07/13/2011 08:44

Image# 11931803292

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines ORTHOCAROLINA PA FEDERAL PAC 4601 PARK ROAD SUITE 250 ADDRESS (number and street) Check if different than previously **CHARLOTTE** NC 28209 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00471508 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Robert McBride, Jr. Type or Print Name of Treasurer Electronically Filed by Dr. Robert McBride, Jr. 07 13 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y		22121.05
	(b) Cash on Hand at Begining 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
	Total Disbursements (from Line 31)	494.31	991.94
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51069.11	51069.11
	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period:

From: 0 4

D D 0

Y Y W Y 2011

то.

м м 0 6 D D D

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14110.00	29940.00
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
1	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14110.00	29940.00
	Fotal Federal Receipts subtract Line 18(c) from Line 19)	14110.00	29940.00

FE6AN026

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. O	perating Expenditures: a) Shared Federal/Non-Federal		
,0	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b	o) Other Federal Operating Expenditures	494.31	991.94
(c			
	(add 21(a)(i), (a)(ii) and (b))	494.31	991.94
	ransfers to Affiliated/Other Party ommittees	0.00	0.00
23. C	ontributions to		
	ederal Candidates/Committeesnd Other Political Committees	0.00	0.00
(L	dependent Expenditure use Schedule E)	0.00	0.00
25. Č	oordinated Expenditures Made by Party ommittees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
(ι	ise Schedule F)		0.00
26. Lo	pan Repayments Made	0.00	0.00
27. Ta	pans Made	0.00	0.00
28. R	efunds of Contributions To: a) Individuals/Persons Other		
(6	Than Political Committees	0.00	0.00
(b	o) Political Party Committees	0.00	0.00
(0	·	0.00	0.00
(c	(such as PACs)	0.00	0.00
(0	(add Lines 28(a), (b), and (c))	0.00	0.00
20 0	ther Disbursements	0.00	0.00
. 9. U	ther dispulsements	0.00	0.00
	rederal 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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	404.04	004.04
2	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)	404.04	004.04
1	from Line 31)	494.31	991.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33. Total Contributions (other than loans) from Line 11(d), page 3)	14110.00	29940.00	
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14110.00	29940.00	
26. 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	

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 61 (check only one) X
Ar	ny information copied from such Reports and Store commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James Alexander Mailing Address 8930 Abrell Walk Cou	State	Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	- '	ic Surgeon Year-to-Date ▼ 249.00	
 B.	Full Name (Last, First, Middle Initial) Dr. James Alexander Mailing Address 8930 Abrell Walk Cou	Date of Receipt M		
	City	State	Zip Code	Transaction ID: SA11AI.4480
	Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA	Occupation	ic Surgeon	
	Receipt For: Primary General Other (specify) ▼	, '	Year-to-Date ▼ 332.00	
	Full Name (Last, First, Middle Initial) Dr. James Alexander			Date of Receipt
•	Mailing Address 8930 Abrell Walk Court			0 6 0 9 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.4539
	Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA	Occupation	ic Surgeon	
	Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 415.00	
s	UBTOTAL of Receipts This Page (optional) .	1		249.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/61 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements mathe	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P	PAC		
Full Name (Last, First, Middle Initial) Richard Alexander			Date of Receipt
Mailing Address 11300 Troon Circle	0 4 1 4 2 0 1 1		
City	State	Zip Code	Transaction ID: SA11Al.4422
Laurninburg	NC	28352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Richard Alexander			Date of Receipt
Mailing Address 11300 Troon Circle	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.4481
Laurninburg	NC	28352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		332.00	
Full Name (Last, First, Middle Initial) Richard Alexander			Date of Receipt
Mailing Address 11300 Troon Circle			0 6 0 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4540
<u>Laurninburg</u>	NC	28352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupatio Physicia	n	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		415.00	

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 61 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Baker Mailing Address 3032 Clarendon Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General		Date of Receipt M M / 29 / 2011 Transaction ID: SA11AI.4482 Amount of Each Receipt this Period 83.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) David Baker Mailing Address 3032 Clarendon Road City Charlotte FEC ID number of contributing federal political committee.		Date of Receipt O 6 O 9 2 0 1 1 Transaction ID: SA11AI.4541 Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 332.00]
Full Name (Last, First, Middle Initial) Walter Beaver Mailing Address 3700 Beresford Roac		Date of Receipt 0 4 2 9 2 0 1 1
City Charlotte FEC ID number of contributing federal political committee.	State Zip Code NC 28211	Transaction ID: SA11AI.4483 Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 249.00	
SUBTOTAL of Receipts This Page (optional)		249.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 61 (check only one) X 11a 11b 11c 12 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P.	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Walter Beaver Mailing Address 3700 Beresford Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For:		Date of Receipt M M M O D D O D O D O D O D O D O D O D
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sarjoo Bhagia Mailing Address 7213 Fairway Vista □	332.00 Orive	Date of Receipt
City	State Zip Code	0 4 1 4 2 0 1 1 Transaction ID: SA11AI.4425
Charlotte FEC ID number of contributing federal political committee.	NC 28226	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Sarjoo Bhagia		Date of Receipt
Mailing Address 7213 Fairway Vista D	Prive	0 4 2 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4484
Charlotte FEC ID number of contributing federal political committee.	NC 28226	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)		249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 61 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Sarjoo Bhagia Mailing Address 7213 Fairway Vista	Drivo		Date of Receipt
City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.4543 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Physicia		
Full Name (Last, First, Middle Initial) James Boatright Mailing Address 16822 Hamptons La	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.4544
Charlotte	NC	28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			83.00
Name of Employer OrthoCarolina, PA	Occupation Orthoped	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Craig Brigham	•		Date of Receipt
Mailing Address 4437-H Mullen Ford	Mailing Address 4437-H Mullen Ford Rd		
Charlette	State	Zip Code	Transaction ID: SA11AI.4428
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Name of Employer OrthoCarolina, PA Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.00	
SUBTOTAL of Receipts This Page (optional	D		249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 61 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL			
Full Name (Last, First, Middle Initial) Craig Brigham			Date of Receipt
Mailing Address 4437-H Mullen Ford	M M / D D / Y Y Y Y Y O D D / 29 2011		
City	State NC	Zip Code	Transaction ID: SA11AI.4486
Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) Craig Brigham	I		Date of Receipt
Mailing Address 4437-H Mullen Ford Rd			06 09 7 7 7 7
City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.4545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	LOZZO	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Scott Burbank Mailing Address 8631 Barclay Woods Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.4429
FEC ID number of contributing federal political committee.	C	20220	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 249.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the xy Page X 11a 11b 11c 12
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	lnd Statements may not be sold or used the name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
ORTHOCAROLINA PA FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Scott Burbank		Date of Receipt
Mailing Address 8631 Barclay Woo	04 29 2011	
City <u>Charlotte</u>	State Zip Code NC 28226	Transaction ID: SA11AI.4487 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	332.00
Full Name (Last, First, Middle Initial) Scott Burbank	l	Date of Receipt
Mailing Address 8631 Barclay Woo	06 09 2011	
City Charlotte	State Zip Code NC 28226	Transaction ID: SA11AI.4546
FEC ID number of contributing federal political committee.	NC 28226	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	415.00
Full Name (Last, First, Middle Initial) Ralph Carter	L	Date of Receipt
Mailing Address 201 Sterling Lane		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Laurinburg	State Zip Code NC 28352	Transaction ID: SA11AI.4430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20032	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	249.00
SUBTOTAL of Receipts This Page (options	I SD	249.00

