Image# 14960506711					PAGE 1 / 12
FEC A	EPORT OF F ND DISBURS r Other Than An Autho	SEMENTS	S	Office	Jse Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	ng, type	2FE4M5	
Physician Hospitals of A	merica Political Actio	n Committee			
					<u> </u>
ADDRESS (number and street)	2025 M STREET NW				
Check if different	SUITE 800				
than previously reported. (ACC)	WASHINGTON			DC 2003	36
2. FEC IDENTIFICATION NUM	BER V CITY	A	STA		ZIP CODE
C C00394163	3. IS 1 REF		IEW 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 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) 	(d) 30-Day POST-Election) (M3) J (M4) J Primary (12P Convention (1	12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10 General (12G) Special (12S)	Contraction Vear Only) Contraction Vear Only
Termination Report (TER)	Report for the:	on	D D / Y	YYYY	in the State of
5. Covering Period 02	/ D D / Y Y Y Y 01 2014	through	02/	282	014
I certify that I have examined this	-	y knowledge and b	elief it is true,	correct and compl	ete.
Type or Print Name of Treasurer Signature of Treasurer	John Richardson	[Electronically	Filed] Date	e 03 / D	
NOTE: Submission of false, erroneou	us, or incomplete information r	nay subject the pers	on signing this	Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only					C FORM 3X Rev. 12/2004

03/18/2014 11 : 53

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Physician Hospitals of America Political Action Committee M М N 02 01 2014 02 28 2014 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. 16558.04 January 1, 2014 (b) Cash on Hand at 17518.04 Beginning of Reporting Period..... 14000.00 9000.00 Total Receipts (from Line 19) (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 26518.04 30558.04 6(a) and 6(c) for Column B)..... 40.00 4080.00 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 26478.04 26478.04 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

X

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	5000.00	10000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	5000.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	4000.00	4000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	9000.00	14000.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		7 7
(Dividends, Interest, etc.)	0.00	0.00
B. Transfers from Non-Federal and Levin Funds	7 7 7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(7 7 7	7 7 7 0.00
(h) Louis Fundo (from Cohodulo LLE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7 7 7	0.00
(a) Total Transfers (add 19(a) and 19(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	7 7 7	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	9000.00	14000.00
-, ··, ··, ··, ··, ··, und ···(0)/	7 7 7	
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	9000.00	14000.00
		14000.00

DETAILED SUMMARY PAGE

II. Disbursements COLUMN A COLUMN					
Operating Expenditures:	Total This Period	Calendar Year-to-Date			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.0			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	40.00	80.00			
(c) Total Operating Expenditures	7 7				
(add 21(a)(i), (a)(ii), and (b))	40.00	80.0			
Transfers to Affiliated/Other Party	0.00	0.0			
Committees Contributions to	0.00				
Federal Candidates/Committees and Other Political Committees	0.00	4000.00			
Independent Expenditures	0.00	0.0			
(use Schedule E) Coordinated Party Expenditures	7 7 7				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(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			
Other Disbursements	0.00	0.00			
L.					
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.0			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.0			
 (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶ 	0.00	0.00			
-					
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	40.00	1000 0			
Lo,	40.00	4080.0			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	40.00	4080.00			

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9000.00	14000.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	9000.00	14000.00
add Line 21(a)(i) and Line 21(b))	40.00	80.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	40.00	80.00

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

I EIVIIZED RECEIPIS	Detailed Summary Page	X 11a 11b 11c 12						
		13 14 15 16 17						
	and Statements may not be sold or used by any p og the name and address of any political committee							
NAME OF COMMITTEE (In Full) Physician Hospitals of Amer	rica Political Action Committee							
Full Name (Last, First, Middle Initial) Kansas City Orthopaedic Center	of Excellence LLC	Date of Receipt						
Mailing Address 3651 College Blvd.		02 28 2014						
City Leawood	State Zip Code KS 66211-1910	Transaction ID : C7516555 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	5000.00						
Name of Employer	Occupation							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	LLC - Members below if itemized. Permissible f						
Full Name (Last, First, Middle Initial) Timothy M. Badwey MD		Date of Receipt						
Mailing Address 3651 College Blvd		02 28 2014						
City Leawood	StateZip CodeKS66211	Transaction ID : C7516558 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	294.00							
Name of Employer Dickson-Dively Midwest Orthop.								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	[MEMO ITEM] *						
Full Name (Last, First, Middle Initial) Cris D Barnthouse MD		Date of Receipt						
Mailing Address 3651 College Blvd.		M M / D D / Y Y Y Y 02 28 2014						
City Leawood	State Zip Code KS 66211	Transaction ID : C7516568						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period						
Name of Employer								
Orthopaedic & Sports Med Clinic of KC Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 294.00	[MEMO ITEM] *						
SUBTOTAL of Receipts This Page (option	al)	5000.00						

