

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="233058.86"/>	<input type="text" value="233058.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="294640.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13408.50"/>	<input type="text" value="75095.28"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="308049.33"/>	<input type="text" value="308154.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5500.00"/>	<input type="text" value="5604.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="302549.33"/>	<input type="text" value="302549.33"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y Y 12 / 31 / 2017

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

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	104.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	104.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5500.00	5500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5500.00	5604.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	5604.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Alexander, James, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8930 Abrell Walk Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8053
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC DONATION

B. Alexander, James, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8930 Abrell Walk Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8091
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC DONATION

C. Alexander, James, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8930 Abrell Walk Court
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8092
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC DONATION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Alexander, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8930 Abrell Walk Court

City Charlotte	State NC	Zip Code 28226
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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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI.8093

Amount of Each Receipt this Period
40.00

Memo Item
PAC DONATION

B. Alexander, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8930 Abrell Walk Court

City Charlotte	State NC	Zip Code 28226
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11AI.8094

Amount of Each Receipt this Period
40.00

Memo Item
PAC DONATION

C. Burbank, Scott, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8631 Barclay Woods Ct

City Charlotte	State NC	Zip Code 28226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

Transaction ID : SA11AI.8027

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	170.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Burbank, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8631 Barclay Woods Ct
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : SA11AI.8055
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Burbank, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8631 Barclay Woods Ct
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11AI.8103
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Burbank, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8631 Barclay Woods Ct
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 727.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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).....	272.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Burbank, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8631 Barclay Woods Ct
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 818.19

Date of Receipt **11 / 30 / 2017**
Transaction ID : SA11AI.8105
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Burbank, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8631 Barclay Woods Ct
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.10

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.8106
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Califf, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Forest Lane
 City Blowing Rock State NC Zip Code 28605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11AI.8028
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	281.82
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Califf, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Forest Lane

City Blowing Rock	State NC	Zip Code 28605
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.8071

Amount of Each Receipt this Period
100.00

Memo Item
PAC CONTRIBUTION

B. Califf, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Forest Lane

City Blowing Rock	State NC	Zip Code 28605
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.8073

Amount of Each Receipt this Period
100.00

Memo Item
PAC CONTRIBUTION

C. Carter, Ralph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Sterling Lane

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

Transaction ID : SA11AI.8029

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	290.91
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Carter, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Lane
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.46

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8056
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Carter, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Lane
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.37

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8099
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Carter, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Lane
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 727.28

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8100
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Carter, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Lane
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 818.19

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.8101
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Carter, Ralph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Lane
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.10

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11Al.8102
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 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 ▼ 454.55

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11Al.8030
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 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

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8050
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 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 ▼ 636.37

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8078
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 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 ▼ 727.28

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8079
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 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 ▼ 818.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.8080
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 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 ▼ 909.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11AI.8081
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Chadderdon, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1590 Clyton Drive
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : SA11AI.8160
 Amount of Each Receipt this Period 1000.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1181.82
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Chapman Jr, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Sagamore Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8069
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

B. Chapman Jr, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Sagamore Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8111
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

C. Chapman Jr, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Sagamore Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8112
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
ORTHO CAROLINA PA FEDERAL PAC

A. Chapman Jr, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Sagamore Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **11 / 30 / 2017**
Transaction ID : SA11AI.8113
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

B. Chapman Jr, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Sagamore Road
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.8114
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

C. Clark, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Overhill Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11AI.8032
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Clark, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Overhill Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8058
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

B. Clark, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Overhill Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8135
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

C. Clark, Christian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Overhill Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8136
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Clark, Christian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2326 Overhill Road

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11Al.8137

Amount of Each Receipt this Period
90.00

Memo Item
PAC CONTRIBUTION

B. Clark, Christian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2326 Overhill Road

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11Al.8138

Amount of Each Receipt this Period
90.00

Memo Item
PAC CONTRIBUTION

C. Darden, Bruce, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4236 Foxcroft Road

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

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 ▼
454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

Transaction ID : SA11Al.8033

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	270.91
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Darden, Bruce, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4236 Foxcroft Road

