

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2011 through 06 30 2011

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 Electronically Filed by Dr. Robert McBride, Jr. Date 07 13 2011

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		22121.05
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	37453.42									
(c) Total Receipts (from Line 19) .....	14110.00	29940.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51563.42	52061.05								
7. Total Disbursements (from Line 31) .....	494.31	991.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51069.11	51069.11								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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) .....	13612.00	20029.00
(ii) Unitemized .....	498.00	9911.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14110.00	29940.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14110.00	29940.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14110.00	29940.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14110.00	29940.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	494.31	991.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	494.31	991.94
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 Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	494.31	991.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	494.31	991.94

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) .....	14110.00	29940.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14110.00	29940.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	494.31	991.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	494.31	991.94

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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.**

Full Name (Last, First, Middle Initial)  
Dr. James Alexander

Mailing Address 8930 Abrell Walk Court

City State Zip Code  
Charlotte NC 28226

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 ▼ 249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

Transaction ID: SA11AI.4421

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. James Alexander

Mailing Address 8930 Abrell Walk Court

City State Zip Code  
Charlotte NC 28226

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 ▼ 332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

Transaction ID: SA11AI.4480

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James Alexander

Mailing Address 8930 Abrell Walk Court

City State Zip Code  
Charlotte NC 28226

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 ▼ 415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Alexander		Date of Receipt
	Mailing Address 11300 Troon Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Laurinburg	NC	28352
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4422
Name of Employer OrthoCarolina, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 249.00	<input type="text"/> 83.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Alexander		Date of Receipt
	Mailing Address 11300 Troon Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Laurinburg	NC	28352
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4481
Name of Employer OrthoCarolina, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 332.00	<input type="text"/> 83.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Alexander		Date of Receipt
	Mailing Address 11300 Troon Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Laurinburg	NC	28352
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4540
Name of Employer OrthoCarolina, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 415.00	<input type="text"/> 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 249.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Baker

Mailing Address 3032 Clarendon Road

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4482

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)  
David Baker

Mailing Address 3032 Clarendon Road

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 ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4541

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)  
Walter Beaver

Mailing Address 3700 Beresford Road

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4483

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Walter Beaver

Mailing Address 3700 Beresford Road

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4542

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Sarjoo Bhagia

Mailing Address 7213 Fairway Vista Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.4425

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
Sarjoo Bhagia

Mailing Address 7213 Fairway Vista Drive

City State Zip Code  
Charlotte NC 28226

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4484

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 / 61
	<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.** Full Name (Last, First, Middle Initial)  
 Sarjoo Bhagia  
 Mailing Address 7213 Fairway Vista Drive  
 City State Zip Code  
 Charlotte NC 28226  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2011  
**Transaction ID: SA11AI.4543**  
 Amount of Each Receipt this Period  
 83.00  
 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 ▼ 415.00

**B.** Full Name (Last, First, Middle Initial)  
 James Boatright  
 Mailing Address 16822 Hamptons Landing Road  
 City State Zip Code  
 Charlotte NC 28277  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2011  
**Transaction ID: SA11AI.4544**  
 Amount of Each Receipt this Period  
 83.00  
 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 ▼ 249.00

**C.** Full Name (Last, First, Middle Initial)  
 Craig Brigham  
 Mailing Address 4437-H Mullen Ford Rd  
 City State Zip Code  
 Charlotte NC 28226  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2011  
**Transaction ID: SA11AI.4428**  
 Amount of Each Receipt this Period  
 83.00  
 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 ▼ 249.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **249.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Craig Brigham

Mailing Address 4437-H Mullen Ford Rd

City State Zip Code  
Charlotte NC 28226

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4486

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Craig Brigham

Mailing Address 4437-H Mullen Ford Rd

City State Zip Code  
Charlotte NC 28226

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4545

Amount of Each Receipt this Period  
83.00

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

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 OrthoCarolina      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.4429

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

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 OrthoCarolina Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4487

