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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Autho	orized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
ORTHOCAROLINA	PA FEDERAL PAC		
ADDRESS (number and street)	4601 PARK ROAD SUITE 250		
Check if different than previously reported. (ACC)	CHARLOTTE		NC 28209 -
2. FEC IDENTIFICATION	NUMBER ▼ CITY	<b>A</b>	STATE ▲ ZIP CODE ▲
C C00471508	3. IS 1	THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On: Mar 20		(Non-Election Year Only)
April 15	Apr 20	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Repor	t (Q1) (c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Repor	t (Q2)  Report for the:	Convention (12C)	Special (12S)
Quarterly Repor	Floation	on /	in the State of
Year-End Repor  July 31 Mid-Yea  Report (Non-ele  Year Only) (MY)	r (d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Rep (TER)		on	in the State of
5. Covering Period	07 01 2017	through 12	31 2017
I certify that I have examined Type or Print Name of Treas	this Report and to the best of m McBride, Robert, , Dr., Jr. urer	ly knowledge and belief it is	rue, correct and complete.
Signature of Treasurer	AcBride, Robert, , Dr., Jr.	[Electronically Filed]	Date 01 / 26 / 2018
NOTE: Submission of false, er	roneous, or incomplete information r	may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

Г	FEC <b>Form 3X</b> (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
W	rite or Type Committee Name		
C	ORTHOCAROLINA PA FEDERAL	. PAC	
R		07 01 2017 To:	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		233058.86
	(b) Cash on Hand at Beginning of Reporting Period	294640.83	
	(c) Total Receipts (from Line 19)	13408.50	75095.28
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	308049.33	308154.14
7.	Total Disbursements (from Line 31)	5500.00	5604.81
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	302549.33	302549.33
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on	0.00	

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

Schedule C and/or Schedule D) .....

#### 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. 05/2016)

Write or Type Committee Name

#### ORTHOCAROLINA PA FEDERAL PAC

01 2017 31 2017 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13288.50 70704.17 (i) Itemized (use Schedule A)..... 120.00 4391.11 (ii) Unitemized ..... (iii) TOTAL (add 75095.28 13408.50 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 75095.28 13408.50 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 13408.50 75095.28 20. Total Federal Receipts 13408.50 75095.28 (subtract Line 18(c) from Line 19) .......▶

#### **DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Calstidat 15at-10-5ats
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	104.81
(c) Total Operating Expenditures	0.00	1 1 1 1 1 1 1 1
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	0.00	104.81
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	7 7 7	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	5500.00	5500.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(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	000
•	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5500.00	5604.81
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5500.00	5604.81

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 13408.50 75095.28 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 75095.28 13408.50 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 0.00 104.81 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 104.81 (subtract Line 37 from Line 36) ......

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

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	Statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	RAL PAC	
Full Name of Individual (Last, First, Middle In Alexander, James, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8930 Abrell Walk Court		08 31 2017
City	State Zip Code	Transaction ID : SA11AI.8053
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
OrthoCarolina, PA	Orthopedic Surgeon	PAC DONATION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle Ir Alexander, James, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8930 Abrell Walk Court		09 30 2017
City	State Zip Code	Transaction ID : SA11AI.8091
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC DONATION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle In Alexander, James, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8930 Abrell Walk Court		10 31 2017
City	State Zip Code	Transaction ID : SA11AI.8092
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC DONATION
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify)	320.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	· only)	

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

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	statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDEF	RAL PAC	
Full Name of Individual (Last, First, Middle In Alexander, James, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8930 Abrell Walk Court		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8093
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
OrthoCarolina, PA	Orthopedic Surgeon	PAC DONATION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	360.00	
Full Name of Individual (Last, First, Middle In Alexander, James, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8930 Abrell Walk Court		12 31 2017
City	State Zip Code	Transaction ID : SA11AI.8094
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC DONATION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In Burbank, Scott, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8631 Barclay Woods Ct		07 31 2017
City	State Zip Code	Transaction ID : SA11AI.8027
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	454.55	
SUBTOTAL of Receipts This Page (optional)	·	170.91
TOTAL This Period (last page this line number	only)	

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

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	the name and address of any political committee	
Full Name of Individual (Last, First, Middle Burbank, Scott, , , Mailing Address 8631 Barclay Woods Ct  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) OrthoCarolina Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 28226  C  Occupation (for Individual) Physician  Aggregate Year-to-Date ▼	Date of Receipt  08 31 2017  Transaction ID: SA11AI.8055  Amount of Each Receipt this Period  90.91  Memo Item  PAC CONTRIBUTION
Full Name of Individual (Last, First, Middle Burbank, Scott, , ,  Mailing Address 8631 Barclay Woods Ct  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) OrthoCarolina  Receipt For:  Primary General Other (specify)	State Zip Code 28226  C  Occupation (for Individual) Physician  Aggregate Year-to-Date   636.37	Date of Receipt  109 30 2017  Transaction ID: SA11AI.8103  Amount of Each Receipt this Period  90.91  Memo Item  PAC CONTRIBUTION
Full Name of Individual (Last, First, Middle Burbank, Scott, , ,  Mailing Address 8631 Barclay Woods Ct  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) OrthoCarolina Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 28226  C  Occupation (for Individual) Physician  Aggregate Year-to-Date ▼	Date of Receipt  10 31 2017  Transaction ID: SA11AI.8104  Amount of Each Receipt this Period  90.91  Memo Item PAC CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb	<u>`</u>	272.73

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

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDI	ERAL PAC	
Full Name of Individual (Last, First, Middle Burbank, Scott, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 8631 Barclay Woods Ct		11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.8105
	28220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
OrthoCarolina	Physician	PAC CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	818.19	]
Full Name of Individual (Last, First, Middle Burbank, Scott, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 8631 Barclay Woods Ct		12 31 2017
City	State Zip Code	
Charlotte	NC 28226	Transaction ID : SA11AI.8106  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.91
Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 909.10	
Full Name of Individual (Last, First, Middle Califf, James, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 234 Forest Lane		07 31 2017
City	State Zip Code	Transaction ID : SA11AI.8028
Blowing Rock	NC 28605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	281.82
TOTAL This Period (last page this line numl	ber only)	

