

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00471508 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

11 / 25 / 2014 through 12 / 31 / 2014

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

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

Signature of Treasurer Dr. Robert McBride Jr. [Electronically Filed] Date MM / DD / YYYY

01 / 29 / 2015

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="76829.63"/>	<input type="text" value="76829.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105239.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2083.02"/>	<input type="text" value="95943.60"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="107322.38"/>	<input type="text" value="172773.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="-4954.66"/>	<input type="text" value="60496.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="112277.04"/>	<input type="text" value="112277.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2083.02	86808.45
(ii) Unitemized	0.00	9135.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2083.02	95943.60
(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)	2083.02	95943.60
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))..... ▶	2083.02	95943.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2083.02	95943.60

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	45.34	390.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45.34	390.20
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	-5000.00	60105.99
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-4954.66	60496.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-4954.66	60496.19

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)	2083.02	95943.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2083.02	95943.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	45.34	390.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45.34	390.20

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Dr. James Alexander		Date of Receipt 12 / 09 / 2014 Transaction ID : SA11Al.7388
Mailing Address 8930 Abrell Walk Court		Amount of Each Receipt this Period 90.91
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		12/09/14
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 ▼ 1000.10	

Full Name (Last, First, Middle Initial) B. Richard Alexander		Date of Receipt 12 / 09 / 2014 Transaction ID : SA11Al.7398
Mailing Address 11300 Troon Circle		Amount of Each Receipt this Period 90.91
City Laurinburg	State NC	Zip Code 28352
FEC ID number of contributing federal political committee. C		12/09/14
Name of Employer OrthoCarolina, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.10	

Full Name (Last, First, Middle Initial) C. Dr. Robert Anderson		Date of Receipt 12 / 09 / 2014 Transaction ID : SA11Al.7407
Mailing Address 4022 Cove Roost Court		Amount of Each Receipt this Period 90.91
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C		12/09/14
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 ▼ 909.10	

SUBTOTAL of Receipts This Page (optional).....▶	272.73
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 15
	<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. 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 ▼
1000.10

Date of Receipt
12 / 09 / 2014
Transaction ID : SA11AI.7391

Amount of Each Receipt this Period
90.91

12/09/14

Full Name (Last, First, Middle Initial)
B. 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 ▼
1000.10

Date of Receipt
12 / 09 / 2014
Transaction ID : SA11AI.7404

Amount of Each Receipt this Period
90.91

12/09/14

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

Mailing Address 2232 Lamaison Drive

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
OrthoCarolina, PA Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
913.00

Date of Receipt
12 / 09 / 2014
Transaction ID : SA11AI.7410

Amount of Each Receipt this Period
83.00

12/09/14

SUBTOTAL of Receipts This Page (optional)..... ▶ 264.82

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. William 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 **1000.10**

Date of Receipt
 12 / 09 / 2014
Transaction ID : SA11AI.7409
 Amount of Each Receipt this Period
 90.91
 12/09/14

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 **1000.10**

Date of Receipt
 12 / 09 / 2014
Transaction ID : SA11AI.7403
 Amount of Each Receipt this Period
 90.91
 12/09/14

C. 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 **1000.10**

Date of Receipt
 12 / 09 / 2014
Transaction ID : SA11AI.7401
 Amount of Each Receipt this Period
 90.91
 12/09/14

SUBTOTAL of Receipts This Page (optional).....▶	272.73
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 9 OF 15
	<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 Erdin		Date of Receipt 12 / 09 / 2014 Transaction ID : SA11AI.7386
Mailing Address 123 OVERBROOK DRIVE		Amount of Each Receipt this Period 90.91
City CONCORD	State NC	Zip Code 28025
FEC ID number of contributing federal political committee. C	12/09/14	
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 ▼ 1000.10	

Full Name (Last, First, Middle Initial) B. Dr. Raymond Glenn Gaston		Date of Receipt 12 / 09 / 2014 Transaction ID : SA11AI.7408
Mailing Address 1422 Biltmore Drive		Amount of Each Receipt this Period 90.91
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	12/09/14	
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 ▼ 1000.10	