Amount of Each Receipt this Period  
83.00

**B.**

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

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 OrthoCarolina Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4546

Amount of Each Receipt this Period  
83.00

**C.**

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

Mailing Address 201 Sterling Lane

City State Zip Code  
Laurinburg NC 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 ▼ 249.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 13 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Ralph Carter

Mailing Address 201 Sterling Lane

City State Zip Code  
Laurinburg NC 28352

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4488

Amount of Each Receipt this Period  
83.00

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

Mailing Address 201 Sterling Lane

City State Zip Code  
Laurinburg NC 28352

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4547

Amount of Each Receipt this Period  
83.00

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

Mailing Address 3000 Valencia Tarrac

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.4431

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 14 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Virginia F. Casey

Mailing Address 3000 Valencia Tarrac

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.4489

Amount of Each Receipt this Period  
83.00

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

Mailing Address 3000 Valencia Tarrac

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** SA11AI.4549

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
Alexander Chasnis

Mailing Address 186 Atlantic Way

City State Zip Code  
Mooresville NC 28117

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

**Transaction ID:** SA11AI.4432

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 15 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Alexander Chasnis

Mailing Address 186 Atlantic Way

City State Zip Code  
Mooreville NC 28117

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4490

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Alexander Chasnis

Mailing Address 186 Atlantic Way

City State Zip Code  
Mooreville NC 28117

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4551

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
Christian Clark

Mailing Address 2326 Overhill Road

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.4433

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 16 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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.**

Full Name (Last, First, Middle Initial)  
Christian Clark

Mailing Address 2326 Overhill Road

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 ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4491

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)  
Christian Clark

Mailing Address 2326 Overhill Road

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 ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4552

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce Cohen

Mailing Address 1783 Sterling Road

City State Zip Code  
Charlotte NC 28209

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4434

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 17 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bruce Cohen

Mailing Address 1783 Sterling Road

City State Zip Code  
Charlotte NC 28209

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 ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4492

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)  
Bruce Cohen

Mailing Address 1783 Sterling Road

City State Zip Code  
Charlotte NC 28209

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 ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4553

Amount of Each Receipt this Period

83.00

**C.**

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

Mailing Address 2232 Lamaison Drive

City State Zip Code  
Charlotte NC 28226

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4493

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Patrick Connor		Date of Receipt
	Mailing Address 2232 Lamaison Drive		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4554
Name of Employer OrthoCarolina, PA		Occupation Orthopedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="332.00"/>	<input type="text" value="83.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald D'Alessandro		Date of Receipt
	Mailing Address 3700 Columbine Circle		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Charlotte	NC	28211
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4436
Name of Employer OrthoCarolina, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="249.00"/>	<input type="text" value="83.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald D'Alessandro		Date of Receipt
	Mailing Address 3700 Columbine Circle		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Charlotte	NC	28211
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4494
Name of Employer OrthoCarolina, PA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="332.00"/>	<input type="text" value="83.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="249.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

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 ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4555

Amount of Each Receipt this Period  
83.00

**B.**

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

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4437

Amount of Each Receipt this Period  
83.00

**C.**

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

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 ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4495

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 20 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 09 / 2011