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) X	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL I	the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Ralph Carter Mailing Address 201 Sterling Lane			Date of Receipt	
City	State	Zip Code	0 4 2 9 2 0 1 1 Transaction ID: SA11AI.4488	
Laurinburg FEC ID number of contributing federal political committee.	NC C	28352	Amount of Each Receipt this Period 83.00	
Name of Employer OrthoCarolina, PA	Occupation Physician	1		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.00		
Full Name (Last, First, Middle Initial) Ralph Carter Mailing Address 201 Sterling Lane	Date of Receipt			
Maining Address 201 Sterling Larie	0 6 0 9 2 0 1 1 Transaction ID: SA11AI.4547			
City	·			
Laurinburg FEC ID number of contributing federal political committee.	C	28332	Amount of Each Receipt this Period 83.00	
Name of Employer OrthoCarolina, PA	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 415.00		
Full Name (Last, First, Middle Initial) Dr. Virginia F. Casey			Date of Receipt	
Mailing Address 3000 Valencia Tarrac			M M / D D / Y Y Y Y Y O D D / 2 0 1 1	
City	State	Zip Code	Transaction ID: SA11Al.4431	
Charlotte FEC ID number of contributing federal political committee.	C	28211	Amount of Each Receipt this Period 83.00	
Name of Employer OrthoCarolina, PA	Occupation Orthoped	n lic Surgeon		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.00		
SUBTOTAL of Receipts This Page (optiona)		249.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	nd Statements may not be sold or used by any perso the name and address of any political committee to PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Virginia F. Casey		Date of Receipt
Mailing Address 3000 Valencia Tarr	ac	04 29 2011
City	State Zip Code	Transaction ID: SA11AI.4489
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) Dr. Virginia F. Casey	I	Date of Receipt
Mailing Address 3000 Valencia Tarr	ac	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4549
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Alexander Chasnis	I	Date of Receipt
Mailing Address 186 Atlantic Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.4432
Mooresville	NC 28117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
		249.00

