

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Robert McBride Jr.

Signature of Treasurer Dr. Robert McBride Jr. [Electronically Filed] Date 01 / 29 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		63835.33
(b) Cash on Hand at Beginning of Reporting Period.....	15021.63	
(c) Total Receipts (from Line 19)	13808.26	75158.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28829.89	138994.21
7. Total Disbursements (from Line 31).....	16.45	110180.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28813.44	28813.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 27 / 2012 To: M M / D D / Y Y Y Y 12 / 31 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13771.90	61149.50
(ii) Unitemized	36.36	14009.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13808.26	75158.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13808.26	75158.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13808.26	75158.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13808.26	75158.88

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16.45	168.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16.45	168.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	110012.52
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16.45	110180.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16.45	110180.77

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)	13808.26	75158.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13808.26	75158.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16.45	168.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16.45	168.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. James Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8930 Abrell Walk Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5842
 Amount of Each Receipt this Period
 90.90

B. Dr. James Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8930 Abrell Walk Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5922
 Amount of Each Receipt this Period
 90.90

C. Richard Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 11300 Troon Circle
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5907
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Richard Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 11300 Troon Circle

City Laurinburg	State NC	Zip Code 28352
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5923

Amount of Each Receipt this Period

90.90

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

Mailing Address 3032 Clarendon Road

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5843

Amount of Each Receipt this Period

83.00

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

Mailing Address 3032 Clarendon Road

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **913.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5924

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional).....▶	256.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Robert Beaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 562 Windsor Place
 City State Zip Code
 Concord NC 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, PA Orthopedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5913
 Amount of Each Receipt this Period
 90.90

B. Robert Beaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 562 Windsor Place
 City State Zip Code
 Concord NC 28025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, PA Orthopedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5926
 Amount of Each Receipt this Period
 90.90

C. Walter Beaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 3700 Beresford Road
 City State Zip Code
 Charlotte NC 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5845
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 3700 Beresford Road

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period
90.90

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

Mailing Address 7213 Fairway Vista Drive

City	State	Zip Code
Charlotte	NC	28226

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5846

Amount of Each Receipt this Period
90.90

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

Mailing Address 7213 Fairway Vista Drive

City	State	Zip Code
Charlotte	NC	28226

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5927

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Craig Brigham		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5847
Mailing Address 4437-H Mullen Ford Rd		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28226		Aggregate Year-to-Date ▼ 909.00
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Craig Brigham		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5928
Mailing Address 4437-H Mullen Ford Rd		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28226		Aggregate Year-to-Date ▼ 999.90
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Marcus Briones		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5906
Mailing Address 1010 Westbury Dr		Amount of Each Receipt this Period 90.90
City Matthews	State NC	
Zip Code 28104		Aggregate Year-to-Date ▼ 272.70
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Marcus Briones
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Westbury Dr

City	State	Zip Code
Matthews	NC	28104

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period

90.90

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

Mailing Address 8631 Barclay Woods Ct

City	State	Zip Code
Charlotte	NC	28226

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

Name of Employer	Occupation
OrthoCarolina	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period

90.90

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

Mailing Address 8631 Barclay Woods Ct

City	State	Zip Code
Charlotte	NC	28226

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

Name of Employer	Occupation
OrthoCarolina	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 201 Sterling Lane

City Laurinburg State NC Zip Code 28352

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5909

Amount of Each Receipt this Period
90.90

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

Mailing Address 201 Sterling Lane

City Laurinburg State NC Zip Code 28352

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5931

Amount of Each Receipt this Period
90.90

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

Mailing Address 3000 Valencia Tarrac

City Charlotte State NC Zip Code 28211

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

Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5848

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ **272.70**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 3000 Valencia Tarrac

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period

90.90

B. Robert Chadderdon
Full Name (Last, First, Middle Initial)

Mailing Address 1590 Clyton Drive

City	State	Zip Code
Charlotte	NC	28203

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5903

Amount of Each Receipt this Period

125.00

C. Robert Chadderdon
Full Name (Last, First, Middle Initial)

Mailing Address 1590 Clyton Drive

City	State	Zip Code
Charlotte	NC	28203

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5933

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional).....▶	340.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 186 Atlantic Way