Transaction ID: SA11AI.4556

Amount of Each Receipt this Period  
83.00

**B.**

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

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 14 / 2011

Transaction ID: SA11AI.4438

Amount of Each Receipt this Period  
83.00

**C.**

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

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 29 / 2011

Transaction ID: SA11AI.4496

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 21 / 61
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Bruce V. Darden	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 4236 Foxcroft Road	<b>Transaction ID:</b> SA11AI.4557
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 415.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. William Davis	Date of Receipt MM / DD / YYYY 04 / 14 / 2011
	Mailing Address 1212 Queens Road	<b>Transaction ID:</b> SA11AI.4439
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 249.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William Davis	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 1212 Queens Road	<b>Transaction ID:</b> SA11AI.4497
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 83.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 332.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William Davis		Date of Receipt MM / DD / YYYY 06 / 09 / 2011		
	Mailing Address 1212 Queens Road		<b>Transaction ID:</b> SA11AI.4558		
	City Charlotte	State NC	Zip Code 28207	Amount of Each Receipt this Period 83.00	
	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 ▼ 415.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian DeLay		Date of Receipt MM / DD / YYYY 04 / 14 / 2011		
	Mailing Address 21200 Blakely Shores Dr		<b>Transaction ID:</b> SA11AI.4440		
	City Cornelius	State NC	Zip Code 28031	Amount of Each Receipt this Period 83.00	
	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 ▼ 249.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian DeLay		Date of Receipt MM / DD / YYYY 04 / 29 / 2011		
	Mailing Address 21200 Blakely Shores Dr		<b>Transaction ID:</b> SA11AI.4498		
	City Cornelius	State NC	Zip Code 28031	Amount of Each Receipt this Period 83.00	
	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 ▼ 332.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) Brian DeLay		Date of Receipt MM / DD / YYYY 06 / 09 / 2011
Mailing Address 21200 Blakely Shores Dr		<b>Transaction ID:</b> SA11AI.4559
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 415.00	

**B.**

Full Name (Last, First, Middle Initial) Michael Dockery		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 3701 Bodenham Court		<b>Transaction ID:</b> SA11AI.4441
City Charlotte	State NC	Zip Code 28215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 249.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Dockery		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 3701 Bodenham Court		<b>Transaction ID:</b> SA11AI.4499
City Charlotte	State NC	Zip Code 28215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 332.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

Mailing Address 3701 Bodenham Court

City State Zip Code  
Charlotte NC 28215

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 ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

Transaction ID: SA11AI.4560

Amount of Each Receipt this Period  
83.00

**B.**

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

Mailing Address 2326 Thetford CT

City State Zip Code  
Charlotte NC 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 ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

Transaction ID: SA11AI.4442

Amount of Each Receipt this Period  
83.00

**C.**

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

Mailing Address 2326 Thetford CT

City State Zip Code  
Charlotte NC 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 ▼  
332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

Transaction ID: SA11AI.4500

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **249.00**

**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 25 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)

Yates Dunaway

Mailing Address 2326 Thetford CT

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4561

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)

David Dupuy

Mailing Address 3910 Abingdon Road

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4443

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)

David Dupuy

Mailing Address 3910 Abingdon Road

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4501

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 26 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Dupuy

Mailing Address 3910 Abingdon Road

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4562

Amount of Each Receipt this Period

83.00

**B.**

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

Mailing Address 2329 PENDER PLACE

City State Zip Code  
Charlotte NC 28209

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

Name of Employer Occupation  
OrthoCarolina, PA Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4444

Amount of Each Receipt this Period

83.00

**C.**

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

Mailing Address 2329 PENDER PLACE

City State Zip Code  
Charlotte NC 28209

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

Name of Employer Occupation  
OrthoCarolina, PA Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4502

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 27 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

Mailing Address 2329 PENDER PLACE

City State Zip Code  
Charlotte NC 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 ▼ 415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4563

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Louis Fiore

Mailing Address 238 Conifer Way

City State Zip Code  
Shelby NC 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 ▼ 249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4445

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Louis Fiore

Mailing Address 238 Conifer Way

City State Zip Code  
Shelby NC 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 ▼ 332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4503

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **249.00**

**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 28 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Louis Fiore

Mailing Address 238 Conifer Way

City State Zip Code  
Shelby NC 28150

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

Name of Employer Occupation  
OrthoCarolina, PA Orthopedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4564

Amount of Each Receipt this Period

83.00

**B.**

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

Mailing Address 1310 Andover Rd

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4446

Amount of Each Receipt this Period

83.00

**C.**

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

Mailing Address 1310 Andover Rd

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4504

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 29 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

Mailing Address 1310 Andover Rd

City State Zip Code  
Charlotte NC 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 ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

Transaction ID: SA11AI.4566

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
James Foster

Mailing Address 1508 Dilworth Rd

City State Zip Code  
Charlotte NC 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 ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