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

10 OF 51 Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Califf, James, , , Date of Receipt Mailing Address 234 Forest Lane 31 2017 City Zip Code State Transaction ID: SA11AI.8071 NC **Blowing Rock** 28605 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Califf, James, , , Date of Receipt Mailing Address 234 Forest Lane 2017 City State Zip Code Transaction ID: SA11AI.8073 NC **Blowing Rock** 28605 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carter, Ralph, , , Date of Receipt Mailing Address 201 Sterling Lane 2017 City Zip Code State Transaction ID: SA11AI.8029 NC Laurinburg 28352 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 454.55 Other (specify)

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

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

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or for commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	RAL PAC	
Full Name of Individual (Last, First, Middle Ir Carter, Ralph, , ,  Mailing Address 201 Sterling Lane	nitial) or Full Organization Name	Date of Receipt
Mailing Address 201 Sterling Lane		08 31 2017
City Laurinburg	State Zip Code NC 28352	Transaction ID : SA11AI.8056  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46	
Full Name of Individual (Last, First, Middle Ir Carter, Ralph, , ,  Mailing Address 201 Sterling Lane	nitial) or Full Organization Name	Date of Receipt
City Laurinburg	State Zip Code NC 28352	09 30 2017  Transaction ID : SA11AI.8099  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.91
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 636.37	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 201 Sterling Lane		10 31 2017
City Laurinburg	State Zip Code NC 28352	Transaction ID : SA11AI.8100  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.91
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 727.28	
SUBTOTAL of Receipts This Page (optional)		272.73
TOTAL This Period (last page this line number		

FOR LINE NUMBER: PAGE 12 OF 51 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Carter, Ralph, , , Date of Receipt Mailing Address 201 Sterling Lane 11 2017 City Zip Code State Transaction ID: SA11AI.8101 NC Laurinburg 28352 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 818.19 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Carter, Ralph, , , Date of Receipt Mailing Address 201 Sterling Lane 2017 City State Zip Code Transaction ID: SA11AI.8102 NC Laurinburg 28352 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 909.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Casey, Virginia, F., Dr., Date of Receipt Mailing Address 3000 Valencia Tarrac 2017 City State Zip Code Transaction ID: SA11AI.8030 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 454.55 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Casey, Virginia, F., Dr., Date of Receipt Mailing Address 3000 Valencia Tarrac 31 2017 City Zip Code State Transaction ID: SA11AI.8050 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 545.46 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Casey, Virginia, F., Dr., Date of Receipt Mailing Address 3000 Valencia Tarrac 09 2017 City State Zip Code Transaction ID: SA11AI.8078 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 636.37 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Casey, Virginia, F., Dr., Date of Receipt Mailing Address 3000 Valencia Tarrac 10 31 2017 City Zip Code State Transaction ID: SA11AI.8079 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 727.28 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Casey, Virginia, F., Dr., Date of Receipt Mailing Address 3000 Valencia Tarrac 11 2017 City Zip Code State Transaction ID: SA11AI.8080 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 818.19 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Casey, Virginia, F., Dr., Date of Receipt Mailing Address 3000 Valencia Tarrac 2017 City State Zip Code Transaction ID: SA11AI.8081 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 909.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Chadderdon, Robert, , , Date of Receipt Mailing Address 1590 Clyton Drive 31 2017 City Zip Code State Transaction ID: SA11AI.8160 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1181.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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51 FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Chapman Jr, Todd, , , Date of Receipt Mailing Address 2118 Sagamore Road 31 2017 City Zip Code State Transaction ID: SA11AI.8069 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUITION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Chapman Jr, Todd, , , Date of Receipt Mailing Address 2118 Sagamore Road 2017 City State Zip Code Transaction ID: SA11AI.8111 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUITION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Chapman Jr, Todd, , , Date of Receipt Mailing Address 2118 Sagamore Road 2017 City Zip Code State Transaction ID: SA11AI.8112 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUITION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Chapman Jr, Todd, , , Date of Receipt Mailing Address 2118 Sagamore Road 11 2017 City Zip Code State Transaction ID: SA11AI.8113 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUITION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Chapman Jr, Todd, , , Date of Receipt Mailing Address 2118 Sagamore Road 2017 City State Zip Code Transaction ID: SA11AI.8114 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUITION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Clark, Christian, , , Date of Receipt Mailing Address 2326 Overhill Road 2017 City State Zip Code Transaction ID: SA11AI.8032 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