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5849

Amount of Each Receipt this Period
90.90

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

Mailing Address 186 Atlantic Way

City State Zip Code
Mooresville NC 28117

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5934

Amount of Each Receipt this Period
90.90

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

Mailing Address 2326 Overhill Road

City State Zip Code
Charlotte NC 28211

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5899

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70

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

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

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

FOR LINE NUMBER: PAGE 15 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 2326 Overhill Road

City State Zip Code
Charlotte NC 28211

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5935

Amount of Each Receipt this Period
90.90

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

Mailing Address 1783 Sterling Road

City State Zip Code
Charlotte NC 28209

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5850

Amount of Each Receipt this Period
90.90

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

Mailing Address 1783 Sterling Road

City State Zip Code
Charlotte NC 28209

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5936

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70

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

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

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

FOR LINE NUMBER: PAGE 16 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Patrick Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2232 Lamaison Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5851
 Amount of Each Receipt this Period
 83.00

B. Dr. Patrick Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2232 Lamaison Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 913.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5937
 Amount of Each Receipt this Period
 83.00

C. Donald D'Alessandro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3700 Columbine Circle
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5852
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 256.90
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Donald D'Alessandro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3700 Columbine Circle
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5938
 Amount of Each Receipt this Period
 90.90

B. Jeffery Daily
 Full Name (Last, First, Middle Initial)
 Mailing Address 1419 Summerlin Dairy Rd
 City Wingate State NC Zip Code 28174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5853
 Amount of Each Receipt this Period
 90.90

C. Jeffery Daily
 Full Name (Last, First, Middle Initial)
 Mailing Address 1419 Summerlin Dairy Rd
 City Wingate State NC Zip Code 28174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5939
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
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 18 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Bruce V. Darden
 Full Name (Last, First, Middle Initial)
 Mailing Address 4236 Foxcroft Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5854
 Amount of Each Receipt this Period
 90.90

B. Dr. Bruce V. Darden
 Full Name (Last, First, Middle Initial)
 Mailing Address 4236 Foxcroft Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5940
 Amount of Each Receipt this Period
 90.90

C. Dr. William Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Queens Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5855
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. William Davis
Full Name (Last, First, Middle Initial)
Mailing Address 1212 Queens Road

City Charlotte	State NC	Zip Code 28207
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5941

Amount of Each Receipt this Period
90.90

B. Brian DeLay
Full Name (Last, First, Middle Initial)
Mailing Address 21200 Blakely Shores Dr

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5856

Amount of Each Receipt this Period
90.90

C. Brian DeLay
Full Name (Last, First, Middle Initial)
Mailing Address 21200 Blakely Shores Dr

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5942

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Michael Dockery		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5857
Mailing Address 3701 Bodenham Court		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28215		Aggregate Year-to-Date ▼ 909.00
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Michael Dockery		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5943
Mailing Address 3701 Bodenham Court		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28215		Aggregate Year-to-Date ▼ 999.90
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Yates Dunaway		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5858
Mailing Address 2326 Thetford CT		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28211		Aggregate Year-to-Date ▼ 909.00
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Yates Dunaway
Full Name (Last, First, Middle Initial)
Mailing Address 2326 Thetford CT

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period
90.90

B. David Dupuy
Full Name (Last, First, Middle Initial)
Mailing Address 3910 Abingdon Road

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
90.90

C. David Dupuy
Full Name (Last, First, Middle Initial)
Mailing Address 3910 Abingdon Road

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5945

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. John Kent Ellington
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Sedgewood Forest Ln

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period
90.90

B. John Kent Ellington
Full Name (Last, First, Middle Initial)

Mailing Address 1104 Sedgewood Forest Ln

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period
90.90

C. Robert Erdin
Full Name (Last, First, Middle Initial)

Mailing Address 123 OVERBROOK DRIVE

City CONCORD	State NC	Zip Code 28025
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Robert Erdin
Full Name (Last, First, Middle Initial)

Mailing Address 123 OVERBROOK DRIVE

City CONCORD	State NC	Zip Code 28025
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5947