Full Name (Last, First, Middle Initial) C. Dr. John Stuart Gaul III		Date of Receipt 12 / 09 / 2014 Transaction ID : SA11AI.7399
Mailing Address 810 Berkeley Avenue		Amount of Each Receipt this Period 90.91
City Charlotte	State NC	Zip Code 28203
FEC ID number of contributing federal political committee. C	12/09/14	
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 ▼ 1000.10	

SUBTOTAL of Receipts This Page (optional).....▶	272.73
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 15
	<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 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 ▼ **1000.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2014

Transaction ID : SA11AI.7397

Amount of Each Receipt this Period
90.91

12/09/14

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 ▼ **500.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2014

Transaction ID : SA11AI.7402

Amount of Each Receipt this Period
45.46

12/09/14

C. Eric Laxer
Full Name (Last, First, Middle Initial)

Mailing Address 2829 Giverny Dr

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 ▼ **1000.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2014

Transaction ID : SA11AI.7395

Amount of Each Receipt this Period
90.91

12/09/14

SUBTOTAL of Receipts This Page (optional).....▶	227.28
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 15
	<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. J. Bohannon Mason
Full Name (Last, First, Middle Initial)

Mailing Address 159 Cherokee 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 ▼
1000.00

Date of Receipt
12 / 09 / 2014
Transaction ID : SA11AI.7390

Amount of Each Receipt this Period
90.91

12/09/14

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

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 ▼
1000.10

Date of Receipt
12 / 09 / 2014
Transaction ID : SA11AI.7400

Amount of Each Receipt this Period
90.91

12/09/14

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

Mailing Address PO BOX 38308

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 ▼
1000.10

Date of Receipt
12 / 09 / 2014
Transaction ID : SA11AI.7392

Amount of Each Receipt this Period
90.91

12/09/14

SUBTOTAL of Receipts This Page (optional).....▶	272.73
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 15
	<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. 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 ▼ **1000.10**

Date of Receipt **12 / 09 / 2014**

Transaction ID : SA11AI.7393

Amount of Each Receipt this Period **90.91**

12/09/14

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 ▼ **909.10**

Date of Receipt **12 / 09 / 2014**

Transaction ID : SA11AI.7394

Amount of Each Receipt this Period **90.91**

12/09/14

C. 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 ▼ **1000.10**

Date of Receipt **12 / 09 / 2014**

Transaction ID : SA11AI.7405

Amount of Each Receipt this Period **90.91**

12/09/14

SUBTOTAL of Receipts This Page (optional).....▶	272.73
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 15
<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. Dr. Bryan D. Springer
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Wales Avenue
 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 ▼ 500.00

Date of Receipt
 12 / 09 / 2014
Transaction ID : SA11Al.7387
 Amount of Each Receipt this Period
 45.45
 12/09/14

B. Mark Suprock
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Martingale Lane
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.10

Date of Receipt
 12 / 09 / 2014
Transaction ID : SA11Al.7396
 Amount of Each Receipt this Period
 90.91
 12/09/14

C. 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 ▼ 1000.10

Date of Receipt
 12 / 09 / 2014
Transaction ID : SA11Al.7406
 Amount of Each Receipt this Period
 90.91
 12/09/14

SUBTOTAL of Receipts This Page (optional).....▶	227.27
TOTAL This Period (last page this line number only).....▶	2083.02

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Wachovia Bank, N.A. Charlotte Commercial

Date of Disbursement

Mailing Address P.O. Box 563966

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2014

City Charlotte State NC Zip Code 28256

Transaction ID : SB21B.7411

Purpose of Disbursement
12/14 Service Charge

001
Category/ Type

Amount of Each Disbursement this Period

45.34

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

45.34

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

45.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Pat McCroy

Mailing Address PO BOX 98027

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SB29.7412

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2000.00

2000.00