Any information copied from suc or for commercial purposes, other NAME OF COMMITTEE (In ORTHOCAROLINA PA	er than using the name and ad Full) FEDERAL PAC	ay not be sold or used by any pers ddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle			
Alexander Chasnis	,		Date of Receipt
Mailing Address 186 Atla		Zin Codo	04 29 2011
City Mooresville	State NC	Zip Code 28117	Transaction ID: SA11AI.4490 Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.			83.00
Name of Employer OrthoCarolina, PA	Occupati Physicia		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Alexander Chasnis	e Initial)		Date of Receipt
Mailing Address 186 Atla	ntic Way		06 09 7 2011
City	State	Zip Code	Transaction ID: SA11AI.4551
Mooresville FEC ID number of contributir federal political committee.	NC C	28117	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupati Physicia		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Christian Clark	e Initial)		Date of Receipt
Mailing Address 2326 Ov	erhill Road		0 4
City <u>Charlotte</u>	State NC	Zip Code 28211	Transaction ID: SA11AI.4433 Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupati Physicia		
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 249.00	
SUBTOTAL of Receipts This F	age (optional)		249.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the (check drilly drie)
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by the name and address of any political column.	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P.		
_	Full Name (Last, First, Middle Initial) Christian Clark		Date of Receipt
	Mailing Address 2326 Overhill Road		0 4 2 9 Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11Al.4491
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	33	2.00
	Full Name (Last, First, Middle Initial) Christian Clark		Date of Receipt
	Mailing Address 2326 Overhill Road		0 6 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.4552
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	41	5.00
	Full Name (Last, First, Middle Initial) Bruce Cohen		Date of Receipt
	Mailing Address 1783 Sterling Road		0 4 1 4 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.4434
	Charlotte	NC 28209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	24	9.00
_			249.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 17 / 61 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be name and address o	e sold or used by any perso f any political committee to	
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P.			
<u>/</u>	Full Name (Last, First, Middle Initial) Bruce Cohen			Date of Receipt
	Mailing Address 1783 Sterling Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		p Code	Transaction ID: SA11AI.4492
	Charlotte	NC 2	8209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician		
	Receipt For:	Aggregate Year-t	o-Date ▼	
	Primary General Other (specify) ▼		332.00	
	Full Name (Last, First, Middle Initial) Bruce Cohen			Date of Receipt
	Mailing Address 1783 Sterling Road			06 09 7 2011
	City		p Code	Transaction ID: SA11AI.4553
	Charlotte	NC 2	8209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician		
	Receipt For:	Aggregate Year-t	o-Date V	
	Primary General Other (specify) ▼		415.00	
	Full Name (Last, First, Middle Initial) Dr. Patrick Connor			Date of Receipt
	Mailing Address 2232 Lamaison Drive	•		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zi	p Code	Transaction ID: SA11AI.4493
	Charlotte	NC 2	8226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer OrthoCarolina, PA	Occupation Orthopedic Sur	rgeon	
	Receipt For:	Aggregate Year-t	o-Date V	
	Primary General Other (specify) ▼		249.00	
	UBTOTAL of Receipts This Page (optional)			249.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. Z	Full Name (Last, First, Middle Initial) Dr. Patrick Connor	AC		Date of Receipt
	Mailing Address 2232 Lamaison Drive			06 / 09 / 2011
	City Charlotte	State NC	Zip Code 28226	Transaction ID: SA11AI.4554 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer OrthoCarolina, PA	Occupation Orthopedi	c Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 332.00	
	Full Name (Last, First, Middle Initial) Donald D'Alessandro			Date of Receipt
	Mailing Address 3700 Columbine Circ	le		04 14 2011
	City	State	Zip Code	Transaction ID: SA11AI.4436
	Charlotte FEC ID number of contributing federal political committee.	C	28211	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 249.00	
_	Full Name (Last, First, Middle Initial) Donald D'Alessandro			Date of Receipt
	Mailing Address 3700 Columbine Circ	le		0 4 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Charlotte	State NC	Zip Code 28211	Transaction ID: SA11AI.4494
	FEC ID number of contributing federal political committee.	C	20211	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 332.00	
	SUBTOTAL of Receipts This Page (optional)	·		249.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	Statements may e name and add	y not be sold or used by any person	
/	C	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donald D'Alessandro Mailing Address 3700 Columbine Circl			Date of Receipt 0 6 0 9 2 0 1 1
City Charlotte	State NC	Zip Code	Transaction ID: SA11AI.4555
FEC ID number of contributing federal political committee.	C	28211	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Jeffery Daily Mailing Address 1419 Summerlin Dairy	y Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4437
Wingate	NC	28174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Jeffery Daily			Date of Receipt
Mailing Address 1419 Summerlin Dairy	y Rd		0 4 2 9 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.4495
Wingate	NC	28174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional) .			249.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Penerts	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 20 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERA	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffery Daily		Date of Receipt
Mailing Address 1419 Summerlin	Dairy Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4556
Wingate	NC 28174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Dr. Bruce V. Darden	I	Date of Receipt
Mailing Address 4236 Foxcroft Ro	ad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4438
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Dr. Bruce V. Darden	I	Date of Receipt
Mailing Address 4236 Foxcroft Ro	ad	04 29 7 2011
City	State Zip Code	Transaction ID: SA11AI.4496
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SURTOTAL of Receipts This Page (antis	nal)	249.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 61 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL F	he name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Bruce V. Darden Mailing Address 4236 Foxcroft Road			Date of Receipt 0 6 0 9 2 0 1 1
City Charlotte	State NC	Zip Code 28211	Transaction ID: SA11AI.4557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Orthopedic S Aggregate Ye		
Full Name (Last, First, Middle Initial) Dr. William Davis Mailing Address 1212 Queens Road			Date of Receipt 0 4 1 4 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.4439
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic	Surgeon	
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Dr. William Davis			Date of Receipt
Mailing Address 1212 Queens Road			04 29 2011
City Charlotte	State NC	Zip Code 28207	Transaction ID: SA11AI.4497 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic	Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)			249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. William Davis Mailing Address 1212 Queens Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA	State Zip Code NC 28207 C Occupation Orthopedic Surgeon	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 415.00	
Brian DeLay Mailing Address 21200 Blakely Shor City Cornelius FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA	State Zip Code NC 28031 C Occupation Physician	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 249.00	
Brian DeLay Mailing Address 21200 Blakely Shor		Date of Receipt Date of Receipt
City Cornelius FEC ID number of contributing federal political committee.	State Zip Code NC 28031	Transaction ID: SA11AI.4498 Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 332.00	
SUBTOTAL of Receipts This Page (optional)	249.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian DeLay Mailing Address 21200 Blakely Shores City Cornelius FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For:	Dr State Zip Code NC 28031 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Dockery Mailing Address 3701 Bodenham Cour	415.00 t	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28215	Transaction ID: SA11AI.4441 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 249.00	
Full Name (Last, First, Middle Initial) Michael Dockery		Date of Receipt
Mailing Address 3701 Bodenham Cour	t	0 4 2 9 2 0 1 1
City Charlotte	State Zip Code NC 28215	Transaction ID: SA11AI.4499 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 61 (check only one) X
Ar	y information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P.	AC	
_	Full Name (Last, First, Middle Initial) Michael Dockery		Date of Receipt
	Mailing Address 3701 Bodenham Cou		06 09 2011
	City Charlotte	State Zip Code NC 28215	Transaction ID: SA11AI.4560
	FEC ID number of contributing federal political committee.	NC 28215	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
	Full Name (Last, First, Middle Initial) Yates Dunaway		Date of Receipt
	Mailing Address 2326 Thetford CT		0 4
	City	State Zip Code	Transaction ID: SA11AI.4442
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	249.00	
	Full Name (Last, First, Middle Initial) Yates Dunaway		Date of Receipt
	Mailing Address 2326 Thetford CT		04 29 2011
	City	State Zip Code	Transaction ID: SA11AI.4500
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
_	IJRTOTAL of Receipts This Page (optional)		249.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	
ORTHOCAROLINA PA FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Yates Dunaway Mailing Address 2326 Thetford CT		Date of Receipt
City	State Zip Code	0 6 0 9 2 0 1 1 Transaction ID: SA11Al.4561
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) David Dupuy		Date of Receipt
Mailing Address 3910 Abingdon Roa	d	M M / D D / Y Y Y Y Y Y A 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4443
<u>Charlotte</u>	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.00	
Full Name (Last, First, Middle Initial) David Dupuy		Date of Receipt
Mailing Address 3910 Abingdon Roa	d	04 29 2011
City <u>Charlotte</u>	State Zip Code NC 28211	Transaction ID: SA11AI.4501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SURTOTAL of Receipts This Page (antions)	249.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Dupuy Mailing Address 3910 Abingdon Road City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For:	State Zip Code NC 28211 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.4562 Amount of Each Receipt this Period 83.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Fehring Mailing Address 2329 PENDER PLAC		Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28209	Transaction ID: SA11AI.4444 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 249.00	83.00
Full Name (Last, First, Middle Initial) Thomas Fehring Mailing Address 2329 PENDER PLAC		Date of Receipt
City Charlotte	State Zip Code NC 28209	Transaction ID: SA11AI.4502 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20209	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional) .	1	249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Fehring		Date of Receipt
Mailing Address 2329 PENDER PLA	ACE	06 09 2011
City	State Zip Code	Transaction ID: SA11AI.4563
Charlotte	NC 28209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Dr. Louis Fiore		Date of Receipt
Mailing Address 238 Conifer Way		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4445
Shelby	NC 28150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Dr. Louis Fiore		Date of Receipt
Mailing Address 238 Conifer Way		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Shelby</u>	State Zip Code NC 28150	Transaction ID: SA11AI.4503 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (option	al)	249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 61 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	the name and add	I y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Louis Fiore Mailing Address 238 Conifer Way City	State	Zip Code	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Shelby FEC ID number of contributing federal political committee.	NC C	28150	Transaction ID: SA11AI.4564 Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼		n dic Surgeon e Year-to-Date ▼ 415.00]
Full Name (Last, First, Middle Initial) James Fleischli Mailing Address 1310 Andover Rd			Date of Receipt 0 4 1 4 2 0 1 1
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28211	Transaction ID: SA11AI.4446 Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate]
Full Name (Last, First, Middle Initial) James Fleischli Mailing Address 1310 Andover Rd	I		Date of Receipt 0 4 2 9 2 0 1.1
City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28211	Transaction ID: SA11AI.4504 Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional	al)(la)	249.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pag	e (check only one)
ny information copied from such Reports and	Statements may not be sold or used by an	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P.	· ·	
Full Name (Last, First, Middle Initial) James Fleischli		Date of Receipt
Mailing Address 1310 Andover Rd		0 6 0 9 2 0 1 1
City Charlotte	State Zip Code NC 28211	Transaction ID: SA11AI.4566 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.	00
Full Name (Last, First, Middle Initial) James Foster		Date of Receipt
Mailing Address 1508 Dilworth Rd		0 4
City Charlotte	State Zip Code NC 28203	Transaction ID: SA11AI.4447 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.	00
Full Name (Last, First, Middle Initial) James Foster		Data of Daggint
Mailing Address 1508 Dilworth Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28203	Transaction ID: SA11AI.4505 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00
SURTOTAL of Receipts This Page (optional)		249.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	and Statements may not be sold or used by any person gethe name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Foster	LPAU	Date of Receipt
Mailing Address 1508 Dilworth Rd		06 09 2011
City	State Zip Code	Transaction ID: SA11AI.4567
Charlotte FEC ID number of contributing federal political committee.	NC 28203	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Dr. Raymond Glenn Gaston Mailing Address 1422 Biltmore Dri	l l	Date of Receipt
Mailing Address 1422 DII[III016 DTI		04 14 2011
City Charlotte	State Zip Code NC 28207	Transaction ID: SA11AI.4448
FEC ID number of contributing federal political committee.	C 20201	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Dr. Raymond Glenn Gaston	L	Date of Receipt
Mailing Address 1422 Biltmore Dri	ive	04 29 2011
City Charlotte	State Zip Code NC 28207	Transaction ID: SA11AI.4506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optio	nal)	249.00