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			Detailed Summary Page		11a		11b	11c		12				
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An or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committee	erson t e to so	for the licit cor	purp ntrib	oose of s outions fr	soliciting) coi h co	ntribut mmitte	ions ee.			
\setminus	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	Physician Hospitals of America	a Political /	Action Committee											
Α.	Full Name (Last, First, Middle Initial) Stanley A Bowling MD				Date of	Re	ceipt							
	Mailing Address 3651 College Blvd.				м м 02	/	28	/ Y		ү 014	Y			
	City	State	Zip Code		Trans	acti	ion ID : C	751657	70					
	Leawood	KS	66211	/	Amount	of	Each Re	eceipt th	is P	Period				
	FEC ID number of contributing federal political committee.	С					7	- 7	_	274.	.50			
	Name of Employer	Occupation												
	Dickson-Dively Midwest Orthop.	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼] [мемо	ITE	M]							
	Primary General Other (specify) ▼		274.50] *										
	Full Name (Last, First, Middle Initial) Jon E. Browne MD				Date of	Re	ceipt							
	Mailing Address 3651 College Blvd.				м м 02	/	28	/ Y	20)14	Y			
	City State Zip Code Leawood KS 66211						Transaction ID : C7516567							
	Leawood		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.				7	,	_	294.	00					
	Name of Employer Orthopaedic Sports Med. Clinic													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00] *	MEMO	ITE	M]							
	Full Name (Last, First, Middle Initial) Scott M Cook MD				Date of	Re	ceipt							
	Mailing Address 3651 College Blvd.				м м 02	/	28	/ Y)14	Y			
	City	State	Zip Code		Trans	acti	ion ID : (751657	79					
	Leawood	KS	66211		Amount	of	Each Re	ceipt th	is P	Period				
	FEC ID number of contributing federal political committee.	С					7	7		294	.00			
	Name of Employer	Name of Employer Occupation												
	Kansas City Orthopaedic Institute													
	Receipt For:	[мемо	ITE	M]									
	Primary General Other (specify) ▼		Year-to-Date ▼ 294.00	*										
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe						7	5	-	0.	00			

