

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
ORTHOCAROLINA PA FEDERAL PAC

ADDRESS (number and street) **4601 PARK ROAD SUITE 250**
Check if different than previously reported. (ACC) **CHARLOTTE NC 28209**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
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 / / 2016 through / / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
McBride, Robert, , Dr., Jr.
Type or Print Name of Treasurer

Signature of Treasurer *McBride, Robert, , Dr., Jr.* [Electronically Filed] Date / / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2016"/>	<input type="text"/>	<input type="text" value="177372.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="226634.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6450.44"/>	<input type="text" value="82400.20"/>
(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="233085.16"/>	<input type="text" value="259772.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26.30"/>	<input type="text" value="26714.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="233058.86"/>	<input type="text" value="233058.86"/>
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: 11 / 29 / 2016 To: 12 / 31 / 2016

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).....	6400.44	80020.46
(ii) Unitemized	50.00	2379.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6450.44	82400.20
(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)	6450.44	82400.20
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)).....▶	6450.44	82400.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6450.44	82400.20

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	26.30	314.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	26.30	314.09
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).....	0.00	26400.00
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)) ..	26.30	26714.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26.30	26714.09

DETAILED SUMMARY PAGE
of Disbursements

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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)	6450.44	82400.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6450.44	82400.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	26.30	314.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	26.30	314.09

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 20
	<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. 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 ▼ 250.00

Date of Receipt 11 / 29 / 2016
Transaction ID : SA11AI.7820
 Amount of Each Receipt this Period 125.00
 Memo Item 11/29/2016

B. 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 ▼ 375.00

Date of Receipt 11 / 30 / 2016
Transaction ID : SA11AI.7805
 Amount of Each Receipt this Period 125.00
 Memo Item 11/30/2016

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 ▼ 500.00

Date of Receipt 12 / 29 / 2016
Transaction ID : SA11AI.7834
 Amount of Each Receipt this Period 125.00
 Memo Item 12/29/2016

SUBTOTAL of Receipts This Page (optional).....	375.00
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 20
	<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. 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
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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 ▼
980.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : SA11Al.7819

Amount of Each Receipt this Period
110.00

Memo Item
11/29/2016

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 ▼
1090.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : SA11Al.7814

Amount of Each Receipt this Period
110.00

Memo Item
11/30/2016

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
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

Transaction ID : SA11Al.7838

Amount of Each Receipt this Period
110.00

Memo Item
12/29/2016

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 OF 20
	<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. 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 ▼ 1300.00

Date of Receipt 12 / 30 / 2016
Transaction ID : SA11AI.7847
 Amount of Each Receipt this Period 100.00
 Memo Item 12/30/2016

B. Connor, Patrick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2232 Lamaison 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) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 29 / 2016
Transaction ID : SA11AI.7824
 Amount of Each Receipt this Period 200.00
 Memo Item 11/29/2016

C. Connor, Patrick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2232 Lamaison 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) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2016
Transaction ID : SA11AI.7804
 Amount of Each Receipt this Period 200.00
 Memo Item 11/30/2016

SUBTOTAL of Receipts This Page (optional).....	500.00
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 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Connor, Patrick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2232 Lamaison 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) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 12 / 29 / 2016
Transaction ID : SA11AI.7832
 Amount of Each Receipt this Period 200.00
 Memo Item 12/29/2016

B. Connor, Patrick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2232 Lamaison 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) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2016
Transaction ID : SA11AI.7839
 Amount of Each Receipt this Period 200.00
 Memo Item 12/30/2016

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 11 / 29 / 2016
Transaction ID : SA11AI.7825
 Amount of Each Receipt this Period 200.00
 Memo Item 11/29/2016

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 10 OF 20
<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 ▼ 600.00

Date of Receipt 11 / 30 / 2016
Transaction ID : SA11AI.7806
 Amount of Each Receipt this Period 200.00
 Memo Item 11/30/2016

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 ▼ 800.00

Date of Receipt 12 / 29 / 2016
Transaction ID : SA11AI.7835
 Amount of Each Receipt this Period 200.00
 Memo Item 12/29/2016

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 ▼ 1000.00

Date of Receipt 12 / 30 / 2016
Transaction ID : SA11AI.7840
 Amount of Each Receipt this Period 200.00
 Memo Item 12/30/2016

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 11 OF 20
<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. Fleming, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 247 Hunting Road

City Boone	State NC	Zip Code 28607
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : SA11Al.7809

Amount of Each Receipt this Period
500.00

Memo Item
11/30/2016

B. Gaston, Raymond, Glenn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1422 Biltmore Drive

City Charlotte	State NC	Zip Code 28207
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : SA11Al.7823

Amount of Each Receipt this Period
166.67

Memo Item
11/29/2016

C. Gaston, Raymond, Glenn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1422 Biltmore Drive

City Charlotte	State NC	Zip Code 28207
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
666.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : SA11Al.7815

Amount of Each Receipt this Period
166.67

Memo Item
11/30/2016

SUBTOTAL of Receipts This Page (optional).....	833.34
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 20
	<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. Gaston, Raymond, Glenn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1422 Biltmore Drive

City Charlotte	State NC	Zip Code 28207
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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 ▼
833.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

Transaction ID : SA11AI.7830

Amount of Each Receipt this Period
166.67

Memo Item
12/29/2016

B. Gaston, Raymond, Glenn, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1422 Biltmore Drive

City Charlotte	State NC	Zip Code 28207
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2016