Transaction ID: SA11AI.4447

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
James Foster

Mailing Address 1508 Dilworth Rd

City State Zip Code  
Charlotte NC 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 ▼  
332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

Transaction ID: SA11AI.4505

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **249.00**

**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 30 / 61  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Foster

Mailing Address 1508 Dilworth Rd

City State Zip Code  
Charlotte NC 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 ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4567

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Raymond Glenn Gaston

Mailing Address 1422 Biltmore Drive

City State Zip Code  
Charlotte NC 28207

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 ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4448

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Raymond Glenn Gaston

Mailing Address 1422 Biltmore Drive

City State Zip Code  
Charlotte NC 28207

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 ▼  
332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4506

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 31 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Raymond Glenn Gaston

Mailing Address 1422 Biltmore Drive

City State Zip Code  
Charlotte NC 28207

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 ▼ 415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4568

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. P. Pressly Gilbert

Mailing Address 816 Harvard Place

City State Zip Code  
Charlotte NC 28207

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 ▼ 249.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4508

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. P. Pressly Gilbert

Mailing Address 816 Harvard Place

City State Zip Code  
Charlotte NC 28207

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 ▼ 332.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4569

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **249.00**

**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 32 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.** Full Name (Last, First, Middle Initial)  
William Griffin

Mailing Address 618 Colville Road

City State Zip Code  
Charlotte NC 28207

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

Name of Employer OrthoCarolina, Pa      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

**Transaction ID:** SA11AI.4450

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
William Griffin

Mailing Address 618 Colville Road

City State Zip Code  
Charlotte NC 28207

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

Name of Employer OrthoCarolina, Pa      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.4509

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
William Griffin

Mailing Address 618 Colville Road

City State Zip Code  
Charlotte NC 28207

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

Name of Employer OrthoCarolina, Pa      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** SA11AI.4570

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 33 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Matthew Gullickson

Mailing Address 7513 Christopher Place

City State Zip Code  
Charlotte NC 28226

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.4451

Amount of Each Receipt this Period  
83.00

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

Mailing Address 7513 Christopher Place

City State Zip Code  
Charlotte NC 28226

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4510

Amount of Each Receipt this Period  
83.00

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

Mailing Address 7513 Christopher Place

City State Zip Code  
Charlotte NC 28226

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4571

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 34 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Patrick Hayes

Mailing Address 408 Johnsfild Road

City State Zip Code  
Shelby NC 28150

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

**Transaction ID:** SA11AI.4452

Amount of Each Receipt this Period  
83.00

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

Mailing Address 408 Johnsfild Road

City State Zip Code  
Shelby NC 28150

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.4511

Amount of Each Receipt this Period  
83.00

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

Mailing Address 408 Johnsfild Road

City State Zip Code  
Shelby NC 28150

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** SA11AI.4572

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 35 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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.**

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

Mailing Address 2438 Mecklenburg Avenue

City State Zip Code  
Charlotte NC 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 ▼ 249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4453

Amount of Each Receipt this Period  
83.00

**B.**

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

Mailing Address 2438 Mecklenburg Avenue

City State Zip Code  
Charlotte NC 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 ▼ 332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4512

Amount of Each Receipt this Period  
83.00

**C.**

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

Mailing Address 2438 Mecklenburg Avenue

City State Zip Code  
Charlotte NC 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 ▼ 415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4573

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.00

**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 36 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra	Date of Receipt MM / DD / YYYY 04 / 14 / 2011
	Mailing Address 3586 Fieldstone Drive	<b>Transaction ID:</b> SA11AI.4454
	City State Zip Code Gastonia NC 28056	Amount of Each Receipt this Period 83.00
	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 ▼ 249.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 3586 Fieldstone Drive	<b>Transaction ID:</b> SA11AI.4513
	City State Zip Code Gastonia NC 28056	Amount of Each Receipt this Period 83.00
	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 ▼ 332.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 3586 Fieldstone Drive	<b>Transaction ID:</b> SA11AI.4574
	City State Zip Code Gastonia NC 28056	Amount of Each Receipt this Period 83.00
	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 ▼ 415.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