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS		e schedule(s) (check only one)	(check only one)								
		egory of the X 11a 11b	11c 12								
Any information copied from such Report	and Statements may not be sold	or used by any person for the purpose of s	15 16 17 soliciting contributions								
or for commercial purposes, other than u	sing the name and address of any	political committee to solicit contributions fro	om such committee.								
NAME OF COMMITTEE (In Full) Physician Hospitals of Am	erica Political Action Co	nmittee									
Full Name (Last, First, Middle Initial) A. Brian J Divelbiss MD		Date of Receipt									
Mailing Address 3651 College Blvd.		02 28	2014								
City	State Zip Code	Transaction ID : C	7516572								
Leawood	KS 66211	Amount of Each Re	ceipt this Period								
FEC ID number of contributing federal political committee.	С		294.00								
Name of Employer	Occupation										
Dickson-Dively Midwest Orthop.	Physician										
Receipt For:	Aggregate Year-to-Date	[MEMO ITEM]									
Primary General		* 294.00									
Other (specify)		294.00									
Full Name (Last, First, Middle Initial) B. Constantine Lan Fotopoulos N	1D	Date of Receipt									
Mailing Address 3651 College Blvd.			/ Y Y Y Y								
g and a boot conege bive.		02 28									
City	State Zip Code	Transaction ID : C	Transaction ID : C7516573								
Leawood	KS 66211	Amount of Each Re	ceipt this Period								
FEC ID number of contributing federal political committee.	C		274.50								
Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician										
Receipt For:	Aggregate Year-to-Date		[MEMO ITEM]								
Primary General Other (specify) ▼		274.50									
Full Name (Last, First, Middle Initial) C. Robert C Gardiner MD		Date of Receipt									
Mailing Address 3651 College Blvd		M M / D D 02 28	/ Y Y Y Y 2014								
City	State Zip Code	Transaction ID : C	27516559								
Leawood	KS 66211	Amount of Each Re	ceipt this Period								
FEC ID number of contributing federal political committee.	C		294.00								
Name of Employer	Occupation										
Dickson-Dively Midwest Orthop.	Physician										
Receipt For:	Aggregate Year-to-Date	[MEMO ITEM]									
Primary General		204.00									
Other (specify)		294.00									
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FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b	11c		12						
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An or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane name and a	ay not be sold or used by any p ddress of any political committee	erson f e to so	for the licit cor	pur _l ntrib	pose of outions fi	soliciting	g co h co	ntribut	ions ee.					
\setminus	NAME OF COMMITTEE (In Full)															
\rangle	Physician Hospitals of America	a Political /	Action Committee													
Α.	Full Name (Last, First, Middle Initial) Danny M. Gurba MD				Date of	Re	ceipt									
	Mailing Address 3651 College Blvd.				м м 02	1	28	/ Y		ү 014	Y					
	City	State	Zip Code		Trans	acti	ion ID :	C75165	57							
	Leawood	KS	66211	/	Amount	of	Each R	eceipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С							_	294.	.00					
	Name of Employer	Occupation		_												
	Dickson-Dively Midwest Orthop.	Physician														
	Receipt For:	[мемо	ITE	M]											
	Primary General Other (specify)		294.00													
	Full Name (Last, First, Middle Initial) Lowry Jones Jr., MD	1			Date of	Re	ceipt									
	Mailing Address 3651 College Blvd.	g Address 3651 College Blvd.						02 28 2014								
	City State Zip Code Leawood KS 66211						Transaction ID : C7516560									
	Leawood		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.				7		_	294.	00							
	Name of Employer Dickson-Dively Midwest Orthop.		-													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	[N *	MEMO	ITE	v]									
	Full Name (Last, First, Middle Initial) Steven T Joyce MD				Date of	Re	ceipt									
	Mailing Address 3651 College Blvd.				м м 02	/	D D 28	/ Y) 014	Y					
	City	State	Zip Code		Trans	act	ion ID :	C75165	62							
	Leawood	KS	66211	/	Amount	of	Each R	eceipt th	nis F	'eriod						
	FEC ID number of contributing federal political committee.	С					7	7	_	294	.00					
	Name of Employer	Occupation		_												
	Dickson-Dively Midwest Orthop.															
	Receipt For:															
	Primary General Other (specify) ▼		, 294.00	*												
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			Detailed Summary Page		11a		11b	-	11c		12							
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An or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committe	erson f	for the licit cor	purp htrib	pose of outions	f sol from	iciting	con cor	tribut nmitte	ions ee.						
<u> </u>	NAME OF COMMITTEE (In Full)																	
\rangle	Physician Hospitals of America	a Political /	Action Committee															
Α.	Full Name (Last, First, Middle Initial) Mark Rasmussen MD				Date of	Re	eceipt											
	Mailing Address 3651 College Blvd.				м м 02	1	28		/ Y		Y 14	Y						
	City	State	Zip Code		Trans	acti	ion ID :	C75	516578	8								
	Leawood	KS	66211	/	Amount	of	Each F	Rece	eipt this	s Pe	eriod							
	FEC ID number of contributing federal political committee.	С					,		7		294.	00						
	Name of Employer	Occupation	I															
	Orthopaedic & Sports Medicine	Physician																
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	[MEMO	ITE	M]											
	Other (specify) ▼		294.00															
	Full Name (Last, First, Middle Initial) T.J. Rasmussen MD	1			Date of	Re	eceipt											
	Mailing Address 3651 College Blvd.	Address 3651 College Blvd.							02 28 2014									
	City State Zip Code Leawood KS 66211						Transaction ID : C7516569											
	Leawood		Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.				,		,		294.	00								
	Name of Employer Orthopaedic & Sports Medicine																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	*	MEMO	ITE	M]											
	Full Name (Last, First, Middle Initial) Charles E. Rhoades MD				Date of	Re	eceipt											
	Mailing Address 3651 College Blvd.				м м 02	/	28		/ Y	ү 20 ⁻	ү 14	Y						
	City	State	Zip Code		Trans	act	ion ID :	: C7	51655	6								
	Leawood	KS	66211	/	Amount	of	Each F	Rece	eipt this	s Pe	eriod							
	FEC ID number of contributing federal political committee.	С			294.00													
	Name of Employer	Name of Employer Occupation																
	Dickson-Dively Midwest Orthop.																	
	Receipt For:	[мемо	ITE	[M]													
	Primary General Other (specify) ▼		294.00															
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe					-	7 7	-	7		0.0	00						

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

(check only one)