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

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

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.8051

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUION

B. Darden, Bruce, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4236 Foxcroft Road

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

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 ▼
636.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.8082

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUION

C. Darden, Bruce, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4236 Foxcroft Road

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

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 ▼
727.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : SA11AI.8083

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUION

SUBTOTAL of Receipts This Page (optional).....▶	272.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Darden, Bruce, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4236 Foxcroft Road

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

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 ▼
818.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11AI.8084

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUION

B. Darden, Bruce, V., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4236 Foxcroft Road

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

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 ▼
909.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11AI.8086

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUION

C. Daubert, Harlan, B., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Virginia Road

City Winston Salem	State NC	Zip Code 27104
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

Transaction ID : SA11AI.8034

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Daubert, Harlan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Virginia Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.46

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8067
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Daubert, Harlan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Virginia Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.37

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8115
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Daubert, Harlan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Virginia Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 727.28

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8116
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Daubert, Harlan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Virginia Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **818.19**

Date of Receipt **11 / 30 / 2017**
Transaction ID : SA11Al.8117
 Amount of Each Receipt this Period **90.91**
 Memo Item
PAC CONTRIBUTION

B. Daubert, Harlan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Virginia Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **909.10**

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11Al.8118
 Amount of Each Receipt this Period **90.91**
 Memo Item
PAC CONTRIBUTION

C. Ellington, John, Kent, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Sedgewood Forest Ln
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11Al.8035
 Amount of Each Receipt this Period **100.00**
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	281.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Ellington, John, Kent, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1104 Sedgewood Forest Ln

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.8064

Amount of Each Receipt this Period
100.00

Memo Item
PAC CONTRIBUTION

B. Ellington, John, Kent, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1104 Sedgewood Forest Ln

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.8127

Amount of Each Receipt this Period
100.00

Memo Item
PAC CONTRIBUTION

C. Ellington, John, Kent, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1104 Sedgewood Forest Ln

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period
100.00

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Ellington, John, Kent, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Sedgewood Forest Ln
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.8129
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

B. Ellington, John, Kent, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1104 Sedgewood Forest Ln
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.8130
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

C. Fleischli, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 Andover Rd
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 454.55

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.8036
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	290.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Fleischli, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Andover Rd

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.8059

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

B. Fleischli, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Andover Rd

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
636.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.8139

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

C. Fleischli, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Andover Rd

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
727.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : SA11AI.8140

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Fleischli, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Andover Rd

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
818.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11Al.8141

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

B. Fleischli, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 Andover Rd

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11Al.8142

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

C. Gaul, John, Stuart, Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 Berkeley Avenue

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

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 ▼
454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2017

Transaction ID : SA11Al.8037

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Gaul, John, Stuart, Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 Berkeley Avenue

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

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

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.8052

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

B. Gaul, John, Stuart, Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 Berkeley Avenue

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

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 ▼
636.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.8087

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

C. Gaul, John, Stuart, Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 Berkeley Avenue

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

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 ▼
727.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : SA11AI.8088

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	272.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Gaul, John, Stuart, Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 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 ▼ 818.19

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.8089
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Gaul, John, Stuart, Dr., III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 Berkeley Avenue
 City Charlotte State NC Zip Code 28203
 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 ▼ 909.10

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.8090
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Hamid, Nady, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Cumerland Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.8038
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	281.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Hamid, Nady, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Cumerland Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8065
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

B. Hamid, Nady, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Cumerland Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8123
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

C. Hamid, Nady, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Cumerland Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8124
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Hamid, Nady, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2108 Cumerland Ave

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11Al.8125

Amount of Each Receipt this Period
100.00

Memo Item
PAC CONTRIBUTION

B. Hamid, Nady, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2108 Cumerland Ave

City Charlotte	State NC	Zip Code 28203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11Al.8126

Amount of Each Receipt this Period
100.00

Memo Item
PAC CONTRIBUTION

C. Jones, Carroll, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2713 Sherwood Avenue

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

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2017

Transaction ID : SA11Al.8161

Amount of Each Receipt this Period
500.00

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Lauffenburger, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Osprey Ridge Road
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11AI.8039
 Amount of Each Receipt this Period 111.11
 Memo Item
PAC CONTRIBUTION