51 FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Clark, Christian, , , Date of Receipt Mailing Address 2326 Overhill Road 31 2017 City Zip Code State Transaction ID: SA11AI.8058 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clark, Christian, , , Date of Receipt Mailing Address 2326 Overhill Road 2017 City State Zip Code Transaction ID: SA11AI.8135 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Clark, Christian, , , Date of Receipt Mailing Address 2326 Overhill Road 10 31 2017 City State Zip Code Transaction ID: SA11AI.8136 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Clark, Christian, , , Date of Receipt Mailing Address 2326 Overhill Road 11 2017 City Zip Code State Transaction ID: SA11AI.8137 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 810.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clark, Christian, , , Date of Receipt Mailing Address 2326 Overhill Road 2017 City State Zip Code Transaction ID: SA11AI.8138 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Darden, Bruce, V., Dr., Date of Receipt Mailing Address 4236 Foxcroft Road 2017 City State Zip Code Transaction ID: SA11AI.8033 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 454.55 Other (specify) 270.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Darden, Bruce, V., Dr., Date of Receipt Mailing Address 4236 Foxcroft Road 31 2017 City Zip Code State Transaction ID: SA11AI.8051 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 545.46 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darden, Bruce, V., Dr., Date of Receipt Mailing Address 4236 Foxcroft Road 09 2017 City State Zip Code Transaction ID: SA11AI.8082 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUION Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 636.37 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Darden, Bruce, V., Dr., Date of Receipt Mailing Address 4236 Foxcroft Road 10 2017 City Zip Code State Transaction ID: SA11AI.8083 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 727.28 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Darden, Bruce, V., Dr., Date of Receipt Mailing Address 4236 Foxcroft Road 11 2017 City Zip Code State Transaction ID: SA11AI.8084 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 818.19 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darden, Bruce, V., Dr., Date of Receipt Mailing Address 4236 Foxcroft Road 2017 City State Zip Code Transaction ID: SA11AI.8086 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUION Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 909.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Daubert, Harlan, B., , Date of Receipt Mailing Address 2000 Virginia Road 2017 City Zip Code State Transaction ID: SA11AI.8034 NC Winston Salem 27104 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 454.55 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Daubert, Harlan, B., , Date of Receipt Mailing Address 2000 Virginia Road 31 2017 City Zip Code State Transaction ID: SA11AI.8067 NC Winston Salem 27104 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 545.46 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Daubert, Harlan, B., , Date of Receipt Mailing Address 2000 Virginia Road 2017 City State Zip Code Transaction ID: SA11AI.8115 Winston Salem NC 27104 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 636.37 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Daubert, Harlan, B., , Date of Receipt Mailing Address 2000 Virginia Road 10 2017 City Zip Code State Transaction ID: SA11AI.8116 NC Winston Salem 27104 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 727.28 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Daubert, Harlan, B., , Date of Receipt Mailing Address 2000 Virginia Road 11 2017 City Zip Code State Transaction ID: SA11AI.8117 NC Winston Salem 27104 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 818.19 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Daubert, Harlan, B., , Date of Receipt Mailing Address 2000 Virginia Road 2017 City State Zip Code Transaction ID: SA11AI.8118 Winston Salem NC 27104 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 909.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ellington, John, Kent, , Date of Receipt Mailing Address 1104 Sedgewood Forest Ln 2017 City Zip Code State Transaction ID: SA11AI.8035 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 281.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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51 23 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Ellington, John, Kent, , Date of Receipt Mailing Address 1104 Sedgewood Forest Ln 31 2017 City Zip Code State Transaction ID: SA11AI.8064 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ellington, John, Kent, , Date of Receipt Mailing Address 1104 Sedgewood Forest Ln 2017 City State Zip Code Transaction ID: SA11AI.8127 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ellington, John, Kent, , Date of Receipt Mailing Address 1104 Sedgewood Forest Ln 10 2017 City Zip Code State Transaction ID: SA11AI.8128 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

C.

# SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Ellington, John, Kent, , Date of Receipt Mailing Address 1104 Sedgewood Forest Ln 11 2017 City Zip Code State Transaction ID: SA11AI.8129 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ellington, John, Kent, , Date of Receipt Mailing Address 1104 Sedgewood Forest Ln 12 2017 City State Zip Code Transaction ID: SA11AI.8130 Charlotte NC 28211 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00

		,	
Full Name of Individual (Last, First, Middle In Fleischli, James, , ,	Date of Receipt		
Mailing Address 1310 Andover Rd			07 31 2017
City	State	Zip Code	Transaction ID : SA11AI.8036
Charlotte	NC	28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			90.91
Name of Employer (for Individual)  Occupation (for Individual)			Memo Item
OrthoCarolina, PA	Physi	ician	PAC CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 454.55		

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

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

290.91

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

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Fleischli, James, , , Date of Receipt Mailing Address 1310 Andover Rd 31 2017 City Zip Code State Transaction ID: SA11AI.8059 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 545.46 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fleischli, James, , , Date of Receipt Mailing Address 1310 Andover Rd 2017 City State Zip Code Transaction ID: SA11AI.8139 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 636.37 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fleischli, James, , , Date of Receipt Mailing Address 1310 Andover Rd 10 31 2017 City Zip Code State Transaction ID: SA11AI.8140 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 727.28 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional).....

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13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Fleischli, James, , , Date of Receipt Mailing Address 1310 Andover Rd 11 2017 City Zip Code State Transaction ID: SA11AI.8141 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 818.19 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fleischli, James, , , Date of Receipt Mailing Address 1310 Andover Rd 2017 City State Zip Code Transaction ID: SA11AI.8142 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 909.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gaul, John, Stuart, Dr., III Date of Receipt Mailing Address 810 Berkeley Avenue 2017 City Zip Code State Transaction ID: SA11AI.8037 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 454.55 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	e name and address of any political committee	to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	RAL PAC				
Full Name of Individual (Last, First, Middle Ir Gaul, John, Stuart, Dr., III  Mailing Address 810 Berkeley Avenue	nitial) or Full Organization Name	Date of Receipt			
City Charlotte	State Zip Code NC 28203	Amount of Each Receipt this Period  90.91  Memo Item PAC CONTRIBUTION			
FEC ID number of contributing federal political committee.	C				
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46				
Full Name of Individual (Last, First, Middle Ir Gaul, John, Stuart, Dr., III  Mailing Address 810 Berkeley Avenue	nitial) or Full Organization Name	Date of Receipt			
City	State Zip Code NC 28203	09 30 2017  Transaction ID : SA11AI.8087			
Charlotte FEC ID number of contributing federal political committee.	NC   28203	Amount of Each Receipt this Period  90.91			
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 636.37				
Full Name of Individual (Last, First, Middle In Gaul, John, Stuart, Dr., III	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 810 Berkeley Avenue					
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.8088  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	90.91			
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 727.28				
SUBTOTAL of Receipts This Page (optional)		272.73			
TOTAL This Period (last page this line number	r only)				