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		Detailed Summary Page		11a 13		11b	11c 15	12	17							
Any information copied from such Reports a or for commercial purposes, other than usir				for the		pose of s	oliciting	contribu	tions							
NAME OF COMMITTEE (In Full) Physician Hospitals of Ame	rica Political	Action Committee														
Full Name (Last, First, Middle Initial) A. Daniel A Stechschulte Jr., MD		Date of Receipt														
Mailing Address 3651 College Blvd. 	State	Zip Code		02		28	/ Y	2014	Y							
Leawood	KS	66211				i on ID : C Each Re										
FEC ID number of contributing federal political committee.	C					7	3	294	.00							
Name of Employer Kansas City Orthopaedic Institute	Occupation Surgeon	1														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00] [MEMO	ITE	M]										
Full Name (Last, First, Middle Initial) B. Jacob S. Stueve MD				Date of	Re	eceipt										
Mailing Address 3651 College Blvd.	ng Address 3651 College Blvd. State Zip Code						02 28 / Y Y Y Y 02 28 2014									
City Leawood		Transaction ID : C7516576 Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	ů – Elektrik							274	.50							
Name of Employer Kansas City Orthopaedic Institute																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 274.50] *	 [MEMO ITEM] *												
Full Name (Last, First, Middle Initial) James E. Voos MD				Date of	Re	ceipt										
Mailing Address 3651 College Blvd.				м м 02	/	28	/ Y	2014	Y							
City Leawood	State KS	Zip Code 66211				ion ID : C Each Re										
FEC ID number of contributing federal political committee.	С					,	7		1.50							
Name of Employer	Name of Employer Occupation															
Kansas City Orthopaedic Institute Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General															
SUBTOTAL of Receipts This Page (option	al)							0	.00							
TOTAL This Period (last page this line nu	mber only)							5000	.00							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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Mailing Address 120 WILLIAM PENN PLAZA City State Zip Code DURHAM NC 27704 FEC ID number of contributing federal political committee. C cood18582 Name of Employer Occupation Receipt For:				for each category of the Detailed Summary Page	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
Physician Hospitals of America Political Action Committee Full Name (Last, First, Middle Initial) A. TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC Mailing Address 120 WILLIAM PENN PLAZA Date of Receipt City State Zip Code DURHAM NC 27704 Name of Employer Occupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Unsolicited Contribution B. Mailing Address Occupation Date of Receipt City State Zip Code Annount of Each Receipt this Period B. Mailing Address Occupation Date of Receipt City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Amount of Each Receipt this Period Receipt For: Primary General Occupation Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) C Date of Receipt Amount of Each Receipt this Period Mailing Address C	or for	commercial purposes, other than using the			erson for the purpose of soliciting contributions
A. TRIANSLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC Date of Receipt Mailing Address 120 WILLIAM PENN PLAZA 02 03 2014 City State Zip Code 703 2014 FEC ID number of contributing federal political committee. C coo418582 Amount of Each Receipt this Perior Primary General Aggregate Year-to-Date ▼ Unsolicited Contribution Unsolicited Contribution B. Mailing Address C Cold Aggregate Year-to-Date ▼ Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Date of Receipt B. Mailing Address C Aggregate Year-to-Date ▼ Amount of Each Receipt this Perior Primary General C Aggregate Year-to-Date ▼ Date of Receipt Receipt For: Aggregate Year-to-Date ▼ Date of Receipt this Perior Aggregate Year-to-Date ▼ City State Zip Code Amount of Each Receipt this Perior Receipt For: C Aggregate Year-to-Date ▼ Amount of Each Receipt this Perior Full Name (Last, First, Middle Initial) C			Political /	Action Committee	
Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address Image: Contributing federal political committee. Date of Receipt Name of Employer Occupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ City State Zip Code Receipt For: Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Date of Receipt Date of Receipt City State Zip Code Amount of Each Receipt this Perior FEC ID number of contributing federal political committee. City State Zip Code Receipt For: Name of Employer Occupation Amount of Each Receipt this Perior Receipt For: Aggregate Year-to-Date ▼ Image: Committee. Amount of Each Receipt this Perior Name of Employer Occupation Aggregate Year-to-Date ▼ Image: Committee. Name of Employer Occupation Aggregate Year-to-Date ▼ Image: Committee. Primary General Aggregate Year-to-Date ▼	A. TI Ma Cit DU FE fed Na	RIANGLE ORTHOPAEDIC ASSOCIATES iling Address 120 WILLIAM PENN PLAZA y JRHAM C ID number of contributing eral political committee. me of Employer ceipt For: Primary General	State NC C COO	Zip Code 27704 0418582 Year-to-Date ▼	M M / D / 2014 Transaction ID : C7516553 Amount of Each Receipt this Period 4000.00
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