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) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL I	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Raymond Glenn Gaston			Date of Receipt
Mailing Address 1422 Biltmore Drive City	State	Zip Code	0 6 0 9 2 0 1 1 Transaction ID: SA11AI.4568
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer OrthoCarolina, PA	Occupation Orthoped	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Dr. P. Pressly Gilbert			Date of Receipt
Mailing Address 816 Harvard Place			04 / 29 / Y Y Y Y
City	State	Zip Code	Transaction ID: SA11Al.4508
Charlotte FEC ID number of contributing federal political committee.	NC C	28207	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Orthoped	n dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.00]
Full Name (Last, First, Middle Initial) Dr. P. Pressly Gilbert			Date of Receipt
Mailing Address 816 Harvard Place			06 09 2011
City	State	Zip Code	Transaction ID: SA11AI.4569
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer OrthoCarolina, PA		dic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.00]
SUBTOTAL of Receipts This Page (optional			249.00

or for commercial purposes, other than using the name and address of any political committee to solicit contributions fro NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PAC Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City Charlotte NC State Zip Code NC Cesport Amount of Each FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City Charlotte NC State Zip Code Transaction ID: Amount of Each Date of Receipt Aggregate Year-to-Date Transaction ID: Amount of Each Date of Receipt Aggregate Year-to-Date Transaction ID: Amount of Each Aggregate Year-to-Date Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Aggregate Year-to-Date Full Name (Last, First, Middle Initial)	PAGE 32 / 61 11c 12 15 16 11 citing contributions
Milliam Griffin Mailing Address 618 Colville Road City State Zip Code NC 28207 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Physician Receipt For: Primary General Other (specify) ▼ 249.00 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Transaction ID: Amount of Each I C Transaction ID: Amount of Each I Date of Receipt Transaction ID: Amount of Each I Date of Receipt III Transaction ID: Amount of Each III Transaction ID: Amount of Each III Transaction ID: Amount of Each III Transaction ID: III Name (Last, First, Middle Initial) William Griffin Name of Employer OrthoCarolina, Pa Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ III Name (Last, First, Middle Initial) William Griffin Aggregate Year-to-Date ▼ III Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Transaction ID: Transac	ı such committee.
City State Zip Code Charlotte NC 28207 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Receipt For: Primary General Other (specify) ▼	
Charlotte NC 28207 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) William Griffin NC 28207 FEC ID number of contributing federal political committee. NC 28207 FEC ID number of contributing federal political committee. NC 28207 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Transaction ID: Date of Receipt Amount of Each II Date of Receipt Transaction ID: Date of Receipt Transaction ID: Transaction ID:	
FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code NC 28207 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Primary General Occupation Physician Receipt For: Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID: Date of Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Date of Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Transaction ID:	
Receipt For:	83.00
Primary	
B. William Griffin Mailing Address 618 Colville Road City State Zip Code Charlotte NC 28207 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Transaction ID: Date of Receipt Amount of Each Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: Transaction ID: Transaction ID:	
City State Zip Code Charlotte NC 28207 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Transaction ID: Transaction ID: Date of Receipt M M M M M M M M M M M M M M M M M M M	
Charlotte C	
FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, Pa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Coccupation Physician Aggregate Year-to-Date ▼ 332.00 Date of Receipt M M M M O D O Transaction ID:	SA11AI.4509
OrthoCarolina, Pa Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Physician Aggregate Year-to-Date ▼ 332.00 Date of Receipt M M M M O D O Transaction ID:	Receipt this Period 83.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William Griffin Mailing Address 618 Colville Road City State Zip Code Transaction ID:	
C. William Griffin Mailing Address 618 Colville Road City State Zip Code Date of Receipt M M M M O O O Transaction ID:	
City State Zip Code Transaction ID:	
Charlotte NC 28207 Amount of Each	
EEO ID accept and for additional and	
FEC ID number of contributing federal political committee.	83.00
Name of Employer Occupation OrthoCarolina, Pa Physician	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 415.00	
SUBTOTAL of Receipts This Page (optional)	249.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P	he name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew Gullickson Mailing Address 7513 Christopher Pla	ace	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28226	Transaction ID: SA11AI.4451
FEC ID number of contributing federal political committee.	C 20220	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Matthew Gullickson Mailing Address 7513 Christopher Pla	ace	Date of Receipt 0 4 2 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4510
<u>Charlotte</u>	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) Matthew Gullickson		Date of Receipt
Mailing Address 7513 Christopher Pla	ace	06 09 2011
City	State Zip Code	Transaction ID: SA11AI.4571
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
SUBTOTAL of Receipts This Page (optional)		249.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 61 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and add	rnot be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Patrick Hayes Mailing Address 408 Johnsfield Road			Date of Receipt 0 4
City	State	Zip Code	Transaction ID: SA11AI.4452
Shelby FEC ID number of contributing federal political committee.	C	28150	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General	, '	ic Surgeon Year-to-Date ▼	1
Full Name (Last, First, Middle Initial) Dr. Patrick Hayes Mailing Address 408 Johnsfield Road	0 0		Date of Receipt
City	State	Zip Code	0 4 2 9 2 0 1 1 Transaction ID: SA11AI.4511
Shelby	NC	28150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupation Orthoped	n ic Surgeon	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) Dr. Patrick Hayes			Date of Receipt
Mailing Address 408 Johnsfield Road			06 09 2011
City	State	Zip Code	Transaction ID: SA11AI.4572
Shelby	NC	28150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.00
Name of Employer OrthoCarolina, PA	Occupation Orthoped	n ic Surgeon	
Receipt For: Primary General Other (specify) ▼	, '	Year-to-Date ▼ 415.00	
SUBTOTAL of Receipts This Page (optional)			249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Erika Lumsden		Date of Receipt
Mailing Address 2438 Mecklenburg		04 14 2011
City	State Zip Code	Transaction ID: SA11AI.4453
<u>Charlotte</u>	NC 28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.00	
Full Name (Last, First, Middle Initial) Dr. Erika Lumsden		Date of Receipt
Mailing Address 2438 Mecklenburg	Avenue	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4512
Charlotte	NC 28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.00	
Full Name (Last, First, Middle Initial) Dr. Erika Lumsden		Date of Receipt
Mailing Address 2438 Mecklenburg	Avenue	0 6 0 9 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4573
Charlotte	NC 28205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	415.00	
	l)	249.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 61 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra Mailing Address 3586 Fieldstone Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gastonia	State Zip Code NC 28056	Transaction ID: SA11AI.4454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20000	83.00
Name of Employer OrthoCarolina, PA Receipt For:	Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.00	
Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra Mailing Address 3586 Fieldstone Drive		Date of Receipt
011	75.0.4	04 29 2011
City Gastonia	State Zip Code NC 28056	Transaction ID: SA11AI.4513 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20000	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra		Date of Receipt
Mailing Address 3586 Fieldstone Drive		06 09 7 2011
City	State Zip Code NC 28056	Transaction ID: SA11AI.4574
Gastonia FEC ID number of contributing federal political committee.	NC 28056	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
	1	