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		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDE	RAL PAC	
Full Name of Individual (Last, First, Middle Gaul, John, Stuart, Dr., III  Mailing Address 810 Berkeley Avenue	Initial) or Full Organization Name	Date of Receipt
		11 30 2017
City	State Zip Code NC 28203	Transaction ID : SA11AI.8089
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
OrthoCarolina, PA	Orthopedic Surgeon	PAC CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  818.19	
Full Name of Individual (Last, First, Middle Gaul, John, Stuart, Dr., III	Initial) or Full Organization Name	Date of Receipt
Mailing Address 810 Berkeley Avenue	12 31 2017	
City	State Zip Code	Transaction ID : SA11AI.8090
Charlotte	NC 28203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 909.10	
Full Name of Individual (Last, First, Middle Last, First, Middle L	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2108 Cumerland Ave		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.8038  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
OrthoCarolina, PA	Physician	PAC CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  400.00	
SUBTOTAL of Receipts This Page (optional).		281.82
TOTAL This Period (last page this line number	er only)	

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(check only one)											
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			13	14		15		16		1	7

	he name and address of any political committee				
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDEI	RAL PAC				
Full Name of Individual (Last, First, Middle In Hamid, Nady, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hamid, Nady, , ,				
Mailing Address 2108 Cumerland Ave	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.8065			
Charlotte	NC 28203	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
OrthoCarolina, PA	Physician	PAC CONTRIBUTION			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	00 0				
Other (specify) ▼	500.00				
Full Name of Individual (Last, First, Middle In Hamid, Nady, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2108 Cumerland Ave		09 30 2017			
City	State Zip Code	Transaction ID : SA11AI.8123			
Charlotte	NC 28203	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name of Individual (Last, First, Middle In Hamid, Nady, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2108 Cumerland Ave		10 31 2017			
City	State Zip Code	Transaction ID : SA11AI.8124			
Charlotte	NC 28203	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION			
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General					
Other (specify)	700.00				
SUBTOTAL of Receipts This Page (optional)		300.00			
TOTAL This Period (last page this line numbe	er only)				

51 FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Hamid, Nady, , , Date of Receipt Mailing Address 2108 Cumerland Ave 11 2017 City Zip Code State Transaction ID: SA11AI.8125 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hamid, Nady, , , Date of Receipt Mailing Address 2108 Cumerland Ave 2017 City State Zip Code Transaction ID: SA11AI.8126 NC Charlotte 28203 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jones, Carroll, P. Dr., Date of Receipt Mailing Address 2713 Sherwood Avenue 31 2017 City State Zip Code Transaction ID: SA11AI.8161 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

C.

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

51 FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Lauffenburger, Michael, , , Date of Receipt Mailing Address 880 Osprey Ridge Road 2017 City State Zip Code Transaction ID: SA11AI.8039 NC Winston Salem 27106 Amount of Each Receipt this Period FEC ID number of contributing C 111.11 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 333.33 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lauffenburger, Michael, , , Date of Receipt Mailing Address 880 Osprey Ridge Road 80 2017 City State Zip Code Transaction ID: SA11AI.8072 Winston Salem NC 27106 Amount of Each Receipt this Period FEC ID number of contributing 111.11 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 444.44

Culor (openly) ¥	4			
Full Name of Individual (Last, First, Middle In Lauffenburger, Michael, , ,	Date of Receipt			
Mailing Address 880 Osprey Ridge Road			09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID : SA11AI.8074	
Winston Salem	NC	27106	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		111.11	
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item	
OrthoCarolina, PA	Physici	an	PAC CONTRIBUTION	
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 555.55		
NUDTOTAL of Descripts This Dans (authors)			333.33	

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

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

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51 FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Lauffenburger, Michael, , , Date of Receipt Mailing Address 880 Osprey Ridge Road 31 2017 City Zip Code State Transaction ID: SA11AI.8075 NC Winston Salem 27106 Amount of Each Receipt this Period FEC ID number of contributing C 111.11 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 666.66 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lauffenburger, Michael, , , Date of Receipt Mailing Address 880 Osprey Ridge Road 2017 11 City State Zip Code Transaction ID: SA11AI.8076 Winston Salem NC 27106 Amount of Each Receipt this Period FEC ID number of contributing 111.11 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 777.77 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lauffenburger, Michael, , , Date of Receipt Mailing Address 880 Osprey Ridge Road 2017 City Zip Code State Transaction ID: SA11AI.8077 NC Winston Salem 27106 Amount of Each Receipt this Period FEC ID number of contributing C 111.11 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 888.88 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 33 OF 51 Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Lazeski, Alicia, , , Date of Receipt Mailing Address 14810 Hawick Manor Lane 2017 City Zip Code State Transaction ID: SA11AI.8070 NC Pineville 28134 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lazeski, Alicia, , , Date of Receipt Mailing Address 14810 Hawick Manor Lane 2017 City State Zip Code Transaction ID: SA11AI.8107 NC Pineville 28134 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lazeski, Alicia, , , Date of Receipt Mailing Address 14810 Hawick Manor Lane 31 2017 City Zip Code State Transaction ID: SA11AI.8108 NC Pineville 28134 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

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13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Lazeski, Alicia, , , Date of Receipt Mailing Address 14810 Hawick Manor Lane 2017 City Zip Code State Transaction ID: SA11AI.8109 NC Pineville 28134 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lazeski, Alicia, , , Date of Receipt Mailing Address 14810 Hawick Manor Lane 2017 City State Zip Code Transaction ID: SA11AI.8110 NC Pineville 28134 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lewis, Daniel, , , Date of Receipt Mailing Address 7235 Shefingdell Drive 2017 City State Zip Code Transaction ID: SA11AI.8041 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Lewis, Daniel, , , Date of Receipt Mailing Address 7235 Shefingdell Drive 31 2017 City Zip Code State Transaction ID: SA11AI.8066 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lewis, Daniel, , , Date of Receipt Mailing Address 7235 Shefingdell Drive 2017 City State Zip Code Transaction ID: SA11AI.8119 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lewis, Daniel, , , Date of Receipt Mailing Address 7235 Shefingdell Drive 10 31 2017 City Zip Code State Transaction ID: SA11AI.8120 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