Amount of Each Receipt this Period

90.90

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

Mailing Address 2329 PENDER PLACE

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5860

Amount of Each Receipt this Period

90.90

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

Mailing Address 2329 PENDER PLACE

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5948

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 238 Conifer Way

City	State	Zip Code
Shelby	NC	28150

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

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.5891

Amount of Each Receipt this Period
90.90

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

Mailing Address 238 Conifer Way

City	State	Zip Code
Shelby	NC	28150

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

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.5949

Amount of Each Receipt this Period
90.90

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

Mailing Address 1310 Andover Rd

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. James Fleischli		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5950
Mailing Address 1310 Andover Rd		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90	

Full Name (Last, First, Middle Initial) B. Stephen Fleming		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5917
Mailing Address 247 Hunting Road		Amount of Each Receipt this Period 90.90
City Boone	State NC	Zip Code 28607
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 909.00	

Full Name (Last, First, Middle Initial) C. Stephen Fleming		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5951
Mailing Address 247 Hunting Road		Amount of Each Receipt this Period 90.90
City Boone	State NC	Zip Code 28607
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90	

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Adam Fosnaugh			Date of Receipt
Mailing Address 7620 Caspian Dr			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.5900
Waxhaw	NC	28173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.90"/>
Name of Employer	Occupation		
OrthoCarolina, PA	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="727.20"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Raymond Glenn Gaston			Date of Receipt
Mailing Address 1422 Biltmore Drive			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.5894
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.90"/>
Name of Employer	Occupation		
OrthoCarolina, PA	Orthopedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="909.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Raymond Glenn Gaston			Date of Receipt
Mailing Address 1422 Biltmore Drive			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.5953
Charlotte	NC	28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.90"/>
Name of Employer	Occupation		
OrthoCarolina, PA	Orthopedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="999.90"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.70"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. John Stuart Gaul III
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5862
 Amount of Each Receipt this Period
 90.90

B. Dr. John Stuart Gaul III
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5954
 Amount of Each Receipt this Period
 90.90

C. William Griffin
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Colville Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, Pa Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5863
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 618 Colville Road

City	State	Zip Code
Charlotte	NC	28207

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

Name of Employer	Occupation
OrthoCarolina, Pa	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5955

Amount of Each Receipt this Period

90.90

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

Mailing Address 7513 Christopher Place

City	State	Zip Code
Charlotte	NC	28226

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5893

Amount of Each Receipt this Period

90.90

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

Mailing Address 7513 Christopher Place

City	State	Zip Code
Charlotte	NC	28226

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Nady Hamid
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 Cumerland Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5918
 Amount of Each Receipt this Period
 90.90

B. Nady Hamid
 Full Name (Last, First, Middle Initial)
 Mailing Address 2108 Cumerland Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5957
 Amount of Each Receipt this Period
 90.90

C. Dr. Patrick Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Johnsfeld Road
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5864
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Patrick Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Johnsfeld Road
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5958
 Amount of Each Receipt this Period
 90.90

B. Dr. Carroll P Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2713 Sherwood Avenue
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5865
 Amount of Each Receipt this Period
 45.45

C. Dr. Carroll P Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2713 Sherwood Avenue
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5959
 Amount of Each Receipt this Period
 45.45

SUBTOTAL of Receipts This Page (optional).....▶	181.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Brian Krenzel			Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2012 Transaction ID : SA11AI.5919		
Mailing Address 4112 1st Place NW			Amount of Each Receipt this Period 100.00		
City Hickory	State NC	Zip Code 28601			
FEC ID number of contributing federal political committee. C					
Name of Employer OrthoCarolina PA		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Brian Krenzel			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 Transaction ID : SA11AI.5960		
Mailing Address 4112 1st Place NW			Amount of Each Receipt this Period 100.00		
City Hickory	State NC	Zip Code 28601			
FEC ID number of contributing federal political committee. C					
Name of Employer OrthoCarolina PA		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name (Last, First, Middle Initial) C. Eric Laxer			Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2012 Transaction ID : SA11AI.5866		
Mailing Address 2829 Giverny Dr			Amount of Each Receipt this Period 90.90		
City Charlotte	State NC	Zip Code 28226			
FEC ID number of contributing federal political committee. C					
Name of Employer OrthoCarolina, PA		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 909.00			