Mailing Address 5547 Fallon CT

City State Zip Code  
Charlotte NC 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 ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4455

Amount of Each Receipt this Period  
83.00

**B.**

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

Mailing Address 5547 Fallon CT

City State Zip Code  
Charlotte NC 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 ▼  
332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4514

Amount of Each Receipt this Period  
83.00

**C.**

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

Mailing Address 5547 Fallon CT

City State Zip Code  
Charlotte NC 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 ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4575

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 38 / 61  
(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.** Full Name (Last, First, Middle Initial)  
J. Bohannon Mason

Mailing Address 159 Cherokee Road

City State Zip Code  
Charlotte NC 28207

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

**Transaction ID:** SA11AI.4456

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
J. Bohannon Mason

Mailing Address 159 Cherokee Road

City State Zip Code  
Charlotte NC 28207

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.4515

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
J. Bohannon Mason

Mailing Address 159 Cherokee Road

City State Zip Code  
Charlotte NC 28207

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** SA11AI.4576

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 39 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Robert McBride, Jr.

Mailing Address 4601 Park Road  
Suite 250

City State Zip Code  
Charlotte NC 28209

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

Name of Employer Occupation  
OrthoCarolina, PA Orthopedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 249.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	1

Transaction ID: SA11AI.4457

Amount of Each Receipt this Period

83.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert McBride, Jr.

Mailing Address 4601 Park Road  
Suite 250

City State Zip Code  
Charlotte NC 28209

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

Name of Employer Occupation  
OrthoCarolina, PA Orthopedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 332.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.4516

Amount of Each Receipt this Period

83.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert McBride, Jr.

Mailing Address 4601 Park Road  
Suite 250

City State Zip Code  
Charlotte NC 28209

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

Name of Employer Occupation  
OrthoCarolina, PA Orthopedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	1

Transaction ID: SA11AI.4577

Amount of Each Receipt this Period

83.00
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**SUBTOTAL** of Receipts This Page (optional) .....

249.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas McCoy

Mailing Address 431 Fenton Place

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4458

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas McCoy

Mailing Address 431 Fenton Place

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 ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4517

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas McCoy

Mailing Address 431 Fenton Place

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 ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4578

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 41 / 61  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Patricia McHale

Mailing Address 15819 Glen Miro Dr

City State Zip Code  
Huntersville NC 28078

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 ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4459

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia McHale

Mailing Address 15819 Glen Miro Dr

City State Zip Code  
Huntersville NC 28078

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 ▼  
332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4518

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia McHale

Mailing Address 15819 Glen Miro Dr

City State Zip Code  
Huntersville NC 28078

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 ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4579

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 42 / 61  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) John Meade		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 227 Chaucer Lane		<b>Transaction ID:</b> SA11AI.4460
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 249.00	

**B.**

Full Name (Last, First, Middle Initial) John Meade		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 227 Chaucer Lane		<b>Transaction ID:</b> SA11AI.4519
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 332.00	

**C.**

Full Name (Last, First, Middle Initial) John Meade		Date of Receipt MM / DD / YYYY 06 / 09 / 2011
Mailing Address 227 Chaucer Lane		<b>Transaction ID:</b> SA11AI.4581
City Matthews	State NC	Zip Code 28104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 415.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) Alden Milam		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 3320 Selwyn Ave		<b>Transaction ID:</b> SA11AI.4461
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
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 ▼ 249.00	

**B.**

Full Name (Last, First, Middle Initial) Alden Milam		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 3320 Selwyn Ave		<b>Transaction ID:</b> SA11AI.4520
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
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 ▼ 332.00	