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or for commercial purposes, other than using		ittee to solicit contributions from such committee.		
ORTHOCAROLINA PA FEDE	RAL PAC			
Full Name of Individual (Last, First, Middle Lewis, Daniel, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 7235 Shefingdell Drive	11 30 / Y Y Y Y Y Y			
City	State Zip Code NC 28226	Transaction ID : SA11AI.8121		
Charlotte	NC 28220	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	90.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
OrthoCarolina, PA	Physician	PAC CONTRIBUTION		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	810.00			
Full Name of Individual (Last, First, Middle Lewis, Daniel, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 7235 Shefingdell Drive	Mailing Address 7235 Shefingdell Drive			
City	State Zip Code	12 31 2017 Transaction ID : SA11Al.8122		
Charlotte	NC 28226	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	90.00			
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			
Full Name of Individual (Last, First, Middle . Majors, Roy, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 5547 Fallon CT		07 31 2017		
City	State Zip Code	Transaction ID : SA11AI.8042		
Charlotte	NC 28226	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	<u> </u>			
Name of Employer (for Individual)				
OrthoCarolina, PA	Physician	PAC CONTRIBUTION		
Heceipt For:  Primary General	ceipt For:  Aggregate Year-to-Date ▼			
Other (specify)	400.00			
SUBTOTAL of Receipts This Page (optional).		280.00		
TOTAL This Period (last page this line numb	er only)			

51 FOR LINE NUMBER: PAGE 37 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Majors, Roy, , , Date of Receipt Mailing Address 5547 Fallon CT 31 2017 City Zip Code State Transaction ID: SA11AI.8060 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Majors, Roy, , , Date of Receipt Mailing Address 5547 Fallon CT 2017 City State Zip Code Transaction ID: SA11AI.8143 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Majors, Roy, , , Date of Receipt Mailing Address 5547 Fallon CT 10 31 2017 City Zip Code State Transaction ID: SA11AI.8144 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	nd Statements may not be sold or used by any p the name and address of any political committee					
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FED	ERAL PAC					
Full Name of Individual (Last, First, Middle Majors, Roy, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5547 Fallon CT		11 30 2017				
City	State Zip Code NC 28226	Transaction ID : SA11AI.8145				
Charlotte	NC 28226	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION				
Receipt For:  Primary General  Other (specify) ▼	]					
Full Name of Individual (Last, First, Middle Majors, Roy, , , Mailing Address 5547 Fallon CT	Date of Receipt					
	12 31 2017					
Charlette	State Zip Code NC 28226	Transaction ID : SA11AI.8146				
Charlotte	NC 28226	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	100.00					
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION				
Receipt For:    Primary   General	Aggregate Year-to-Date ▼					
Other (specify) ▼	900.00	]				
Full Name of Individual (Last, First, Middle C. Mason, J. Bohannon, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 159 Cherokee Road		07 31 2017				
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.8043				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  90.00				
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	450.00	]				
SUBTOTAL of Receipts This Page (optiona	l)	290.00				
TOTAL This Period (last page this line num	ber only)					

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FOR LINE NUMBER: PAGE 39 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Mason, J. Bohannon, , , Date of Receipt Mailing Address 159 Cherokee Road 31 2017 City Zip Code State Transaction ID: SA11AI.8061 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Mason, J. Bohannon, , , Date of Receipt Mailing Address 159 Cherokee Road 2017 City State Zip Code Transaction ID: SA11AI.8147 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mason, J. Bohannon, , , Date of Receipt Mailing Address 159 Cherokee Road 10 31 2017 City Zip Code State Transaction ID: SA11AI.8148 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional).....

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(check only one)										
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		13		14		15		16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	AL PAC						
Full Name of Individual (Last, First, Middle Initial Mason, J. Bohannon, , ,  Mailing Address 159 Cherokee Road	tial) or Full Organization Name	Date of Receipt					
City Charlotte	State Zip Code NC 28207	11 30 2017  Transaction ID : SA11AI.8149					
FEC ID number of contributing federal political committee.	C 26201	Amount of Each Receipt this Period  90.00					
Name of Employer (for Individual)  OrthoCarolina, PA  Receipt For:  Primary General	Occupation (for Individual) Physician  Aggregate Year-to-Date ▼	Memo Item PAC CONTRIBUTION					
Full Name of Individual (Last, First, Middle Inita. Mason, J. Bohannon, , ,	tial) or Full Organization Name	Date of Receipt					
Mailing Address 159 Cherokee Road  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) OrthoCarolina, PA  Receipt For:  Primary General Other (specify) ▼	State Zip Code NC 28207  C  Occupation (for Individual) Physician  Aggregate Year-to-Date   900.00	Transaction ID : SA11AI.8150 Amount of Each Receipt this Period  90.00  Memo Item PAC CONTRIBUTION					
Full Name of Individual (Last, First, Middle Initial McCoy, Thomas, , ,  Mailing Address 431 Fenton Place  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) OrthoCarolina, PA  Receipt For:	State Zip Code NC 28207  C Occupation (for Individual) Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / 31 / 2017  Transaction ID : SA11AI.8044  Amount of Each Receipt this Period  80.00  Memo Item  PAC CONTRIBUTION					
Other (specify)  SUBTOTAL of Receipts This Page (optional)	320.00	260.00					
TOTAL This Period (last page this line number	only)						

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(check only one)										
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		13		14		15		16		17

	Statements may not be sold or used by any perse name and address of any political committee to						
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDER	RAL PAC						
Full Name of Individual (Last, First, Middle In McCoy, Thomas, , ,  Mailing Address 431 Fenton Place	itial) or Full Organization Name	Date of Receipt					
City	State Zip Code	08 31 2017  Transaction ID : SA11AI.8062					
Charlotte	NC 28207	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	80.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
OrthoCarolina, PA	Physician	PAC CONTRIBUTION					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middle In McCoy, Thomas, , ,  Mailing Address 431 Fenton Place	Date of Receipt						
City	09 30 2017						
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.8152					
FEC ID number of contributing federal political committee.	C 28207	Amount of Each Receipt this Period  80.00					
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00						
Full Name of Individual (Last, First, Middle In McCoy, Thomas, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 431 Fenton Place		10 31 2017					
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.8153  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	80.00					
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION					
Receipt For:							
Primary General Other (specify)	560.00						
SUBTOTAL of Receipts This Page (optional)	<u> </u>	240.00					
TOTAL This Period (last page this line number	only)						