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roy Majors Mailing Address 5547 Fallon CT City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General	State Zip Code NC 28226 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 0 4 1 4 2 0 1 1 Transaction ID: SA11AI.4455 Amount of Each Receipt this Period 83.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Roy Majors Mailing Address 5547 Fallon CT City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General	State Zip Code NC 28226 C Occupation Physician Aggregate Year-to-Date	Date of Receipt M M Z 9 Z 0 1 1 Transaction ID: SA11AI.4514 Amount of Each Receipt this Period 83.00
Other (specify) Full Name (Last, First, Middle Initial) Roy Majors Mailing Address 5547 Fallon CT City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA	State Zip Code NC 28226 C Occupation Physician	Date of Receipt M M M D D D Y Y Y Y Y Y Transaction ID: SA11AI.4575 Amount of Each Receipt this Period 83.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 415.00	249.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	on for the numose of soliciting contributions
, ,		o solicit contributions from such committee.
ORTHOCAROLINA PA FEDERAL PA	С	
Full Name (Last, First, Middle Initial) J. Bohannon Mason Mailing Address 159 Cherokee Road		Date of Receipt
Mailing Address 159 Cherokee Road City	State Zip Code	0 4 1 4 2 0 1 1 Transaction ID: SA11AI.4456
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) J. Bohannon Mason		Date of Receipt
Mailing Address 159 Cherokee Road		04 29 2011
City	State Zip Code	Transaction ID: SA11Al.4515
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) J. Bohannon Mason		Date of Receipt
Mailing Address 159 Cherokee Road		06 09 2011
City <u>C</u> harlotte	State Zip Code NC 28207	Transaction ID: SA11AI.4576 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	415.00	
SUBTOTAL of Receipts This Page (optional)		249.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert McBride, Jr. Mailing Address 4601 Park Road Suite 250 City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary Other (specify)	State Zip Code NC 28209 C Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt O 4
Full Name (Last, First, Middle Initial) Dr. Robert McBride, Jr. Mailing Address 4601 Park Road Suite 250 City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28209 C Occupation Orthopedic Surgeon Aggregate Year-to-Date 332.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 29 2011 Transaction ID: SA11AI.4516 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) Dr. Robert McBride, Jr. Mailing Address 4601 Park Road Suite 250 City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28209 C Occupation Orthopedic Surgeon Aggregate Year-to-Date 415.00	Date of Receipt M M M O B O D O D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional) .		249.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	Statements may not be sold or used by any person name and address of any political committee to AC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas McCoy Mailing Address 431 Fenton Place City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For:	State Zip Code NC 28207 C Occupation Physician	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 249.00	
Thomas McCoy Mailing Address 431 Fenton Place		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4517
Charlotte FEC ID number of contributing federal political committee.	NC 28207	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) Thomas McCoy		Date of Receipt
Mailing Address 431 Fenton Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28207	Transaction ID: SA11AI.4578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
	•	249.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PAC Full Name (Last, First, Middle Initial) Patrica Marting Maling Address 15819 Glen Miro Dr City State Zip Code Huntersville NC 28078 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Parical Medical Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Parical Medical Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ State Zip Code Huntersville NC 28078 Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Parical Medical Committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggreg	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) X 11a 11b 11c 12 13 14 15 16 17
Particia McHale Mailing Address 15819 Glen Miro Dr City	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Date of Receipt Mailing Address 15819 Glen Miro Dr City State Zip Code NC 28078 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ City State Zip Code NC 28078 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code NC 28078 Full Name (Last, First, Middle Initial) Patricia McHale NG 28078 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: SA11AI.4518 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.4518 Date of Receipt Transaction ID: SA11AI.4518 Date of Receipt Transaction ID: SA11AI.4518 Date of Receipt Transaction ID: SA11AI.4579 Amount of Each Receipt Transaction ID: SA11AI.4579 Amount of Each Receipt this Period Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Patricia McHale Mailing Address 15819 Glen Miro Dr City Huntersville FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General	NC 28078 C Occupation Physician Aggregate Year-to-Date ▼ 249.00	Transaction ID: SA11AI.4459 Amount of Each Receipt this Period
Patricia McHale Mailing Address 15819 Glen Miro Dr City State Zip Code Huntersville NC 28078 FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Patricia McHale Mailing Address 15819 Glen Miro Dr City Huntersville FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General	NC 28078 C Occupation Physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.4518 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Patricia McHale Mailing Address 15819 Glen Miro Dr City Huntersville FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General	NC 28078 C Occupation Physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.4579 Amount of Each Receipt this Period
	SUBTOTAL of Receipts This Page (optional)	·	249.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 61 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) John Meade Mailing Address 227 Chaucer Lane City	State	Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	Matthews FEC ID number of contributing federal political committee.	NC C	28104	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
3.	Full Name (Last, First, Middle Initial) John Meade Mailing Address 227 Chaucer Lane			Date of Receipt M
	City Matthews	State NC	Zip Code 28104	Transaction ID: SA11AI.4519 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.00
	Name of Employer OrthoCarolina, PA	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 332.00	
	Full Name (Last, First, Middle Initial) John Meade			Date of Receipt
	Mailing Address 227 Chaucer Lane			06 09 2011
	City Matthews	State NC	Zip Code 28104	Transaction ID: SA11AI.4581 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.00
	Name of Employer OrthoCarolina, PA	Occupatio Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 415.00	
5	SUBTOTAL of Receipts This Page (optional)			249.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alden Milam Mailing Address 3320 Selwyn Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28209 C Occupation Physician Aggregate Year-to-Date 249.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.4461 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) Alden Milam Mailing Address 3320 Selwyn Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28209 C Occupation Physician Aggregate Year-to-Date 332.00	Date of Receipt M M M / 29 / 2011 Transaction ID: SA11AI.4520 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) Alden Milam Mailing Address 3320 Selwyn Ave City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28209 C Occupation Physician Aggregate Year-to-Date 415.00	Date of Receipt M M / D D / Y Y Y Y Y Y O 6
SUBTOTAL of Receipts This Page (optional) .		249.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 44 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold o name and address of any po	r used by any perso olitical committee to	
ORTHOCAROLINA PA FEDERAL PA	C		
Full Name (Last, First, Middle Initial) Jeffery Mokris			Date of Receipt
Mailing Address 17812 Wilbanks Dr			04 14 2011
City	State Zip Code	,	Transaction ID: SA11AI.4462
Charlotte	NC 28278		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General	Aggregate Year-to-Date	249.00	
Other (specify) \blacktriangledown		249.00	
Full Name (Last, First, Middle Initial) Jeffery Mokris			Date of Receipt
Mailing Address 17812 Wilbanks Dr			0 4 2 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	•	Transaction ID: SA11AI.4521
Charlotte	NC 28278		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	332.00	
Full Name (Last, First, Middle Initial) Jeffery Mokris			Date of Receipt
Mailing Address 17812 Wilbanks Dr			0 6 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	•	Transaction ID: SA11AI.4584
Charlotte	NC 28278		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.00
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	415.00	
SUBTOTAL of Receipts This Page (optional)	I.	>	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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PAGE	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Daniel B. Murrey Mailing Address 1020 Isleworth Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28203 C Occupation Orthopedic Surgeon Aggregate Year-to-Date 249.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Daniel B. Murrey Mailing Address 1020 Isleworth Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28203 C Occupation Orthopedic Surgeon Aggregate Year-to-Date 332.00	Date of Receipt M M / 29 / 2011 Transaction ID: SA11AI.4522 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) Lois Osier Mailing Address 2126 Hastings Dr City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28207 C Occupation Physician Aggregate Year-to-Date 249.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 1 4 2 0 1 1 Transaction ID: SA11AI.4464 Amount of Each Receipt this Period 83.00
SUBTOTAL of Receipts This Page (optional))	249.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copies or for commercial purp	d from such Reports and S poses, other than using the	tatements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMM ORTHOCAROL	ITTEE (In Full) INA PA FEDERAL PAG	С		
Full Name (Last, F Lois Osier	irst, Middle Initial)			Date of Receipt
Mailing Address	2126 Hastings Dr			04 29 2011
City		State	Zip Code	Transaction ID: SA11AI.4523
<u>Charlotte</u>		NC	28207	Amount of Each Receipt this Period
FEC ID number of federal political cor		C		83.00
Name of Employer OrthoCarolina, PA		Occupation Physician		
Receipt For:		, ' 	Year-to-Date ▼	
Primary Other (specif	General (y) ▼		332.00	
Full Name (Last, F Lois Osier	irst, Middle Initial)			Date of Receipt
Mailing Address	2126 Hastings Dr			06 09 2011
City		State	Zip Code	Transaction ID: SA11AI.4585
<u>Charlotte</u>		NC	28207	Amount of Each Receipt this Period
FEC ID number of federal political cor		C		83.00
Name of Employer OrthoCarolina, PA		Occupation Physician		
Receipt For:		Aggregate	Year-to-Date	
Primary Other (specif	General (y) ▼		415.00	
Full Name (Last, F Dr. Paul C. Perlik	irst, Middle Initial)			Date of Receipt
Mailing Address	901 Berkeley Avenue			M M / D D / Y Y Y Y Y Y 1 1 4 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.4465
Charlotte		NC	28203	Amount of Each Receipt this Period
FEC ID number of federal political cor		C		83.00
Name of Employer OrthoCarolina, PA		Occupation Orthoped	n lic Surgeon	
Receipt For:		Aggregate	Year-to-Date V	
Primary Other (specif	General y) ▼		249.00	
				249.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PAC		
Full Name (Last, First, Middle Initial) Dr. Paul C. Perlik		Date of Receipt
Mailing Address 901 Berkeley Avenue		04 29 7 2011
City	State Zip Code	Transaction ID: SA11AI.4524
Charlotte FEC ID number of contributing	NC 28203	Amount of Each Receipt this Period 83.00
federal political committee. Name of Employer OrthoCarolina, PA	Occupation	_
OrthoCarolina, PA	Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
Full Name (Last, First, Middle Initial) Dr. Paul C. Perlik		Date of Receipt
Mailing Address 901 Berkeley Avenue		0 6 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4586
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Dana Piasecki		Date of Receipt
Mailing Address 1547 Queens Rd West		0 4 1 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11Al.4466
<u>Charlotte</u>	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.00	
SUPTOTAL of Possints This Page (antique)		249.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on	· ·	2