SUBTOTAL of Receipts This Page (optional).....▶	290.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Eric Laxer		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5961
Mailing Address 2829 Giverny Dr		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C	Name of Employer OrthoCarolina, PA	
Occupation Physician		Aggregate Year-to-Date 999.90
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel Lewis		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5902
Mailing Address 7235 Shefingdell Drive		Amount of Each Receipt this Period 125.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C	Name of Employer OrthoCarolina, PA	
Occupation Physician		Aggregate Year-to-Date 875.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel Lewis		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5962
Mailing Address 7235 Shefingdell Drive		Amount of Each Receipt this Period 125.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C	Name of Employer OrthoCarolina, PA	
Occupation Physician		Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	340.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 2438 Mecklenburg Avenue

City Charlotte State NC Zip Code 28205

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

Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.5867

Amount of Each Receipt this Period
90.90

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

Mailing Address 2438 Mecklenburg Avenue

City Charlotte State NC Zip Code 28205

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

Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period
90.90

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

Mailing Address 3586 Fieldstone Drive

City Gastonia State NC Zip Code 28056

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

Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.5868

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 34 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Ranjan Maitra
 Full Name (Last, First, Middle Initial)
 Mailing Address 3586 Fieldstone Drive
 City Gastonia State NC Zip Code 28056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5963
 Amount of Each Receipt this Period
 90.90

B. Roy Majors
 Full Name (Last, First, Middle Initial)
 Mailing Address 5547 Fallon CT
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5870
 Amount of Each Receipt this Period
 90.90

C. Roy Majors
 Full Name (Last, First, Middle Initial)
 Mailing Address 5547 Fallon CT
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5964
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. J. Bohannon Mason		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5871
Mailing Address 159 Cherokee Road		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28207		Aggregate Year-to-Date ▼ 909.00
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. J. Bohannon Mason		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5965
Mailing Address 159 Cherokee Road		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28207		Aggregate Year-to-Date ▼ 999.90
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. John Masonis		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5872
Mailing Address 1766 Maryland Ave		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	
Zip Code 28209		Aggregate Year-to-Date ▼ 909.00
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	272.70
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 36 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. John Masonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1766 Maryland Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.5966
 Amount of Each Receipt this Period 90.90

B. Dr. Robert McBride Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4601 Park Road Suite 250
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt 12 / 06 / 2012
Transaction ID : SA11AI.5873
 Amount of Each Receipt this Period 90.90

C. Dr. Robert McBride Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4601 Park Road Suite 250
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.5967
 Amount of Each Receipt this Period 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
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 37 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 431 Fenton Place

City Charlotte	State NC	Zip Code 28207
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5874

Amount of Each Receipt this Period
90.90

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

Mailing Address 431 Fenton Place

City Charlotte	State NC	Zip Code 28207
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5968

Amount of Each Receipt this Period
90.90

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

Mailing Address 1722 5th St Drive NW

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	264.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Mark McGinnis
Full Name (Last, First, Middle Initial)

Mailing Address 1722 5th St Drive NW

City State Zip Code
Hickory NC 28601

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

Name of Employer Occupation
OrthoCarolina PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period
83.00

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

Mailing Address 15819 Glen Miro Dr

City State Zip Code
Huntersville NC 28078

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2012

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period
90.90

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

Mailing Address 15819 Glen Miro Dr

City State Zip Code
Huntersville NC 28078

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

Name of Employer Occupation
OrthoCarolina, PA Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : SA11AI.5970

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 264.80

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

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

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

FOR LINE NUMBER: PAGE 39 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. John Meade
Full Name (Last, First, Middle Initial)
Mailing Address 227 Chaucer Lane

City Matthews	State NC	Zip Code 28104
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5876

Amount of Each Receipt this Period
 90.90

B. John Meade
Full Name (Last, First, Middle Initial)
Mailing Address 227 Chaucer Lane

City Matthews	State NC	Zip Code 28104
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5971

Amount of Each Receipt this Period
 90.90

C. Michael Meighen
Full Name (Last, First, Middle Initial)
Mailing Address 3649 Richwood Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5912

Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
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 40 OF 56
(check only one)

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Michael Meighen

Mailing Address 3649 Richwood Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period
90.90

Full Name (Last, First, Middle Initial)
B. Alden Milam

Mailing Address 3320 Selwyn Ave

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
830.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5877

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
C. Alden Milam

Mailing Address 3320 Selwyn Ave

City Charlotte	State NC	Zip Code 28209
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
913.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5973