FOR LINE NUMBER: PAGE 42 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name McCoy, Thomas, , , Date of Receipt Mailing Address 431 Fenton Place 2017 City Zip Code State Transaction ID: SA11AI.8154 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** McCoy, Thomas, , , Date of Receipt Mailing Address 431 Fenton Place 2017 City State Zip Code Transaction ID: SA11AI.8155 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Meade, John, , , Date of Receipt Mailing Address 227 Chaucer Lane 2017 City Zip Code State Transaction ID: SA11AI.8045 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Meade, John, , , Date of Receipt Mailing Address 227 Chaucer Lane 2017 City Zip Code State Transaction ID: SA11AI.8063 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meade, John, , , Date of Receipt Mailing Address 227 Chaucer Lane 2017 City State Zip Code Transaction ID: SA11AI.8156 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Meade, John, , , Date of Receipt Mailing Address 227 Chaucer Lane 10 2017 City Zip Code State Transaction ID: SA11AI.8157 NC Matthews 28104 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 44 OF 51 Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any potenthe name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (IN Full) ORTHOCAROLINA PA FEDE	ERAL PAC						
Full Name of Individual (Last, First, Middle Meade, John, , ,  Mailing Address 227 Chaucer Lane	Initial) or Full Organization Name	Date of Receipt					
City	State Zip Code	11 30 2017					
Matthews	NC 28104	Transaction ID : SA11AI.8158  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	90.00					
Name of Employer (for Individual) OrthoCarolina, PA Receipt For:	Occupation (for Individual) Physician  Aggregate Year-to-Date ▼	Memo Item PAC CONTRIBUTION					
Primary General  Other (specify) ▼							
Full Name of Individual (Last, First, Middle  Meade, John, , ,  Mailing Address 227 Chaucer Lane							
City Matthews	State Zip Code NC 28104	12 31 2017  Transaction ID : SA11AI.8159  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	90.00					
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	Memo Item PAC CONTRIBUTION					
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate real-to-bate v						
Full Name of Individual (Last, First, Middle Ohl, Matthew, D., Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ohl, Matthew, D., Dr.,						
Mailing Address 4009 Doves Roost Court	Chata 7: Onda	10 31 2017					
City Charlotte	State Zip Code NC 28211	Transaction ID : SA11AI.8162  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	600.00					
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  600.00						
SUBTOTAL of Receipts This Page (optional)	•	780.00					
TOTAL This Period (last page this line numb	per only)						

FOR LINE NUMBER: PAGE 45 OF 51 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Sebold, Edwin, J., Dr., Date of Receipt Mailing Address 5314 Shasta Hill Court 31 2017 City Zip Code State Transaction ID: SA11AI.8046 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 45.45 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 227.25 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sebold, Edwin, J., Dr., Date of Receipt Mailing Address 5314 Shasta Hill Court 80 2017 City State Zip Code Transaction ID: SA11AI.8054 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing 45.45 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 272.70 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sebold, Edwin, J., Dr., Date of Receipt Mailing Address 5314 Shasta Hill Court 30 2017 City Zip Code State Transaction ID: SA11AI.8095 NC Charlotte 28211 Amount of Each Receipt this Period FEC ID number of contributing C 45.45 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 318.15 Other (specify) 136.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	the name and address of any political committee							
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDE	ERAL PAC							
Full Name of Individual (Last, First, Middle Sebold, Edwin, J., Dr.,								
Mailing Address 5314 Shasta Hill Court		10 31 Y Y Y Y Y Y						
City	State Zip Code	Transaction ID : SA11AI.8096						
Charlotte	NC 28211	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	45.45						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
OrthoCarolina, PA	Orthopedic Surgeon	PAC CONTRIBUTION						
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General	33 3							
Other (specify) ▼	363.60							
Sebold, Edwin, J., Dr.,	ame of Individual (Last, First, Middle Initial) or Full Organization Name old, Edwin, J., Dr.,							
Mailing Address 5314 Shasta Hill Court		11 30 2017						
City	State Zip Code	Transaction ID : SA11AI.8097						
Charlotte	arlotte NC 28211							
FEC ID number of contributing federal political committee.	C	45.45						
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 409.05							
Full Name of Individual (Last, First, Middle Sebold, Edwin, J., Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 5314 Shasta Hill Court		12 31 2017						
City	State Zip Code	Transaction ID : SA11AI.8098						
Charlotte	NC 28211	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	45.45						
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION						
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General	Aggregate rear-to-Date ▼							
Other (specify)	454.50							
SUBTOTAL of Receipts This Page (optional)		136.35						
TOTAL This Period (last page this line numb	per only)							