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 61 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
ORTHOCAROLINA PA FEDERAL PA	AC	
Full Name (Last, First, Middle Initial) Dana Piasecki Mailing Address 1547 Queens Rd We		Date of Receipt
	51	04 29 2011
City	State Zip Code	Transaction ID: SA11AI.4525
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	332.00	
Full Name (Last, First, Middle Initial) Dana Piasecki		Date of Receipt
Mailing Address 1547 Queens Rd We	st	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4587
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	415.00	
Full Name (Last, First, Middle Initial) Alfred Rhyne		Date of Receipt
Mailing Address 540 Hempstead PI		0 4 1 4 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.4467
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
CUPTOTAL (D TIL D III D.		249.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 61 (check only one) X 11a
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) DRTHOCAROLINA PA FEDERAL PAGE	name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. 2	Full Name (Last, First, Middle Initial) Alfred Rhyne Mailing Address 540 Hempstead PI City Charlotte FEC ID number of contributing ederal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General	State NC C Occupation Physician Aggregate		Date of Receipt M M / 29 / 2011 Transaction ID: SA11AI.4527 Amount of Each Receipt this Period 83.00
3. / !	Other (specify) Full Name (Last, First, Middle Initial) Alfred Rhyne Mailing Address 540 Hempstead PI Dity Charlotte FEC ID number of contributing	State NC	Zip Code 28207	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	Occupation Physician]
). <u>!</u>	Full Name (Last, First, Middle Initial) Paul Rush Mailing Address 11102 Old Johns Road Dity Laurinburg	d State NC	Zip Code 28352	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
† 1	FEC ID number of contributing ederal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	83.00
su	Other (specify) BTOTAL of Receipts This Page (optional)	0 0	249.00	249.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 61 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Paul Rush Mailing Address 11102 Old Johns F	Road State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Laurinburg FEC ID number of contributing federal political committee.	NC 28352	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 332.00	
Full Name (Last, First, Middle Initial) Paul Rush Mailing Address 11102 Old Johns F	Date of Receipt M M D D Y Y Y Y Y Y Y Y	
City Laurinburg	State Zip Code NC 28352	Transaction ID: SA11AI.4589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Dr. Edwin J. Sebold Mailing Address 5314 Shasta Hill C	ourt	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28211	Transaction ID: SA11AI.4469
FEC ID number of contributing federal political committee.	C 28211	Amount of Each Receipt this Period 83.00
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
CUPTOTAL (D Ti. D (al)	249.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16
A OI	ny information copied from such Reports and for commercial purposes, other than using t	I Statements may not be sold or used by any pe he name and address of any political committee	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL P	AC	
	Full Name (Last, First, Middle Initial) Dr. Edwin J. Sebold		Date of Receipt
	Mailing Address 5314 Shasta Hill Co		04 / 29 / 2011
	City Charlotte	State Zip Code NC 28211	Transaction ID: SA11AI.4529
	FEC ID number of contributing federal political committee.	C 20211	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
	Full Name (Last, First, Middle Initial) Dr. Edwin J. Sebold	Date of Receipt	
	Mailing Address 5314 Shasta Hill Co	urt	06 09 2011
	City	State Zip Code	Transaction ID: SA11AI.4590
	Charlotte	NC 28211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	
	Full Name (Last, First, Middle Initial) Ronald Singer		Date of Receipt
	Mailing Address 11026 Beau Riley Ro	0 4	
	City	State Zip Code	Transaction ID: SA11AI.4470
	Charlotte	NC 28277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
Γ,	SURTOTAL of Receipts This Page (optional)		249.00