Transaction ID : SA11AI.7848

Amount of Each Receipt this Period
166.65

Memo Item
12/30/2016

C. Hillsgrove, David C., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 368 Beaten Path Road

City Mooresville	State NC	Zip Code 28117
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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 ▼
500.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : SA11AI.7822

Amount of Each Receipt this Period
166.67

Memo Item
11/29/2016

SUBTOTAL of Receipts This Page (optional).....	499.99
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 13 OF 20
	<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. Hillsgrove, David C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 Beaten Path Road
 City Mooresville State NC Zip Code 28117
 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 ▼ 666.68

Date of Receipt 11 / 30 / 2016
Transaction ID : SA11Al.7808
 Amount of Each Receipt this Period 166.67
 Memo Item 11/30/2016

B. Hillsgrove, David C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 Beaten Path Road
 City Mooresville State NC Zip Code 28117
 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 ▼ 833.35

Date of Receipt 12 / 29 / 2016
Transaction ID : SA11Al.7836
 Amount of Each Receipt this Period 166.67
 Memo Item 12/29/2016

C. Hillsgrove, David C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 Beaten Path Road
 City Mooresville State NC Zip Code 28117
 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 12 / 30 / 2016
Transaction ID : SA11Al.7841
 Amount of Each Receipt this Period 166.65
 Memo Item 12/30/2016

SUBTOTAL of Receipts This Page (optional).....	499.99
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 20
	<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. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2016

Transaction ID : SA11AI.7826

Amount of Each Receipt this Period
200.00

Memo Item
11/29/2016

B. 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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : SA11AI.7812

Amount of Each Receipt this Period
200.00

Memo Item
11/30/2016

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2016

Transaction ID : SA11AI.7829

Amount of Each Receipt this Period
200.00

Memo Item
12/29/2016

SUBTOTAL of Receipts This Page (optional).....	600.00
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 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼ 1000.00

Date of Receipt 12 / 30 / 2016
Transaction ID : SA11AI.7845
 Amount of Each Receipt this Period 200.00
 Memo Item 12/30/2016

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 ▼ 500.01

Date of Receipt 11 / 29 / 2016
Transaction ID : SA11AI.7821
 Amount of Each Receipt this Period 166.67
 Memo Item 11/29/2016

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 ▼ 666.68

Date of Receipt 11 / 30 / 2016
Transaction ID : SA11AI.7811
 Amount of Each Receipt this Period 166.67
 Memo Item 11/30/2016

SUBTOTAL of Receipts This Page (optional).....	533.34
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 20
	<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 ▼ 833.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2016
Transaction ID : SA11AI.7831
 Amount of Each Receipt this Period
 166.67
 Memo Item
 12/29/2016

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : SA11AI.7844
 Amount of Each Receipt this Period
 166.65
 Memo Item
 12/30/2016

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2016
Transaction ID : SA11AI.7810
 Amount of Each Receipt this Period
 50.00
 Memo Item
 11/30/2016

SUBTOTAL of Receipts This Page (optional).....	383.32
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 17 OF 20
<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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2016
Transaction ID : SA11AI.7828
 Amount of Each Receipt this Period 50.00
 Memo Item
 12/29/2016

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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : SA11AI.7843
 Amount of Each Receipt this Period 50.00
 Memo Item
 12/30/2016

C. Meighen, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3649 Richwood Circle
 City Kannapolis State NC Zip Code 28081
 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
 11 / 29 / 2016
Transaction ID : SA11AI.7818
 Amount of Each Receipt this Period 90.91
 Memo Item
 11/29/2016

SUBTOTAL of Receipts This Page (optional).....	190.91
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 18 OF 20
	<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. Meighen, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3649 Richwood Circle
 City Kannapolis State NC Zip Code 28081
 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 / 2016**
Transaction ID : SA11AI.7813
 Amount of Each Receipt this Period **90.91**
 Memo Item
 11/30/2016

B. Meighen, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3649 Richwood Circle
 City Kannapolis State NC Zip Code 28081
 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 / 29 / 2016**
Transaction ID : SA11AI.7837
 Amount of Each Receipt this Period **90.91**
 Memo Item
 12/29/2016

C. Meighen, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3649 Richwood Circle
 City Kannapolis State NC Zip Code 28081
 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 ▼ **1000.01**

Date of Receipt **12 / 30 / 2016**
Transaction ID : SA11AI.7846
 Amount of Each Receipt this Period **90.91**
 Memo Item
 12/30/2016

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 19 OF 20
	<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. Temple, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6239 Sharon Hills Road
 City Charlotte State NC Zip Code 28210
 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 ▼ 827.28

Date of Receipt 11 / 29 / 2016
Transaction ID : SA11A1.7817
 Amount of Each Receipt this Period 90.91
 Memo Item 11/29/2016

B. Temple, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6239 Sharon Hills Road
 City Charlotte State NC Zip Code 28210
 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 ▼ 918.19

Date of Receipt 11 / 30 / 2016
Transaction ID : SA11A1.7807
 Amount of Each Receipt this Period 90.91
 Memo Item 11/30/2016

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	181.82
TOTAL This Period (last page this line number only).....	6400.44

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Wachovia Bank, N.A. Charlotte Commercial

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 563966

City Charlotte State NC Zip Code 28256

Purpose of Disbursement DEC16 Service Charge

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.7849

Amount of Each Disbursement this Period: 26.30

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	26.30
TOTAL This Period (last page this line number only).....▶	26.30