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Spector, Leo, , , Date of Receipt Mailing Address 3407 Maryhurst Lane 31 2017 City Zip Code State Transaction ID: SA11AI.8047 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 454.55 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Spector, Leo, , , Date of Receipt Mailing Address 3407 Maryhurst Lane 2017 City State Zip Code Transaction ID: SA11AI.8048 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 545.46 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spector, Leo, , , Date of Receipt Mailing Address 3407 Maryhurst Lane 30 2017 City State Zip Code Transaction ID: SA11AI.8131 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 636.37 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Spector, Leo, , , Date of Receipt Mailing Address 3407 Maryhurst Lane 31 2017 City Zip Code State Transaction ID: SA11AI.8132 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 727.28 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Spector, Leo, , , Date of Receipt Mailing Address 3407 Maryhurst Lane 2017 City State Zip Code Transaction ID: SA11AI.8133 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 818.19 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Spector, Leo, , , Date of Receipt Mailing Address 3407 Maryhurst Lane 31 2017 City State Zip Code Transaction ID: SA11AI.8134 NC Charlotte 28226 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 909.10 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	d Statements may not be sold or used by any pers the name and address of any political committee t							
NAME OF COMMITTEE (In Full) ORTHOCAROLINA PA FEDI	ERAL PAC							
Full Name of Individual (Last, First, Middle Springer, Bryan, D., Dr.,  Mailing Address 200 Wales Avenue	Initial) or Full Organization Name	Date of Receipt						
Walling Address 200 Wales Avenue	ming Address 200 Wales Avenue							
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11AI.8170						
	26209	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	90.91						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
OrthoCarolina, PA	Orthopedic Surgeon	PAC CONTRIBUTION						
Receipt For:	Aggregate Year-to-Date ▼							
Other (specify) ▼	Primary General Other (specify) ▼ 454.55							
Springer, Bryan, D., Dr.,	<u> </u>							
Mailing Address 200 Wales Avenue	08 31 2017							
City	State Zip Code	Transaction ID : SA11AI.8172						
Charlotte	NC 28209	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	90.91						
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 545.46							
Full Name of Individual (Last, First, Middle Springer, Bryan, D., Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 200 Wales Avenue		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code	Transaction ID : SA11AI.8173						
Charlotte	NC 28209	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	90.91						
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon	Memo Item PAC CONTRIBUTION						
Receipt For:	]							
Primary General Other (specify)	Aggregate Year-to-Date ▼ 636.37							
SUBTOTAL of Receipts This Page (optional	)	272.73						
TOTAL This Period (last page this line numl	per only)							

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for each category of the Detailed Summary Page 13 14 15 16 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 of Individual (Last, First, Middle Initial) or Full Organization Name Springer, Bryan, D., Dr., Date of Receipt Mailing Address 200 Wales Avenue 31 2017 City Zip Code State Transaction ID: SA11AI.8174 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 727.28 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Springer, Bryan, D., Dr., Date of Receipt Mailing Address 200 Wales Avenue 2017 11 City State Zip Code Transaction ID: SA11AI.8175 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OrthoCarolina, PA PAC CONTRIBUTION Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 818.19 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Springer, Bryan, D., Dr., Date of Receipt Mailing Address 200 Wales Avenue 12 31 2017 City Zip Code State Transaction ID: SA11AI.8176 NC Charlotte 28209 Amount of Each Receipt this Period FEC ID number of contributing C 90.91 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PAC CONTRIBUTION OrthoCarolina, PA Orthopedic Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 909.10 Other (specify) 272.73 SUBTOTAL of Receipts This Page (optional)..... 13288.50

