

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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"/>		76829.63
(b) Cash on Hand at Beginning of Reporting Period.....	152593.97	
(c) Total Receipts (from Line 19)	6407.15	82277.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	159001.12	159107.11
7. Total Disbursements (from Line 31).....	6127.79	6233.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	152873.33	152873.33
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

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).....	6051.42	73142.33
(ii) Unitemized	355.73	9135.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6407.15	82277.48
(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)	6407.15	82277.48
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))..... ▶	6407.15	82277.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6407.15	82277.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	127.79	127.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	127.79	127.79
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	6000.00	6105.99
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)) ..	6127.79	6233.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6127.79	6233.78

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)	6407.15	82277.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6407.15	82277.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	127.79	127.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	127.79	127.79

**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 31
<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
Mailing Address 8930 Abrell Walk Court		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28226		Transaction ID : SA11AI.7096
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="90.91"/>
Name of Employer Occupation OrthoCarolina, PA Orthopedic Surgeon		04/02/2014
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="272.82"/>

Full Name (Last, First, Middle Initial) B. Dr. James Alexander		Date of Receipt
Mailing Address 8930 Abrell Walk Court		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28226		Transaction ID : SA11AI.7113
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="90.91"/>
Name of Employer Occupation OrthoCarolina, PA Orthopedic Surgeon		05/12/14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="363.73"/>

Full Name (Last, First, Middle Initial) C. Dr. James Alexander		Date of Receipt
Mailing Address 8930 Abrell Walk Court		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28226		Transaction ID : SA11AI.7149
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="90.91"/>
Name of Employer Occupation OrthoCarolina, PA Orthopedic Surgeon		06/30/2014
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="454.64"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.73"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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. 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 ▼
272.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11Al.7094

Amount of Each Receipt this Period

90.91

04/02/2014

B. 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 ▼
363.73

Date of Receipt

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

Transaction ID : SA11Al.7114

Amount of Each Receipt this Period

90.91

05/12/14

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 ▼
454.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11Al.7150

Amount of Each Receipt this Period

90.91

06/30/2014

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 8 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 4022 Cove Roost 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 ▼ **272.73**

Date of Receipt **05 / 12 / 2014**

Transaction ID : SA11AI.7115

Amount of Each Receipt this Period **90.91**

05/12/14

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

Mailing Address 4022 Cove Roost 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 ▼ **363.64**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.7151

Amount of Each Receipt this Period **90.91**

06/30/2014

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

Mailing Address 186 Atlantic Way

City Mooresville State NC Zip Code 28117

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 ▼ **272.82**

Date of Receipt **04 / 02 / 2014**

Transaction ID : SA11AI.7105

Amount of Each Receipt this Period **90.91**

04/02/2014

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:	PAGE 9 OF 31
	(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

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. Alexander Chasnis		Date of Receipt
Mailing Address 186 Atlantic Way		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mooresville	NC	28117
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.7116
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="90.91"/>
Name of Employer		05/12/14
OrthoCarolina, PA	Occupation	
	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="363.73"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alexander Chasnis		Date of Receipt
Mailing Address 186 Atlantic Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mooresville	NC	28117
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.7152
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="90.91"/>
Name of Employer		06/30/2014
OrthoCarolina, PA	Occupation	
	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="454.64"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Christian Clark		Date of Receipt
Mailing Address 2326 Overhill Road		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.7103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="90.91"/>
Name of Employer		04/02/2014
OrthoCarolina, PA	Occupation	
	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="272.82"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.73"/>
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 10 OF 31
	<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. 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 ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11Al.7117

Amount of Each Receipt this Period

90.91

05/12/14

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 ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11Al.7153

Amount of Each Receipt this Period

90.91

06/30/2014

C. 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 ▼ **249.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11Al.7110

Amount of Each Receipt this Period

83.00

04/02/2014

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 11 OF 31
	<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. Dr. Patrick Connor
Full Name (Last, First, Middle Initial)

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 ▼ **332.00**

Date of Receipt
05 / 12 / 2014
Transaction ID : SA11AI.7118

Amount of Each Receipt this Period
83.00

05/12/14

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

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 ▼ **415.00**

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.7154

Amount of Each Receipt this Period
83.00

06/30/2014

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

Mailing Address 1212 Queens Road

City	State	Zip Code
Charlotte	NC	28207

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 ▼ **272.82**

Date of Receipt
04 / 02 / 2014
Transaction ID : SA11AI.7109

Amount of Each Receipt this Period
90.91

04/02/2014

SUBTOTAL of Receipts This Page (optional).....▶	256.91
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 31
	<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. 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 ▼ **363.73**

Date of Receipt **05 / 12 / 2014**

Transaction ID : SA11AI.7119

Amount of Each Receipt this Period **90.91**

05/12/14

B. 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 ▼ **454.64**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11AI.7155