al purposes, other than using to the committee (In Full) AROLINA PA FEDERAL Past, First, Middle Initial) Pass 11026 Beau Riley Roman al committee. Polityer a, PA General specify) ast, First, Middle Initial) ress 11026 Beau Riley Roman and First, Middle Initial) per of contributing al committee.	oad State Zip Code NC 28277 C Occupation Physician Aggregate Year-to-Date 332.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ast, First, Middle Initial) per of contributing al committee. Doloyer a, PA General specify) ast, First, Middle Initial) ress 11026 Beau Riley Ro	State Zip Code NC 28277 C Occupation Physician Aggregate Year-to-Date ▼ 332.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ess 11026 Beau Riley Rober of contributing al committee. Doloyer a, PA General specify) ast, First, Middle Initial) ess 11026 Beau Riley Rober of contributing	State Zip Code NC 28277 C Occupation Physician Aggregate Year-to-Date 332.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
per of contributing al committee. ployer a, PA General specify) ast, First, Middle Initial) ess 11026 Beau Riley Ro	State Zip Code NC 28277 C Occupation Physician Aggregate Year-to-Date 332.00	Date of Receipt Date of Receipt Date of Rec
al committee. colorer a, PA General specify) ast, First, Middle Initial) colorer ast, First, Middle Initial) colorer ast, First, Middle Initial) colorer ast, First, Middle Initial)	NC 28277 C Occupation Physician Aggregate Year-to-Date ▼ 332.00 oad State Zip Code	Date of Receipt M M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
al committee. colorer a, PA General specify) ast, First, Middle Initial) colorer ast, First, Middle Initial) colorer ast, First, Middle Initial) colorer ast, First, Middle Initial)	Occupation Physician Aggregate Year-to-Date 332.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
al committee. colorer a, PA General specify) ast, First, Middle Initial) colorer ast, First, Middle Initial) colorer ast, First, Middle Initial) colorer ast, First, Middle Initial)	Occupation Physician Aggregate Year-to-Date 332.00 oad State Zip Code	Date of Receipt M M O O O O O O O O O O O O O O O O O
General specify) ▼ ast, First, Middle Initial) sess 11026 Beau Riley Ro per of contributing	Physician Aggregate Year-to-Date ▼ 332.00 oad State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ast, First, Middle Initial) ass 11026 Beau Riley Rober of contributing	oad State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ess 11026 Beau Riley Ro	State Zip Code	Transaction ID: SA11AI.4591 Amount of Each Receipt this Period
per of contributing	State Zip Code	Transaction ID: SA11AI.4591 Amount of Each Receipt this Period
		Amount of Each Receipt this Period
	NC 28277	
al committee.	C	83.00
oloyer a, PA	Occupation Physician	
/ General specify) ▼	Aggregate Year-to-Date ▼ 415.00	
ast, First, Middle Initial)	_	Date of Receipt
ess PO Box 3192		0 4
	State Zip Code	Transaction ID: SA11AI.4471
	NC 28374	Amount of Each Receipt this Period
	C	83.00
oloyer a, PA	Occupation Physician	
	Aggregate Year-to-Date ▼	
/ General	249.00	
specify) 🔻		
	per of contributing cal committee. ployer a, PA General specify)	Deer of contributing cal committee. C

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Smid Mailing Address PO Box 3192 City Pinehurst FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28374 C Occupation Physician Aggregate Year-to-Date ▼ 332.00	Date of Receipt M M M / 29 / 2011 Transaction ID: SA11AI.4531 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) John Smid Mailing Address PO Box 3192 City Pinehurst FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28374 C Occupation Physician Aggregate Year-to-Date 415.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.4592 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) Leo Spector Mailing Address 3407 Maryhurst Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)	State Zip Code NC 28226 C Occupation Physician Aggregate Year-to-Date 249.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		249.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 54 / 61 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PA	e name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Leo Spector Mailing Address 3407 Maryhurst Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)		Zip Code 28226 to-Date ▼	Date of Receipt M M M 29 2011 Transaction ID: SA11AI.4532 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) Leo Spector Mailing Address 3407 Maryhurst Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify)		Zip Code 28226 to-Date ▼ 415.00	Date of Receipt M M M O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Dr. William Stucky Mailing Address 208 Buffalo Church R City Cherryville FEC ID number of contributing federal political committee. Name of Employer Orthocarolina, PA Receipt For: Primary General Other (specify)	State		Date of Receipt M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	249.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such Report for commercial purposes, other than	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDEI	RAL PAC		
Full Name (Last, First, Middle Initial) Dr. William Stucky		Date of Receipt	
Mailing Address 208 Buffalo Ch	urch Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.4533	
Cherryville	NC 28021	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer Orthocarolina, PA	Occupation Orthopedic Surgeon	7	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	332.00]	
Full Name (Last, First, Middle Initial) Dr. William Stucky		Date of Receipt	
Mailing Address 208 Buffalo Ch		06 / 09 / Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.4595	
Cherryville	NC 28021	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer Orthocarolina, PA	Occupation Orthopedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	415.00		
Full Name (Last, First, Middle Initial) Mark Suprock	Date of Receipt		
Mailing Address 910 Martingale	· ·		
City	State Zip Code	Transaction ID: SA11AI.4474	
<u>Davidson</u>	NC 28036	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	249.00]	
SURTOTAL of Receipts This Page (o	ntional)	249.00	
	e number only)	249.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)	PAC		
Mark Suprock Mailing Address 910 Martingale Lan	е	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.4534	
Davidson FEC ID number of contributing federal political committee.	NC 28036	Amount of Each Receipt this Period 83.00	
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00		
Full Name (Last, First, Middle Initial) Mark Suprock Mailing Address 910 Martingale Lan			
		06 09 2011	
City Davidson	State Zip Code NC 28036	Transaction ID: SA11AI.4596 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
Name of Employer OrthoCarolina, PA	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00		
Full Name (Last, First, Middle Initial) John Temple	,		
Mailing Address 6239 Sharon Hills F			
City Charlotte	State Zip Code NC 28210	Transaction ID: SA11AI.4475 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	83.00	
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	l)	249.00	
TOTAL This Period (last page this line num	·		