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional).....▶	256.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Jeffery Mokris
Full Name (Last, First, Middle Initial)

Mailing Address 17812 Wilbanks Dr

City Charlotte State NC Zip Code 28278

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.5878

Amount of Each Receipt this Period
90.90

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

Mailing Address 17812 Wilbanks Dr

City Charlotte State NC Zip Code 28278

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.5974

Amount of Each Receipt this Period
90.90

C. Robert Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 3637 Richwood Circle

City Kannapolis State NC Zip Code 28081

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.5897

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. Robert Morgan

Mailing Address 3637 Richwood Circle

City	State	Zip Code
Kannapolis	NC	28081

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5975

Amount of Each Receipt this Period

90.90

Full Name (Last, First, Middle Initial)
B. John Newell

Mailing Address PO BOX 38308

City	State	Zip Code
Charlotte	NC	28278

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5916

Amount of Each Receipt this Period

125.00

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

Mailing Address PO BOX 38308

City	State	Zip Code
Charlotte	NC	28278

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5976

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional).....▶	340.90
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 43 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Lois Osier
Full Name (Last, First, Middle Initial)
Mailing Address 2126 Hastings Dr
City Charlotte State NC Zip Code 28207
FEC ID number of contributing federal political committee. **C**
Name of Employer OrthoCarolina, PA Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 909.00

Date of Receipt 12 / 06 / 2012
Transaction ID : SA11AI.5879
Amount of Each Receipt this Period 90.90

B. Lois Osier
Full Name (Last, First, Middle Initial)
Mailing Address 2126 Hastings Dr
City Charlotte State NC Zip Code 28207
FEC ID number of contributing federal political committee. **C**
Name of Employer OrthoCarolina, PA Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.90

Date of Receipt 12 / 31 / 2012
Transaction ID : SA11AI.5977
Amount of Each Receipt this Period 90.90

C. Dr. Paul C. Perlik
Full Name (Last, First, Middle Initial)
Mailing Address 901 Berkeley Avenue
City Charlotte State NC Zip Code 28203
FEC ID number of contributing federal political committee. **C**
Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 909.00

Date of Receipt 12 / 06 / 2012
Transaction ID : SA11AI.5880
Amount of Each Receipt this Period 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. Paul C. Perlik		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012
Mailing Address 901 Berkeley Avenue		Transaction ID : SA11AI.5978
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.90	
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90	

Full Name (Last, First, Middle Initial) B. Dana Piasecki		Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2012
Mailing Address 1547 Queens Rd West		Transaction ID : SA11AI.5901
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.90	
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 909.00	

Full Name (Last, First, Middle Initial) C. Dana Piasecki		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012
Mailing Address 1547 Queens Rd West		Transaction ID : SA11AI.5979
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.90	
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90	

SUBTOTAL of Receipts This Page (optional).....▶	272.70
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 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Alfred Rhyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Hempstead Pl
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5881
 Amount of Each Receipt this Period
 90.90

B. Alfred Rhyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Hempstead Pl
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5982
 Amount of Each Receipt this Period
 90.90

C. Paul Rush
 Full Name (Last, First, Middle Initial)
 Mailing Address 11102 Old Johns Road
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5910
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Paul Rush
 Full Name (Last, First, Middle Initial)
 Mailing Address 11102 Old Johns Road
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5983
 Amount of Each Receipt this Period
 90.90

B. Dr. Edwin J. Sebold
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 Shasta Hill Court
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5882
 Amount of Each Receipt this Period
 90.90

C. Dr. Edwin J. Sebold
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 Shasta Hill Court
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5984
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Paul Segebarth		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5896
Mailing Address 1900 Vernon Dr		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	Zip Code 28211-1720
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 909.00	

Full Name (Last, First, Middle Initial) B. Paul Segebarth		Date of Receipt 12 / 31 / 2012 Transaction ID : SA11AI.5985
Mailing Address 1900 Vernon Dr		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	Zip Code 28211-1720
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90	

Full Name (Last, First, Middle Initial) C. Ronald Singer		Date of Receipt 12 / 06 / 2012 Transaction ID : SA11AI.5883
Mailing Address 11026 Beau Riley Road		Amount of Each Receipt this Period 90.90
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 909.00	