Amount of Each Receipt this Period **90.91**

06/30/2014

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 ▼ **272.82**

Date of Receipt **04 / 02 / 2014**

Transaction ID : SA11AI.7102

Amount of Each Receipt this Period **90.91**

04/02/2014

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 31
	<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. David Dupuy
Full Name (Last, First, Middle Initial)

Mailing Address 3910 Abingdon Road

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11AI.7120

Amount of Each Receipt this Period

90.91

05/12/14

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

Mailing Address 3910 Abingdon Road

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
OrthoCarolina, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.7156

Amount of Each Receipt this Period

90.91

06/30/2014

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

Mailing Address 1104 Sedgewood Forest Ln

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 ▼ **272.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11AI.7098

Amount of Each Receipt this Period

90.91

04/02/2014

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 14 OF 31
	<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 ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11Al.7121

Amount of Each Receipt this Period

90.91

05/12/14

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 ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11Al.7157

Amount of Each Receipt this Period

90.91

06/30/2014

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 ▼ **272.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11Al.7100

Amount of Each Receipt this Period

90.91

04/02/2014

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 15 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11AI.7122

Amount of Each Receipt this Period

90.91

05/12/14

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 ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.7158

Amount of Each Receipt this Period

90.91

06/30/2014

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

Mailing Address 1422 Biltmore Drive

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 ▼ **272.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11AI.7108

Amount of Each Receipt this Period

90.91

04/02/2014

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:	PAGE 16 OF 31
	(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

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. Raymond Glenn Gaston
Full Name (Last, First, Middle Initial)
Mailing Address 1422 Biltmore Drive

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 ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11Al.7123

Amount of Each Receipt this Period

90.91

05/12/14

B. Dr. Raymond Glenn Gaston
Full Name (Last, First, Middle Initial)
Mailing Address 1422 Biltmore Drive

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 ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11Al.7159

Amount of Each Receipt this Period

90.91

06/30/2014

C. 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 ▼ **272.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11Al.7095

Amount of Each Receipt this Period

90.91

04/02/2014

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 17 OF 31
	<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

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. John Stuart Gaul III		Date of Receipt
Mailing Address 810 Berkeley Avenue		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7124
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, PA	Orthopedic Surgeon	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	05/12/14
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="363.73"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John Stuart Gaul III		Date of Receipt
Mailing Address 810 Berkeley Avenue		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7160
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, PA	Orthopedic Surgeon	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	06/30/2014
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="454.64"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Griffin		Date of Receipt
Mailing Address 618 Colville Road		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7092
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, Pa	Physician	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	04/02/2014
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="272.82"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.73"/>
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 18 OF 31
	<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. 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 ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11Al.7125

Amount of Each Receipt this Period

90.91

05/12/14

B. 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 ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11Al.7161

Amount of Each Receipt this Period

90.91

06/30/2014

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 ▼ **227.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11Al.7162

Amount of Each Receipt this Period

45.46

06/30/2014

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 19 OF 31
	<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. 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 ▼ **272.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.7089

Amount of Each Receipt this Period
90.91

04/02/2014

B. 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 ▼ **363.73**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.7127

Amount of Each Receipt this Period
90.91

05/12/14

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 ▼ **454.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7163

Amount of Each Receipt this Period
90.91

06/30/2014

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 20 OF 31
	<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

Full Name (Last, First, Middle Initial) A. J. Bohannon Mason		Date of Receipt
Mailing Address 159 Cherokee Road		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.7099
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, PA	Physician	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	04/02/2014
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="272.72"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. J. Bohannon Mason		Date of Receipt
Mailing Address 159 Cherokee Road		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.7128
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, PA	Physician	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	05/12/14
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="363.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. Bohannon Mason		Date of Receipt
Mailing Address 159 Cherokee Road		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.7164
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, PA	Physician	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	06/30/2014
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="454.54"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.73"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<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

Full Name (Last, First, Middle Initial) A. Thomas McCoy			Date of Receipt
Mailing Address 431 Fenton Place			<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.7097
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="90.91"/>
Name of Employer	Occupation	04/02/2014	
OrthoCarolina, PA	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="272.82"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas McCoy			Date of Receipt
Mailing Address 431 Fenton Place			<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.7129
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="90.91"/>
Name of Employer	Occupation	05/12/14	
OrthoCarolina, PA	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="363.73"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas McCoy			Date of Receipt
Mailing Address 431 Fenton Place			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.7165
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="90.91"/>
Name of Employer	Occupation	06/30/2014	
OrthoCarolina, PA	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="454.64"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="272.73"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<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. 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 ▼
249.00

Date of Receipt
05 / 12 / 2014
Transaction ID : SA11AI.7130

Amount of Each Receipt this Period
83.00

05/12/14

B. 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 ▼
332.00

Date of Receipt
06 / 30 / 2014
Transaction ID : SA11AI.7166

Amount of Each Receipt this Period
83.00

06/30/2014

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

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 ▼
272.82

Date of Receipt
04 / 02 / 2014
Transaction ID : SA11AI.7085

Amount of Each Receipt this Period
90.91

04/02/2014

SUBTOTAL of Receipts This Page (optional).....▶	256.91
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 31
	<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 Newell
Full Name (Last, First, Middle Initial)