**C.**

Full Name (Last, First, Middle Initial) Alden Milam		Date of Receipt MM / DD / YYYY 06 / 09 / 2011
Mailing Address 3320 Selwyn Ave		<b>Transaction ID:</b> SA11AI.4582
City Charlotte	State NC	Zip Code 28209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.00
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 ▼ 415.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 44 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Jeffery Mokris  
Mailing Address 17812 Wilbanks Dr

City State Zip Code  
Charlotte NC 28278

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 ▼ 249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4462

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffery Mokris  
Mailing Address 17812 Wilbanks Dr

City State Zip Code  
Charlotte NC 28278

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 ▼ 332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4521

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffery Mokris  
Mailing Address 17812 Wilbanks Dr

City State Zip Code  
Charlotte NC 28278

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 ▼ 415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4584

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.00

**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 45 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Daniel B. Murrey  
Mailing Address 1020 Isleworth Avenue  
City State Zip Code  
Charlotte NC 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 ▼ 249.00  
Date of Receipt 04 / 14 / 2011  
Transaction ID: SA11AI.4463  
Amount of Each Receipt this Period 83.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Daniel B. Murrey  
Mailing Address 1020 Isleworth Avenue  
City State Zip Code  
Charlotte NC 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 ▼ 332.00  
Date of Receipt 04 / 29 / 2011  
Transaction ID: SA11AI.4522  
Amount of Each Receipt this Period 83.00

**C.** Full Name (Last, First, Middle Initial)  
Lois Osier  
Mailing Address 2126 Hastings Dr  
City State Zip Code  
Charlotte NC 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 ▼ 249.00  
Date of Receipt 04 / 14 / 2011  
Transaction ID: SA11AI.4464  
Amount of Each Receipt this Period 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.00  
**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 46 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

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

Mailing Address 2126 Hastings Dr

City State Zip Code  
Charlotte NC 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 ▼  
332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4523

Amount of Each Receipt this Period  
83.00

**B.**

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

Mailing Address 2126 Hastings Dr

City State Zip Code  
Charlotte NC 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 ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4585

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Paul C. Perlik

Mailing Address 901 Berkeley Avenue

City State Zip Code  
Charlotte NC 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 ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4465

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 47 / 61  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Paul C. Perlik

Mailing Address 901 Berkeley Avenue

City State Zip Code  
Charlotte NC 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 ▼ 332.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4524

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Paul C. Perlik

Mailing Address 901 Berkeley Avenue

City State Zip Code  
Charlotte NC 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 ▼ 415.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4586

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dana Piasecki

Mailing Address 1547 Queens Rd West

City State Zip Code  
Charlotte NC 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 ▼ 249.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4466

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 48 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dana Piasecki

Mailing Address 1547 Queens Rd West

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 ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4525

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)  
Dana Piasecki

Mailing Address 1547 Queens Rd West

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 ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4587

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)  
Alfred Rhyne

Mailing Address 540 Hempstead Pl

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4467

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 49 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Alfred Rhyne

Mailing Address 540 Hempstead Pl

City State Zip Code  
Charlotte NC 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 ▼ 332.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.4527

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Alfred Rhyne

Mailing Address 540 Hempstead Pl

City State Zip Code  
Charlotte NC 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 ▼ 415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** SA11AI.4588

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Rush

Mailing Address 11102 Old Johns Road

City State Zip Code  
Laurinburg NC 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 ▼ 249.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

**Transaction ID:** SA11AI.4468

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 50 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Paul Rush

Mailing Address 11102 Old Johns Road

City State Zip Code  
Laurinburg NC 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 ▼  
332.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** SA11AI.4528

Amount of Each Receipt this Period  
83.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul Rush

Mailing Address 11102 Old Johns Road

City State Zip Code  
Laurinburg NC 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 ▼  
415.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** SA11AI.4589

Amount of Each Receipt this Period  
83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Edwin J. Sebold

Mailing Address 5314 Shasta Hill Court

City State Zip Code  
Charlotte NC 28211

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 ▼  
249.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** SA11AI.4469

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 51 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Edwin J. Sebold