or for con NAME ORT Full N John	amercial purposes, other than using the COF COMMITTEE (In Full) HOCAROLINA PA FEDERAL PArame (Last, First, Middle Initial) Femple G Address 6239 Sharon Hills Ro	e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. Date of Receipt
Full N John 1 Mailin	HOCAROLINA PA FEDERAL PA ame (Last, First, Middle Initial) remple g Address 6239 Sharon Hills Ro	ad		Date of Receipt
John 1	Address 6239 Sharon Hills Ro			Date of Receipt
				-
City	otte		7: 0 1	04 29 2011
Char		NC	Zip Code 28210	Transaction ID: SA11AI.4535 Amount of Each Receipt this Period
FEC I	O number of contributing I political committee.	С		83.00
Name Ortho	of Employer Carolina, PA	Occupation Physician		
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 332.00	
John 7	Full Name (Last, First, Middle Initial) John Temple Mailing Address 6239 Sharon Hills Road			Date of Receipt
	7 Addiess 0209 Sharon Fillis No			06 09 2011
City Char	otte	State NC	Zip Code 28210	Transaction ID: SA11AI.4597 Amount of Each Receipt this Period
FEC I	O number of contributing I political committee.	C		83.00
Name Ortho	of Employer Carolina, PA	Occupation Physician		
	ot For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 415.00	
	Full Name (Last, First, Middle Initial) Ron Vandernoord			Date of Receipt
Mailin	Mailing Address 14535 Davis Trace			0 4
City Char	otte	State NC	Zip Code 28227	Transaction ID: SA11AI.4476 Amount of Each Receipt this Period
FEC I	Onumber of contributing political committee.	C	LOLL	83.00
Name Ortho	Name of Employer OrthoCarolina, PA Occupation Physician			
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.00	
SUBTO	FAL of Receipts This Page (optional) .			249.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to the table table to the table table to the table table table to the table	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ron Vandernoord Mailing Address 14535 Davis Tr City Charlotte FEC ID number of contributing federal political committee. Name of Employer OrthoCarolina, PA Receipt For: Primary General		Date of Receipt M M / 29 / 2011 Transaction ID: SA11AI.4536 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) Ron Vandernoord Mailing Address 14535 Davis Tr City Charlotte FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 415.00	
Full Name (Last, First, Middle Initial) Alan Ward Mailing Address 2101 Woodhav City Charlotte FEC ID number of contributing federal political committee.	en Rd State Zip Code NC 28211	Date of Receipt M M M
Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 249.00	
SUBTOTAL of Receipts This Page (op	tional)	249.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 61 (check only one) X
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PAG	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Alan Ward Mailing Address 2101 Woodhaven Rd City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Charlotte FEC ID number of contributing federal political committee.	NC C	28211	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
	Full Name (Last, First, Middle Initial) Alan Ward Mailing Address 2101 Woodhaven Rd			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4599
	Charlotte FEC ID number of contributing federal political committee.	NC C	28211	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 415.00	
	Full Name (Last, First, Middle Initial) Dr. J. Michael Wattenbarger Mailing Address 1624 Sterling Road			Date of Receipt 0 4 1 4 2 0 1 1
	City	State NC	Zip Code	Transaction ID: SA11AI.4479
	Charlotte FEC ID number of contributing federal political committee.	C	28209	Amount of Each Receipt this Period 83.00
	Name of Employer OrthoCarolina, PA Orthoped		n dic Surgeon	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 249.00	
	UBTOTAL of Receipts This Page (optional)			249.00

A.

PAGE 60 / 61 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDERAL PAC Full Name (Last, First, Middle Initial) Date of Receipt Dr. J. Michael Wattenbarger Mailing Address 1624 Sterling Road 0.4 29 2011 City State Zip Code Transaction ID: SA11AI.4538 Charlotte NC 28209 Amount of Each Receipt this Period FEC ID number of contributing 83.00 C federal political committee. Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon Receipt For: Aggregate Year-to-Date General Primary 332.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. J. Michael Wattenbarger Date of Receipt Mailing Address 1624 Sterling Road 0 6 09 2011 City State Zip Code Transaction ID: SA11AI.4600 Charlotte NC 28209 Amount of Each Receipt this Period FEC ID number of contributing C 83.00 federal political committee. Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)	•	166.00
TOTAL This Period (last page this line number only)	•	13612.00

415.00

Other (specify)

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		arate schedule(s)			NUMBER:			PAGE 61 / 61			
		category of the Summary Page	(check or X 21b 27		22 23 28a 28			24 28c		25 29	
ny Information copied from such Reports and Stater											
for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ie and addre	ess of any political of	commutee	e to soi	ICIL COLLI	ibulioi	is irc	om Such	COMMI	iiilee	
ORTHOCAROLINA PA FEDERAL PAC											
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					0 ^M 4	M /	1	D /	ž	0 1 1	Y
City Charlotte	State NC	Zip Code 28256			Amou	nt of E	Each	Disburs	ement	this P	Perio
Purpose of Disbursement				\neg					16	84.16	
April Bank Fees			001								
Candidate Name			Categor Type	y/							
Office Sought: House Disburs	ement For:		. ,,,,								
Senate	Primary	General									
President State: District:	Other (spe	ecify) 🔻									
Full Name (Last, First, Middle Initial)								000	D	4.0	
Wachovia Bank, N.A. Charlotte Commerc	ial				Date of	of Dist	ourse				V
Mailing Address P.O. Box 563966					0 ^M 5	M /	^D 1	0 /	ž	0 1 1	Y
City	State	Zip Code			Amou	nt of E	Each	Disburs	ement	this P	Perio
Charlotte	NC	28256					•		16	6.11	
Purpose of Disbursement May Bank Fees			001			-	-	-		70.11	-
Candidate Name			Categor	y/							
			Туре								
Office Sought: House Disburs Senate	ement For: Primary	General									
President	Other (spe	ecify) 🔻									
State: District:											
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Charlotte Commercial					Date of	of Dist	ourse				V
Mailing Address P.O. Box 563966					0 ^M 6	M /	0	9 /	ž	0 1 1	Y
City Charlotte	State NC	Zip Code 28256			Amou	nt of E	Each	Disburs	-		-
Purpose of Disbursement June Bank Fees			001			_			16	64.04	
Candidate Name			Categor Type	y/							
Office Sought: House Disburs: Senate President	ement For: Primary Other (spe	General ecify) ▼									
State: District:	`										
SUBTOTAL of Disbursements This Page (optional)				•					49	4.31	
				-		_	-		_	-	-