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 11026 Beau Riley Road

City Charlotte State NC Zip Code 28277

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.5986

Amount of Each Receipt this Period
90.90

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

Mailing Address 640 Wilhelm Place NE

City Concord State NC Zip Code 28025

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period
125.00

C. James Skahen
Full Name (Last, First, Middle Initial)

Mailing Address 640 Wilhelm Place NE

City Concord State NC Zip Code 28025

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.5987

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	340.90
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 49 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. John Smid
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3192
 City Pinehurst State NC Zip Code 28374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5908
 Amount of Each Receipt this Period
 90.90

B. John Smid
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3192
 City Pinehurst State NC Zip Code 28374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5988
 Amount of Each Receipt this Period
 90.90

C. Dr. Scott Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 East 10th Street
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5904
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Scott Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 East 10th Street
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5989
 Amount of Each Receipt this Period
 90.90

B. Leo Spector
 Full Name (Last, First, Middle Initial)
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5895
 Amount of Each Receipt this Period
 90.90

C. Leo Spector
 Full Name (Last, First, Middle Initial)
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5990
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Bryan D. Springer
Full Name (Last, First, Middle Initial)

Mailing Address 200 Wales Avenue

City	State	Zip Code
Charlotte	NC	28209

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

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5884

Amount of Each Receipt this Period

45.45

B. Dr. Bryan D. Springer
Full Name (Last, First, Middle Initial)

Mailing Address 200 Wales Avenue

City	State	Zip Code
Charlotte	NC	28209

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

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.95**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5991

Amount of Each Receipt this Period

45.45

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

Mailing Address 208 Buffalo Church Road

City	State	Zip Code
Cherryville	NC	28021

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

Name of Employer	Occupation
Orthocarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5885

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional).....▶	181.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. William Stucky
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Buffalo Church Road
 City State Zip Code
 Cherryville NC 28021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthocarlina, PA Orthopedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5992
 Amount of Each Receipt this Period
 90.90

B. Mark Suprock
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Martingale Lane
 City State Zip Code
 Davidson NC 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 909.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5892
 Amount of Each Receipt this Period
 90.90

c. Mark Suprock
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Martingale Lane
 City State Zip Code
 Davidson NC 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoCarolina, PA Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5993
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. John Temple
Full Name (Last, First, Middle Initial)

Mailing Address 6239 Sharon Hills Road

City Charlotte	State NC	Zip Code 28210
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5886

Amount of Each Receipt this Period
90.90

B. John Temple
Full Name (Last, First, Middle Initial)

Mailing Address 6239 Sharon Hills Road

City Charlotte	State NC	Zip Code 28210
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5994

Amount of Each Receipt this Period
90.90

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

Mailing Address 3707 Moreland Farms Rd.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5887

Amount of Each Receipt this Period
90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. John Ternes
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Moreland Farms Rd.

City	State	Zip Code
Charlotte	NC	28226

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5995

Amount of Each Receipt this Period

90.90

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

Mailing Address 14535 Davis Trace

City	State	Zip Code
Charlotte	NC	28227

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **909.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	06	/	2012

Transaction ID : SA11AI.5888

Amount of Each Receipt this Period

90.90

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

Mailing Address 14535 Davis Trace

City	State	Zip Code
Charlotte	NC	28227

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.90**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.5996

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional).....▶	272.70
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Alan Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Woodhaven Rd
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5889
 Amount of Each Receipt this Period
 90.90

B. Alan Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Woodhaven Rd
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.5997
 Amount of Each Receipt this Period
 90.90

C. Dr. J. Michael Wattenbarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1624 Sterling Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2012
Transaction ID : SA11AI.5890
 Amount of Each Receipt this Period
 90.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.70
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 56 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. J. Michael Wattenbarger			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 1624 Sterling Road			Transaction ID : SA11AI.5998
City Charlotte	State NC	Zip Code 28209	Amount of Each Receipt this Period 90.90
FEC ID number of contributing federal political committee. C			
Name of Employer OrthoCarolina, PA	Occupation Orthopedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.90		

Full Name (Last, First, Middle Initial) B.			Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C.			Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	90.90
TOTAL This Period (last page this line number only).....▶	13771.90