Mailing Address 5314 Shasta Hill Court

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** SA11AI.4529

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edwin J. Sebold

Mailing Address 5314 Shasta Hill Court

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** SA11AI.4590

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald Singer

Mailing Address 11026 Beau Riley Road

City State Zip Code  
Charlotte NC 28277

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

**Transaction ID:** SA11AI.4470

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 52 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Ronald Singer

Mailing Address 11026 Beau Riley Road

City State Zip Code  
Charlotte NC 28277

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4530

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald Singer

Mailing Address 11026 Beau Riley Road

City State Zip Code  
Charlotte NC 28277

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4591

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
John Smid

Mailing Address PO Box 3192

City State Zip Code  
Pinehurst NC 28374

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.4471

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 53 / 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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.**

Full Name (Last, First, Middle Initial)  
John Smid

Mailing Address PO Box 3192

City Pinehurst State NC Zip Code 28374

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 ▼ 332.00

Date of Receipt: 04 / 29 / 2011  
**Transaction ID: SA11AI.4531**  
 Amount of Each Receipt this Period 83.00

**B.**

Full Name (Last, First, Middle Initial)  
John Smid

Mailing Address PO Box 3192

City Pinehurst State NC Zip Code 28374

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 ▼ 415.00

Date of Receipt: 06 / 09 / 2011  
**Transaction ID: SA11AI.4592**  
 Amount of Each Receipt this Period 83.00

**C.**

Full Name (Last, First, Middle Initial)  
Leo Spector

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 ▼ 249.00

Date of Receipt: 04 / 14 / 2011  
**Transaction ID: SA11AI.4472**  
 Amount of Each Receipt this Period 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.00

**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 54 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial)  
Leo Spector

Mailing Address 3407 Maryhurst Lane

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 ▼ 332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4532

Amount of Each Receipt this Period

83.00

**B.**

Full Name (Last, First, Middle Initial)  
Leo Spector

Mailing Address 3407 Maryhurst Lane

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 ▼ 415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4594

Amount of Each Receipt this Period

83.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. William Stucky

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 ▼ 249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4473

Amount of Each Receipt this Period

83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

249.00

**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 55 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Dr. William Stucky

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: Orthocarolina, PA   Occupation: Orthopedic Surgeon

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt: 04 / 29 / 2011  
Transaction ID: SA11AI.4533  
Amount of Each Receipt this Period: 83.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William Stucky

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: Orthocarolina, PA   Occupation: Orthopedic Surgeon

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt: 06 / 09 / 2011  
Transaction ID: SA11AI.4595  
Amount of Each Receipt this Period: 83.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Suprock

Mailing Address 910 Martingale Lane

City State Zip Code  
Davidson NC 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 ▼ 249.00

Date of Receipt: 04 / 14 / 2011  
Transaction ID: SA11AI.4474  
Amount of Each Receipt this Period: 83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 249.00

**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 56 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Suprock	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 910 Martingale Lane	<b>Transaction ID:</b> SA11AI.4534
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 83.00
	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 ▼ 332.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Suprock	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 910 Martingale Lane	<b>Transaction ID:</b> SA11AI.4596
	City State Zip Code Davidson NC 28036	Amount of Each Receipt this Period 83.00
	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 ▼ 415.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Temple	Date of Receipt MM / DD / YYYY 04 / 14 / 2011
	Mailing Address 6239 Sharon Hills Road	<b>Transaction ID:</b> SA11AI.4475
	City State Zip Code Charlotte NC 28210	Amount of Each Receipt this Period 83.00
	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 ▼ 249.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	249.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 57 / 61  
(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.** Full Name (Last, First, Middle Initial)  
John Temple  
 Mailing Address 6239 Sharon Hills Road  
 City State Zip Code  
 Charlotte NC 28210  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 1 1  
**Transaction ID:** SA11AI.4535  
 Amount of Each Receipt this Period  
 83.00  
 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 ▼ 332.00

