

**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="2016"/>		177372.75
(b) Cash on Hand at Beginning of Reporting Period.....	232613.28	
(c) Total Receipts (from Line 19)	11975.46	68299.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	244588.74	245672.03
7. Total Disbursements (from Line 31).....	5077.63	6160.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	239511.11	239511.11
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: / / 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).....	11884.55	67244.55
(ii) Unitemized	90.91	1054.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11975.46	68299.28
(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)	11975.46	68299.28
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))..... ▶	11975.46	68299.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11975.46	68299.28

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	77.63	160.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	77.63	160.92
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	6000.00
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)) ..	5077.63	6160.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5077.63	6160.92

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)	11975.46	68299.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11975.46	68299.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	77.63	160.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77.63	160.92

**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 13
(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. David T Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 11189 Villa Trace Pl
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, P.A. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA11Al.7737
 Amount of Each Receipt this Period 600.00
 Memo Item
 05/18/2016

B. Christian Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 2326 Overhill 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 ▼ 320.00

Date of Receipt 04 / 06 / 2016
Transaction ID : SA11Al.7735
 Amount of Each Receipt this Period 110.00
 Memo Item
 04/06/2016

c. Christian Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 2326 Overhill 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 ▼ 430.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA11Al.7738
 Amount of Each Receipt this Period 110.00
 Memo Item
 05/18/2016

SUBTOTAL of Receipts This Page (optional)..... ▶ 820.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 2326 Overhill 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 ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA11AI.7752

Amount of Each Receipt this Period
 110.00

Memo Item
06/08/2016

B. 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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : SA11AI.7732

Amount of Each Receipt this Period
 1000.00

Memo Item
04/06/2016

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2016
Transaction ID : SA11AI.7739

Amount of Each Receipt this Period
 1000.00

Memo Item
05/18/2016

SUBTOTAL of Receipts This Page (optional).....▶	2110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 13
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 7513 Christopher Place

City Charlotte State NC Zip Code 28226

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

Name of Employer OrthoCarolina, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2016
Transaction ID : SA11Al.7740

Amount of Each Receipt this Period
 1000.00

Memo Item
05/18/2016

B. Brian Krenzel
Full Name (Last, First, Middle Initial)

Mailing Address 4112 1st Place 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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2016
Transaction ID : SA11Al.7741

Amount of Each Receipt this Period
 500.00

Memo Item
05/18/2016

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

Mailing Address 122 Hickory Hill Road

City Mooresville State NC Zip Code 28117

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

Name of Employer OrthoCarolina Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2016
Transaction ID : SA11Al.7742

Amount of Each Receipt this Period
 1000.00

Memo Item
05/18/2016

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Dr. Daniel B. Murrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 Isleworth Avenue
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina, PA Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2016
Transaction ID : SA11AI.7730
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 4/6/2016

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2016
Transaction ID : SA11AI.7744
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 05/18/2016

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2016
Transaction ID : SA11AI.7745
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 05/18/2016

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
	<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 ▼ 1000.00

Date of Receipt 05 / 18 / 2016
Transaction ID : SA11AI.7746
 Amount of Each Receipt this Period 1000.00
 Memo Item
 05/18/2016

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 ▼ 281.82

Date of Receipt 04 / 06 / 2016
Transaction ID : SA11AI.7733
 Amount of Each Receipt this Period 90.91
 Memo Item
 04/06/2016

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 ▼ 372.73

Date of Receipt 05 / 18 / 2016
Transaction ID : SA11AI.7747
 Amount of Each Receipt this Period 90.91
 Memo Item
 05/18/2016

SUBTOTAL of Receipts This Page (optional).....▶	1181.82
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: PAGE 12 OF 13
(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. John Temple

Mailing Address 6239 Sharon Hills Road

City Charlotte	State NC	Zip Code 28210
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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 ▼
463.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA11AI.7750

Amount of Each Receipt this Period
90.91

Memo Item
06/08/2016

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

Mailing Address 3707 Moreland Farms Rd.

City Charlotte	State NC	Zip Code 28226
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

Transaction ID : SA11AI.7748

Amount of Each Receipt this Period
1000.00

Memo Item
05/18/2016

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

Mailing Address

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

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1090.91
TOTAL This Period (last page this line number only).....▶	11884.55

**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. Phil Berger

Mailing Address P.O. Box 1309

City Edén State NC Zip Code 27289

Purpose of Disbursement
Campaign Contributions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7729

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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