

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
OrthoCarolina, P.A. Federal PAC

ADDRESS (number and street) 4601 Park Road Suite 250
 Check if different than previously reported. (ACC)
Charlotte NC 28209

2. **FEC IDENTIFICATION NUMBER** C00471508
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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

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

Signature of Treasurer Electronically Filed by Dr. Robert B. McBride, Jr. Date 04 08 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
OrthoCarolina, P.A. Federal PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		67600.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	67600.00									
(c) Total Receipts (from Line 19)	29500.00	29500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97100.00	97100.00								
7. Total Disbursements (from Line 31)	497.57	497.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96602.43	96602.43								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
OrthoCarolina, P.A. Federal PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	29500.00	29500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29500.00	29500.00
(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)	29500.00	29500.00
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 Transfer (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))	29500.00	29500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29500.00	29500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	497.57	497.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	497.57	497.57
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 Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	497.57	497.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	497.57	497.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	29500.00	29500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29500.00	29500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	497.57	497.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	497.57	497.57

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 / 12
	<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, P.A. Federal PAC

A.	Full Name (Last, First, Middle Initial) Dr. Robert Anderson		Date of Receipt
	Mailing Address 4022 Cove Roost Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Charlotte	NC	28211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4103
Name of Employer OrthoCarolina, P.A.		Occupation Orthopedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	<input type="text"/> 2000.00

B.	Full Name (Last, First, Middle Initial) Dr. Virginia F. Casey		Date of Receipt
	Mailing Address 3000 Valencia Tarrac		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Charlotte	NC	28211
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4105
Name of Employer OrthoCarolina, P.A.		Occupation Orthopedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	<input type="text"/> 2000.00

C.	Full Name (Last, First, Middle Initial) Dr. Patrick Connor		Date of Receipt
	Mailing Address 2232 Lamaison Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Charlotte	NC	28226
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4107
Name of Employer OrthoCarolina, P.A.		Occupation Orthopedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	<input type="text"/> 2000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6000.00
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 7 / 12
	<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, P.A. Federal PAC

A.	Full Name (Last, First, Middle Initial) Dr. Bruce V. Darden	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 4236 Foxcroft Road	Transaction ID: SA11AI.4109
	City State Zip Code Charlotte NC 28211	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: OrthoCarolina, P.A. Occupation: Orthopedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Raymond Glenn Gaston	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 1422 Biltmore Drive	Transaction ID: SA11AI.4111
	City State Zip Code Charlotte NC 28207	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: OrthoCarolina, P.A. Occupation: Orthopedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Dr. John Stuart Gaul, III	Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 810 Berkeley Avenue	Transaction ID: SA11AI.4113
	City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: OrthoCarolina, P.A. Occupation: Orthopedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
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 8 / 12
	<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, P.A. Federal PAC

A.	Full Name (Last, First, Middle Initial) Dr. P. Pressly Gilbert		Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 816 Harvard Place		Transaction ID: SA11AI.4115
	City	State	Zip Code
	Charlotte	NC	28207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer OrthoCarolina, P.A.		Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Patrick Hayes		Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 408 Johnsfield Road		Transaction ID: SA11AI.4117
	City	State	Zip Code
	Shelby	NC	28150
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer OrthoCarolina, P.A.		Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Carroll P. Jones		Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 2713 Sherwood Avenue		Transaction ID: SA11AI.4119
	City	State	Zip Code
	Charlotte	NC	28207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer OrthoCarolina, P.A.		Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
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 9 / 12
(check only one)

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

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NAME OF COMMITTEE (In Full)
OrthoCarolina, P.A. Federal PAC

A.

Full Name (Last, First, Middle Initial) Dr. Ranjan Maitra		Date of Receipt MM / DD / YYYY 01 / 29 / 2010
Mailing Address 3586 Fieldstone Drive		Transaction ID: SA11AI.4131
City	State	Zip Code
Gastonia	NC	28056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer OrthoCarolina, P.A.	Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Daniel B. Murrey		Date of Receipt MM / DD / YYYY 01 / 05 / 2010
Mailing Address 1020 Isleworth Avenue		Transaction ID: SA11AI.4143
City	State	Zip Code
Charlotte	NC	28203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer OrthoCarolina, P.A.	Occupation Orthopedic Surgeon/Chief	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Matthew D. Ohl		Date of Receipt MM / DD / YYYY 02 / 08 / 2010
Mailing Address 4009 Doves Roost Court		Transaction ID: SA11AI.4133
City	State	Zip Code
Charlotte	NC	28211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer OrthoCarolina, P.A.	Occupation Orthopedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
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 10 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OrthoCarolina, P.A. Federal PAC

A. Full Name (Last, First, Middle Initial)
Dr. Paul C. Perlik

Mailing Address 901 Berkeley Avenue

City State Zip Code
Charlotte NC 28203

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

Name of Employer OrthoCarolina, P.A. Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4135

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Dr. Bryan D. Springer

Mailing Address 200 Wales Avenue

City State Zip Code
Charlotte NC 28209

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

Name of Employer OrthoCarolina, P.A. Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period
500.00

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

Mailing Address 208 Buffalo Church Road

City State Zip Code
Cherryville NC 28021

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

Name of Employer OrthoCarolina, P.A. Occupation Orthopedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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 11 / 12	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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, P.A. Federal PAC

A.	Full Name (Last, First, Middle Initial) Dr. J. Michael Wattenbarger		Date of Receipt		
	Mailing Address 1624 Sterling Road		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.4141	
	Charlotte	NC	28209	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	2000.00	
	Name of Employer OrthoCarolina, P.A.		Occupation orthopedic surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	29500.00

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)

PAGE 12 / 12

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

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NAME OF COMMITTEE (In Full)
OrthoCarolina, P.A. Federal PAC

A. Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Charlotte Commercial <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28256 <hr/> Purpose of Disbursement Account Service Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 165.16
B. Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Charlotte Commercial <hr/> Mailing Address P.O. Box 563966 <hr/> City Charlotte State NC Zip Code 28256 <hr/> Purpose of Disbursement Account Service Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 165.63

SUBTOTAL of Disbursements This Page (optional)	▶	330.79
TOTAL This Period (last page this line number only)	▶	330.79