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for each category of the Detailed Summary Page  21b 22 28b 28c x 29 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)	SCHEDULE B (FEC Form 3X)			I	FOR LINE NUMBER: PAGE 51 OF 51			
Detailed Summary Page	ITEMIZED DISBURSEMENTS							
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 committee.  NAME OF COMMITTEE (In Full)  ORTHOCARCUINA PA FEDERAL PAC  Full Name (Last, First, Middle Initial)  A. Bishop, Dan, , ,								
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 Pull)  ORTHOCAROLINA PA FEDERAL PAC  Full Name (Last, First, Middle Initial)  A Bishop, Dan, , ,	Any information copied from such Reports and Statem	l nents may n	ot be sold or us			<u> </u>		
ORTHOCAROLINA PA FEDERAL PAC  Full Name (Last, First, Middle Initial) A Bishop, Dan, , ,								
Full Name (Last, First, Middle Initial)  A Bishop, Dan, , ,  Mailing Address 2216 Whilden Court  City State NC 28211  City Charlotte NC 28211  Condidate Name  Condidate Name  Condidate Name  Condidate Name  Condidate Name  Condidate Name  City State Primary General Pri	1 \ ' '							
A. Bishop, Dan, , ,    Mailing Address 2216 Whilden Court  City	/ ORTHOCAROLINA PA FEDERAL	PAC						
A. Bishop, Dan, , ,    Mailing Address 2216 Whilden Court  City	Full Name (Last, First, Middle Initial)							
Mailing Address 2216 Whilden Court	A. Bishop, Dan, , ,					Date of Disbursement		
City Charlotte Contribilition Candidate Name  Office Sought:  House President Cother (specify)  Mailing Address P.O. BOX 1926  City RALEIO Fresident Contribilition Candidate Name  Office Sought: First, Middle Initial) B. NCDP BREAK TO MAJORITY  Mailing Address P.O. BOX 1926  City RALEIO Fresident Contribilition Candidate Name  Office Sought: First, Middle Initial) Charlotte State: District:  Senate Primay Office Sought: First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  Senate Primay Office Sought: First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  Full Name (Last, First, Middle Initial) Charlotte State: District:  City RALEIGH RALEI	Mailing Address 2216 Whilden Court							
Controlle	Mailing Address 2210 Williden Court					29 2017		
Purpose of Disbursement CONTRIBUTION Candidate Name  Disbursement For: Senate Primary Other (specify) ▼  Date of Disbursement  CAtegory/ Type  Disbursement  Transaction ID: \$829.8169 Amount of Each Disbursement this Period  Disbursement this Period  Date of Disbursement  This page (optional)  Date of Disbursement  Transaction ID: \$829.8169 Amount of Each Disbursement  Transaction ID: \$829.8169 Amount of Each Disbursement  Transaction ID: \$829.8169 Amount of Each Disbursement  Transaction ID: \$829.8167 Amount of Each Disbursement  Transaction ID: \$829.8167 Amount of Each Disbursement this Period  Transaction ID: \$829.8167 Amount of Each Disbursement this Period  Transaction ID: \$829.8167 Amount of Each Disbursement this Period  Transaction ID: \$829.8167 Amount of Each Disbursement  Transaction ID: \$829.8163 Amount of Each Di	,				FEC Identif	ication Number		
Contribution Candidate Name    Category/ Type	onanono	NC	28211					
Carlegory/ Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Find Senate President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: House President Senate President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Transaction ID: SB29.8167  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.8167  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.8167  Amount of Each Disbursement  Category/ Type  Date of Disbursement  Transaction ID: SB29.8167  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.8167  Amount of Each Disbursement  Category/ Type  Transaction ID: SB29.8167  Amount of Each Disbursement  Category/ Type  Office Sought: House President Primary General President Other (specify) Well and the president President State: NC District:  Substotal of Disbursement This Page (optional)						etion ID - SP20 9460		
Office Sought:  House	Category/							
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. NCDP BREAK TO MAJORITY  Mailing Address P.O. BOX 1926  City RALEIGH NC 27602  Purpose of Disbursement CONTRIBUTION  Candidate Name  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NEWTON, Paul, , ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH NC 27601-2808  Purpose of Disbursement For: State Purpose of Disbursement This Period  Date of Disbursement This Page (optional)	Туре				1000.00			
State: District: District					1000.00			
State: District: Full Name (Last, First, Middle Initial) B. NCDP BREAK TO MAJORITY  Mailing Address P.O. BOX 1926  City RALEIGH Purpose of Disbursement CONTRIBUTION  Candidate Name  Disbursement For: President State: Primary General Other (specify)  Full Name (Last, First, Middle Initial)  C. NEWTON, Paul, ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH Purpose of Disbursement CONTRIBUTION  Category/ Type  Tansaction ID : SB29.8167 Amount of Each Disbursement this Period  Date of Disbursement  C Transaction ID : SB29.8167 Amount of Each Disbursement this Period  Tansaction ID : SB29.8167  Amount of Each Disbursement Date of Disbursement  Contribution  Date of Disbursement  Category/ Type  Tansaction ID : SB29.8163 Amount of Each Disbursement  C Transaction ID : SB29.8163 Amount of Each Disbursement this Period  Transaction ID : SB29.8163 Amount of Each Disbursement this Period  Transaction ID : SB29.8163 Amount of Each Disbursement this Period  Transaction ID : SB29.8163 Amount of Each Disbursement this Period  State: NC District:  SUBTOTAL of Disbursements This Page (optional)		. ,			Memo Item			
B. NCDP BREAK TO MAJORITY  Mailing Address P.O. BOX 1926  City RALEIGH NC 27602 Purpose of Disbursement CONTRIBUTION Candidate Name  Disbursement For: Senate President District:  Full Name (Last, First, Middle Initial)  C. NEWTON, Paul, ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH NC 27601-2808 Purpose of Disbursement For: Contribution Contr								
Mailing Address P.O. BOX 1926  City RALEIGH Purpose of Disbursement CONTRIBUTION  Candidate Name  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C. NEWTON, Paul, , ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH RALEIGH RATER State: Disbursement For: Senate President NC 27601-2808  Purpose of Disbursement CONTRIBUTION  Candidate Name  Disbursement For:  Category/ Type  Date of Disbursement  Transaction ID: S829.8167  Amount of Each Disbursement  Date of Disbursement  Contribution  Category/ Type  Transaction ID: S829.8163  Amount of Each Disbursement this Period  Transaction ID: S829.8163  Amount of Each Disbursement this Period  Disbursement  Contribution  Category/ Type  Office Sought: House President Other (specify)  Memo Item  SUBTOTAL of Disbursements This Page (optional)	_				Date of Dis	shursement		
Mailing Address P.O. BOX 1926   Transaction ID: SB29.8167	NOUF DREAK TO WAJORITT							
RALEIGH Purpose of Disbursement CONTRIBUTION Candidate Name  Office Sought: House Primary General President State: District:  Full Name (Last, First, Middle Initial) Ct. NEWTON, Paul, , ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH NC 27601-2808 Purpose of Disbursement For: 2000.00  Transaction ID: SB29.8167 Amount of Each Disbursement this Period Disbursement  Date of Disbursement  Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mailing Address P.O. BOX 1926							
RALEIGH Purpose of Disbursement CONTRIBUTION Candidate Name  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) Ct. NEWTON, Paul, , ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought: House Primary  Category/ Type  Date of Disbursement  Contraigunion  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Primary Other (specify)  State: NC District:  Substracement For: Primary General Other (specify)  Memo Item  Substracement For:  Amount of Each Disbursement  Contraigunion  FEC Identification Number  Category/ Type  Memo Item  Substracement For:  Category/ Type  FEC Identification Number  Contraigunion  Fec Identification Number  FEC Identification Number  Category/ Type  FEC Identification Number  FEC Identifi	-		Zip Code		FFC Identif	ication Number		
CONTRIBUTION Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. NEWTON, Paul, , ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH NC 27601-2808  Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Senate Primary General Other (specify) ▼  Subtrotal of Disbursement For: 2000.00  Subtrotal of Disbursement this Period  Transaction ID : SB29.8163  Amount of Each Disbursement this Period  Memo Item  FEC Identification Number  Category/ Type  Memo Item  Subtrotal of Disbursement this Period	10.22.0.1							
Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. NEWTON, Paul, ,  Mailing Address 16 W JONES ST ROOM 2111  City State Zip Code NC 27601-2808  Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought: House Primary General Other (specify)  Tansaction ID: SB29.8163  Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  Office Sought: House Primary General Other (specify) Memo Item  State: NC District:  SUBTOTAL of Disbursements This Page (optional)								
Office Sought: House Senate Primary General Other (specify)  State: District: District: Memo Item  Full Name (Last, First, Middle Initial)  C. NEWTON, Paul, , ,  Mailing Address 16 W JONES ST ROOM 2111  City RALEIGH NC 27601-2808  Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought: House Primary General Other (specify) Type  Office Sought: House Primary General Other (specify) Memo Item  State: NC District: Memo Item  State 2500.00  FEC Identification Number  Category/ Type  Memo Item  S500.00  SUBTOTAL of Disbursements This Page (optional) Memo Item	Candidate Name Category/							
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