B. Lauffenburger, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Osprey Ridge Road
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 444.44

Date of Receipt **08 / 31 / 2017**
Transaction ID : SA11AI.8072
 Amount of Each Receipt this Period 111.11
 Memo Item
PAC CONTRIBUTION

C. Lauffenburger, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Osprey Ridge Road
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.55

Date of Receipt **09 / 30 / 2017**
Transaction ID : SA11AI.8074
 Amount of Each Receipt this Period 111.11
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	333.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Lauffenburger, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Osprey Ridge Road
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8075
 Amount of Each Receipt this Period 111.11
 Memo Item
PAC CONTRIBUTION

B. Lauffenburger, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Osprey Ridge Road
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 777.77

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.8076
 Amount of Each Receipt this Period 111.11
 Memo Item
PAC CONTRIBUTION

C. Lauffenburger, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Osprey Ridge Road
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 888.88

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.8077
 Amount of Each Receipt this Period 111.11
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	333.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lazeski, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14810 Hawick Manor Lane
 City Pineville State NC Zip Code 28134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2017
Transaction ID : SA11Al.8070
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

B. Lazeski, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14810 Hawick Manor Lane
 City Pineville State NC Zip Code 28134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11Al.8107
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

C. Lazeski, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14810 Hawick Manor Lane
 City Pineville State NC Zip Code 28134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : SA11Al.8108
 Amount of Each Receipt this Period 40.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lazeski, Alicia, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2017
Mailing Address 14810 Hawick Manor Lane			Transaction ID : SA11Al.8109
City Pineville	State NC	Zip Code 28134	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAC CONTRIBUTION
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lazeski, Alicia, , ,			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2017
Mailing Address 14810 Hawick Manor Lane			Transaction ID : SA11Al.8110
City Pineville	State NC	Zip Code 28134	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAC CONTRIBUTION
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lewis, Daniel, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2017
Mailing Address 7235 Shefingdell Drive			Transaction ID : SA11Al.8041
City Charlotte	State NC	Zip Code 28226	Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAC CONTRIBUTION
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8066
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

B. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8119
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

C. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8120
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.8121
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

B. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11AI.8122
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

C. Majors, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5547 Fallon CT
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.8042
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Majors, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5547 Fallon CT
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8060
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

B. Majors, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5547 Fallon CT
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8143
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

C. Majors, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5547 Fallon CT
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8144
 Amount of Each Receipt this Period 100.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Majors, Roy, , ,			Date of Receipt
Mailing Address 5547 Fallon CT			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11Al.8145
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Majors, Roy, , ,			Date of Receipt
Mailing Address 5547 Fallon CT			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11Al.8146
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mason, J. Bohannon, , ,			Date of Receipt
Mailing Address 159 Cherokee Road			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Charlotte	State NC	Zip Code 28207	Transaction ID : SA11Al.8043
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="90.00"/>
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="290.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **08 / 31 / 2017**
Transaction ID : SA11AI.8061
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

B. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt **09 / 30 / 2017**
Transaction ID : SA11AI.8147
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

C. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **10 / 31 / 2017**
Transaction ID : SA11AI.8148
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt **11 / 30 / 2017**
Transaction ID : SA11AI.8149
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

B. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.8150
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

C. McCoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Fenton Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11AI.8044
 Amount of Each Receipt this Period 80.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. McCoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Fenton Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8062
 Amount of Each Receipt this Period 80.00
 Memo Item
PAC CONTRIBUTION

B. McCoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Fenton Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8152
 Amount of Each Receipt this Period 80.00
 Memo Item
PAC CONTRIBUTION

C. McCoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Fenton Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.8153
 Amount of Each Receipt this Period 80.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. McCoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Fenton Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt **11 / 30 / 2017**
Transaction ID : SA11AI.8154
 Amount of Each Receipt this Period 80.00
 Memo Item
PAC CONTRIBUTION

B. McCoy, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 Fenton Place
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.8155
 Amount of Each Receipt this Period 80.00
 Memo Item
PAC CONTRIBUTION

