



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Physician Hospitals of America Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="16558.04"/>	<input type="text" value="16558.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17518.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9000.00"/>	<input type="text" value="14000.00"/>
(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="26518.04"/>	<input type="text" value="30558.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40.00"/>	<input type="text" value="4080.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26478.04"/>	<input type="text" value="26478.04"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**Physician Hospitals of America Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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
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))..... ▶	9000.00	14000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9000.00	14000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

**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 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

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)  
**Physician Hospitals of America Political Action Committee**

**A. Kansas City Orthopaedic Center of Excellence LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211-1910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516555**  
 Amount of Each Receipt this Period  
 5000.00  
 LLC - Members below if itemized. Permissible funds.

**B. Timothy M. Badwey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dickson-Dively Midwest Orthop. Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516558**  
 Amount of Each Receipt this Period  
 294.00  
**[MEMO ITEM]**  
 \*

**C. Cris D Barnhouse MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic & Sports Med Clinic of KC Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516568**  
 Amount of Each Receipt this Period  
 294.00  
**[MEMO ITEM]**  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 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)  
**Physician Hospitals of America Political Action Committee**

**A. Stanley A Bowling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516570**  
 Amount of Each Receipt this Period  
 274.50  
**[MEMO ITEM]**  
 \*

**B. Jon E. Browne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Sports Med. Clinic Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516567**  
 Amount of Each Receipt this Period  
 294.00  
**[MEMO ITEM]**  
 \*

**C. Scott M Cook MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516579**  
 Amount of Each Receipt this Period  
 294.00  
**[MEMO ITEM]**  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 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)  
**Physician Hospitals of America Political Action Committee**

**A. Brian J Divelbiss MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **294.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : C7516572**  
 Amount of Each Receipt this Period **294.00**  
**[MEMO ITEM]**  
 \*

**B. Constantine Lan Fotopoulos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **274.50**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : C7516573**  
 Amount of Each Receipt this Period **274.50**  
**[MEMO ITEM]**  
 \*

**C. Robert C Gardiner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **294.00**

Date of Receipt **02 / 28 / 2014**  
**Transaction ID : C7516559**  
 Amount of Each Receipt this Period **294.00**  
**[MEMO ITEM]**  
 \*

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**  
**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 9 OF 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)  
**Physician Hospitals of America Political Action Committee**

**A. Danny M. Gurba MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
-----------------	-------------	-------------------

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

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		28		2014

**Transaction ID : C7516557**

Amount of Each Receipt this Period  
294.00

**[MEMO ITEM]**  
\*

**B. Lowry Jones Jr., MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		28		2014

**Transaction ID : C7516560**

Amount of Each Receipt this Period  
294.00

**[MEMO ITEM]**  
\*

**C. Steven T Joyce MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		28		2014

**Transaction ID : C7516562**

Amount of Each Receipt this Period  
294.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 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)  
**Physician Hospitals of America Political Action Committee**

**A. Mark Rasmussen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516578**  
 Amount of Each Receipt this Period  
 294.00  
**[MEMO ITEM]**  
 \*

**B. T.J. Rasmussen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516569**  
 Amount of Each Receipt this Period  
 294.00  
**[MEMO ITEM]**  
 \*

**C. Charles E. Rhoades MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : C7516556**  
 Amount of Each Receipt this Period  
 294.00  
**[MEMO ITEM]**  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 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)  
**Physician Hospitals of America Political Action Committee**

**A. Daniel A Stechschulte Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 02 / 28 / 2014  
**Transaction ID : C7516571**  
 Amount of Each Receipt this Period 294.00  
**[MEMO ITEM]**  
 \*

**B. Jacob S. Stueve MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.50

Date of Receipt 02 / 28 / 2014  
**Transaction ID : C7516576**  
 Amount of Each Receipt this Period 274.50  
**[MEMO ITEM]**  
 \*

**C. James E. Voos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.50

Date of Receipt 02 / 28 / 2014  
**Transaction ID : C7516575**  
 Amount of Each Receipt this Period 274.50  
**[MEMO ITEM]**  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 12  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
**Physician Hospitals of America Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**TRIANGLE ORTHOPAEDIC ASSOCIATES PA POLITICAL ACTION COMMITTEE INC**

Mailing Address 120 WILLIAM PENN PLAZA

City State Zip Code  
 DURHAM NC 27704

FEC ID number of contributing federal political committee. **C** C00418582

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : C7516553**

Amount of Each Receipt this Period  
 4000.00

Unsolicited Contribution

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4000.00