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 ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11Al.7131

Amount of Each Receipt this Period

90.91

05/12/14

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

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 ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11Al.7167

Amount of Each Receipt this Period

90.91

06/30/2014

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

Mailing Address 5314 Shasta Hill Court

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer	Occupation
OrthoCarolina, PA	Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **272.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2014

Transaction ID : SA11Al.7086

Amount of Each Receipt this Period

90.91

04/02/2014

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 24 OF 31
	<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. 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 ▼ **363.73**

Date of Receipt

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

Transaction ID : SA11AI.7132

Amount of Each Receipt this Period

90.91

05/12/14

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 ▼ **454.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11AI.7168

Amount of Each Receipt this Period

90.91

06/30/2014

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 ▼ **272.73**

Date of Receipt

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

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period

90.91

05/12/14

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 25 OF 31
	<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

Full Name (Last, First, Middle Initial) A. James Skahen		Date of Receipt 06 / 30 / 2014 Transaction ID : SA11AI.7169
Mailing Address 640 Wilhelm Place NE		Amount of Each Receipt this Period 90.91
City Concord	State NC	Zip Code 28025
FEC ID number of contributing federal political committee. C	06/30/2014	
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 ▼ 363.64	

Full Name (Last, First, Middle Initial) B. John Smid		Date of Receipt 04 / 02 / 2014 Transaction ID : SA11AI.7104
Mailing Address PO Box 3192		Amount of Each Receipt this Period 90.91
City Pinehurst	State NC	Zip Code 28374
FEC ID number of contributing federal political committee. C	04/02/2014	
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 ▼ 272.82	

Full Name (Last, First, Middle Initial) C. John Smid		Date of Receipt 05 / 12 / 2014 Transaction ID : SA11AI.7134
Mailing Address PO Box 3192		Amount of Each Receipt this Period 90.91
City Pinehurst	State NC	Zip Code 28374
FEC ID number of contributing federal political committee. C	05/12/14	
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 ▼ 363.73	

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 26 OF 31
	<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 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 ▼ **454.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11Al.7170

Amount of Each Receipt this Period
90.91

06/30/2014

B. 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 ▼ **227.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11Al.7171

Amount of Each Receipt this Period
45.45

06/30/2014

c. 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 ▼ **1772.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11Al.7090

Amount of Each Receipt this Period
90.91

04/02/2014

SUBTOTAL of Receipts This Page (optional)..... **227.27**

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 27 OF 31
	<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. 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 ▼ **1863.73**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.7136

Amount of Each Receipt this Period
90.91

05/12/14

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 ▼ **1954.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7172

Amount of Each Receipt this Period
90.91

06/30/2014

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 ▼ **272.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.7106

Amount of Each Receipt this Period
90.91

04/02/2014

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:	PAGE 28 OF 31
	(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

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. John Temple		Date of Receipt
Mailing Address 6239 Sharon Hills Road		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11A1.7137
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, PA	Physician	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	05/12/14
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="363.73"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Temple		Date of Receipt
Mailing Address 6239 Sharon Hills Road		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlotte	NC	28210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11A1.7173
Name of Employer	Occupation	Amount of Each Receipt this Period
OrthoCarolina, PA	Physician	<input type="text" value="90.91"/>
Receipt For:	Aggregate Year-to-Date ▼	06/30/2014
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="454.64"/>	
<input type="checkbox"/> Other (specify) ▼		

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="181.82"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="6051.42"/>

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

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. Wachovia Bank, N.A. Charlotte Commercial

Mailing Address P.O. Box 563966

City Charlotte State NC Zip Code 28256

Purpose of Disbursement
June 2014 Svc Charge

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.7175

Amount of Each Disbursement this Period

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

/ /

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

/ /

Amount of Each Disbursement this Period

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

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

**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

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. Phil Berger

Mailing Address P.O. Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement
Campaign Contributions

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : **SB29.7146**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Phil Berger

Mailing Address P.O. Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement
Campaign Contributions

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : **SB29.7178**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Justin Burr

Mailing Address PO Box 1966

City Albemarle State NC Zip Code 28002

Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2014

Transaction ID : **SB29.7139**

Amount of Each Disbursement this Period

2000.00

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

7000.00

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

**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

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. Nelson Dollar

Mailing Address PO Box 1369

City Cary State NC Zip Code 27512

Purpose of Disbursement
Campaign Contributions

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : **SB29.7142**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Donny Lambeth

Mailing Address 4627 S. Main Street

City Winston Salem State NC Zip Code 27127

Purpose of Disbursement
Campaign Contributions

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : **SB29.7144**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

4000.00

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

11000.00