.A.	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7060

Amount of Each Receipt this Period
1000.00

B. Dr. Daniel B. Murrey
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Isleworth Avenue

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon
---------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7047

Amount of Each Receipt this Period
1500.00

C. Jason P. Norcross
Full Name (Last, First, Middle Initial)

Mailing Address 4226 54th Avenue NE

City Hickory	State NC	Zip Code 28601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OrthoCarolina, P.A.	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7008

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 21 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Scott B. O'Neal
Full Name (Last, First, Middle Initial)

Mailing Address 5933 Copperleaf Commons Ct

City	State	Zip Code
Charlotte	NC	28277

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina, P.A.	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7071

Amount of Each Receipt this Period
500.00

B. Lois Osier
Full Name (Last, First, Middle Initial)

Mailing Address 2126 Hastings Dr

City	State	Zip Code
Charlotte	NC	28207

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1091.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.6974

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4629 Pine Valley Road

City	State	Zip Code
Charlotte	NC	28210

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OrthoCarolina PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.7030

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 22 OF 27
	<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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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Paul C. Perlik
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1091.00

Date of Receipt 03 / 10 / 2014
Transaction ID : SA11AI.6991
 Amount of Each Receipt this Period 1000.00

B. Dana Piasecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 1547 Queens Rd West
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1091.00

Date of Receipt 03 / 10 / 2014
Transaction ID : SA11AI.6969
 Amount of Each Receipt this Period 1000.00

C. Stefan Renaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 W. Trade St. #1507
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2014
Transaction ID : SA11AI.6977
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 23 OF 27
	<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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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Alfred Rhyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Hempstead Pl
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 491.00

Date of Receipt
 03 / 10 / 2014
Transaction ID : SA11Al.7012
 Amount of Each Receipt this Period
 400.00

B. Paul Rush
 Full Name (Last, First, Middle Initial)
 Mailing Address 11102 Old Johns Road
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1091.00

Date of Receipt
 03 / 10 / 2014
Transaction ID : SA11Al.7015
 Amount of Each Receipt this Period
 1000.00

c. Dr. Shadley C Schiffen
 Full Name (Last, First, Middle Initial)
 Mailing Address 18623 Silent Falls Cove
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 10 / 2014
Transaction ID : SA11Al.7059
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 24 OF 27
	<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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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Paul Segebarth		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 1900 Vernon Dr		Transaction ID : SA11AI.7046
City Charlotte	State NC	Zip Code 28211-1720
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ronald Singer		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 11026 Beau Riley Road		Transaction ID : SA11AI.7026
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00	

Full Name (Last, First, Middle Initial) C. John F. Sloboda		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 414 N. Ridge Circle		Transaction ID : SA11AI.7055
City Boone	State NC	Zip Code 28607
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer OrthoCarolina, P.A.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 25 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Scott Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 East 10th Street
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1591.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7074
 Amount of Each Receipt this Period
 1500.00

B. Leo Spector
 Full Name (Last, First, Middle Initial)
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1091.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.6975
 Amount of Each Receipt this Period
 1000.00

C. Kevin Stanley
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Lynfield Court
 City Mooresville State NC Zip Code 28117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, P.A. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7006
 Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 26 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. William Stucky
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Buffalo Church Road
 City State Zip Code
 Cherryville NC 28021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthocarolina, PA Orthopedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1090.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7043
 Amount of Each Receipt this Period
 1000.00

B. Mark Suprock
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Martingale Lane
 City State Zip Code
 Davidson NC 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1681.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.6987
 Amount of Each Receipt this Period
 1590.91

C. John Ternes
 Full Name (Last, First, Middle Initial)
 Mailing Address 3707 Moreland Farms Rd.
 City State Zip Code
 Charlotte NC 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1091.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.7065
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3590.91
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 27 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Ron Vandernoord		Date of Receipt 03 / 10 / 2014 Transaction ID : SA11AI.7022
Mailing Address 14535 Davis Trace		Amount of Each Receipt this Period 250.00
City Charlotte	State NC	Zip Code 28227
FEC ID number of contributing federal political committee. C	Name of Employer OrthoCarolina, PA	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.00	

Full Name (Last, First, Middle Initial) B. Alan Ward		Date of Receipt 03 / 10 / 2014 Transaction ID : SA11AI.6986
Mailing Address 2101 Woodhaven Rd		Amount of Each Receipt this Period 2000.00
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C	Name of Employer OrthoCarolina, PA	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2091.00	

Full Name (Last, First, Middle Initial) C. Dr. J. Michael Wattenbarger		Date of Receipt 03 / 10 / 2014 Transaction ID : SA11AI.7064
Mailing Address 1624 Sterling Road		Amount of Each Receipt this Period 1000.00
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. C	Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1091.00	

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	67090.91