C. Meade, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 Chaucer Lane
 City Matthews State NC Zip Code 28104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **07 / 31 / 2017**
Transaction ID : SA11AI.8045
 Amount of Each Receipt this Period 90.00
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 08 / 31 / 2017
Transaction ID : SA11AI.8063

Amount of Each Receipt this Period
 90.00

Memo Item
 PAC CONTRIBUTION

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

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 09 / 30 / 2017
Transaction ID : SA11AI.8156

Amount of Each Receipt this Period
 90.00

Memo Item
 PAC CONTRIBUTION

C. Meade, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 Chaucer Lane

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 10 / 31 / 2017
Transaction ID : SA11AI.8157

Amount of Each Receipt this Period
 90.00

Memo Item
 PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Meade, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Chaucer Lane

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : SA11Al.8158

Amount of Each Receipt this Period
90.00

Memo Item
PAC CONTRIBUTION

B. Meade, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 227 Chaucer Lane

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : SA11Al.8159

Amount of Each Receipt this Period
90.00

Memo Item
PAC CONTRIBUTION

c. Ohl, Matthew, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4009 Doves Roost Court

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

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

Transaction ID : SA11Al.8162

Amount of Each Receipt this Period
600.00

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	780.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Sebold, Edwin, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5314 Shasta Hill Court

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

Transaction ID : SA11AI.8046

Amount of Each Receipt this Period
45.45

Memo Item
PAC CONTRIBUTION

B. Sebold, Edwin, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5314 Shasta Hill Court

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.8054

Amount of Each Receipt this Period
45.45

Memo Item
PAC CONTRIBUTION

C. Sebold, Edwin, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5314 Shasta Hill Court

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
318.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11AI.8095

Amount of Each Receipt this Period
45.45

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	136.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Sebold, Edwin, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5314 Shasta Hill Court

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
363.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017

Transaction ID : SA11AI.8096

Amount of Each Receipt this Period
45.45

Memo Item
PAC CONTRIBUTION

B. Sebold, Edwin, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5314 Shasta Hill Court

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017

Transaction ID : SA11AI.8097

Amount of Each Receipt this Period
45.45

Memo Item
PAC CONTRIBUTION

C. Sebold, Edwin, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5314 Shasta Hill Court

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

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

Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Orthopedic Surgeon
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : SA11AI.8098

Amount of Each Receipt this Period
45.45

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	136.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.55

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.8047
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.46

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.8048
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 636.37

Date of Receipt 09 / 30 / 2017
Transaction ID : SA11AI.8131
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 727.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2017
Transaction ID : SA11Al.8132
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 818.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11Al.8133
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 909.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : SA11Al.8134
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	272.73
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Springer, Bryan, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Wales Avenue

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

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 ▼
454.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

Transaction ID : SA11Al.8170

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

B. Springer, Bryan, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Wales Avenue

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

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

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11Al.8172

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

C. Springer, Bryan, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Wales Avenue

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

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 ▼
636.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2017

Transaction ID : SA11Al.8173

Amount of Each Receipt this Period
90.91

Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Springer, Bryan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wales Avenue
 City Charlotte State NC Zip Code 28209
 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 ▼ 727.28

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11Al.8174
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

B. Springer, Bryan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wales Avenue
 City Charlotte State NC Zip Code 28209
 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 ▼ 818.19

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.8175
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

C. Springer, Bryan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wales Avenue
 City Charlotte State NC Zip Code 28209
 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 ▼ 909.10

Date of Receipt 12 / 31 / 2017
Transaction ID : SA11Al.8176
 Amount of Each Receipt this Period 90.91
 Memo Item
PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	272.73
TOTAL This Period (last page this line number only).....	13288.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Bishop, Dan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2216 Whilden Court

City Charlotte State NC Zip Code 28211

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB29.8169

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. NCDP BREAK TO MAJORITY

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1926

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB29.8167

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. NEWTON, Paul, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 16 W JONES ST ROOM 2111

City RALEIGH State NC Zip Code 27601-2808

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NC District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB29.8163

Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

5500.00
5500.00