**B.** Full Name (Last, First, Middle Initial)  
John Temple  
 Mailing Address 6239 Sharon Hills Road  
 City State Zip Code  
 Charlotte NC 28210  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 9 / 2 0 1 1  
**Transaction ID:** SA11AI.4597  
 Amount of Each Receipt this Period  
 83.00  
 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 ▼ 415.00

**C.** Full Name (Last, First, Middle Initial)  
Ron Vandernoord  
 Mailing Address 14535 Davis Trace  
 City State Zip Code  
 Charlotte NC 28227  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 1 1  
**Transaction ID:** SA11AI.4476  
 Amount of Each Receipt this Period  
 83.00  
 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 ▼ 249.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.00  
**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 58 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Ron Vandernoord

Mailing Address 14535 Davis Trace

City State Zip Code  
Charlotte NC 28227

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4536

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Ron Vandernoord

Mailing Address 14535 Davis Trace

City State Zip Code  
Charlotte NC 28227

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4598

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
Alan Ward

Mailing Address 2101 Woodhaven Rd

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
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**Transaction ID:** SA11AI.4477

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 59 / 61  
(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.** Full Name (Last, First, Middle Initial)  
Alan Ward

Mailing Address 2101 Woodhaven Rd

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      332.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

**Transaction ID:** SA11AI.4537

Amount of Each Receipt this Period  
83.00

**B.** Full Name (Last, First, Middle Initial)  
Alan Ward

Mailing Address 2101 Woodhaven Rd

City State Zip Code  
Charlotte NC 28211

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

Name of Employer OrthoCarolina, PA      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

**Transaction ID:** SA11AI.4599

Amount of Each Receipt this Period  
83.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. J. Michael Wattenbarger

Mailing Address 1624 Sterling Road

City State Zip Code  
Charlotte NC 28209

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

Name of Employer OrthoCarolina, PA      Occupation Orthopedic Surgeon

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      249.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	1	1

**Transaction ID:** SA11AI.4479

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.00**

**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 60 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

**A.**

Full Name (Last, First, Middle Initial) Dr. J. Michael Wattenbarger		Date of Receipt
Mailing Address 1624 Sterling Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 9 / 2 0 1 1
City State Zip Code Charlotte NC 28209		<b>Transaction ID:</b> SA11AI.4538
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 83.00
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 ▼ <input type="text"/> 332.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. J. Michael Wattenbarger		Date of Receipt
Mailing Address 1624 Sterling Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 0 9 / 2 0 1 1
City State Zip Code Charlotte NC 28209		<b>Transaction ID:</b> SA11AI.4600
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 83.00
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 ▼ <input type="text"/> 415.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 166.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 13612.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ORTHOCAROLINA PA FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Charlotte Commercial	Transaction ID: SB21B.4417 Date of Disbursement																			
	Mailing Address P.O. Box 563966	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	1		2	0	1	1												
	City Charlotte State NC Zip Code 28256	Amount of Each Disbursement this Period																			
	Purpose of Disbursement April Bank Fees Candidate Name	<table border="1"><tr><td>164.16</td></tr></table>	164.16																		
164.16																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Charlotte Commercial	Transaction ID: SB21B.4418 Date of Disbursement																			
	Mailing Address P.O. Box 563966	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	1												
	City Charlotte State NC Zip Code 28256	Amount of Each Disbursement this Period																			
	Purpose of Disbursement May Bank Fees Candidate Name	<table border="1"><tr><td>166.11</td></tr></table>	166.11																		
166.11																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Charlotte Commercial	Transaction ID: SB21B.4419 Date of Disbursement																			
	Mailing Address P.O. Box 563966	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	1												
	City Charlotte State NC Zip Code 28256	Amount of Each Disbursement this Period																			
	Purpose of Disbursement June Bank Fees Candidate Name	<table border="1"><tr><td>164.04</td></tr></table>	164.04																		
164.04																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>494.31</td></tr></table>	494.31
494.31		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>494.31</td></tr></table>	494.31
494.31		