

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 / / 2021 through / / 2021

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 **McBride, Robert, , ,**

Signature of Treasurer **McBride, Robert, , ,** [Electronically Filed] Date / / 2022

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="2021"/>		357030.07
(b) Cash on Hand at Beginning of Reporting Period.....	360734.40	
(c) Total Receipts (from Line 19)	81533.00	85444.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	442267.40	442474.19
7. Total Disbursements (from Line 31).....	211.85	418.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	442055.55	442055.55
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ORTHOCAROLINA PA FEDERAL PAC

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).....	80062.46	83062.46
(ii) Unitemized	1470.54	2381.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	81533.00	85444.12
(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)	81533.00	85444.12
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)).....▶	81533.00	85444.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	81533.00	85444.12

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	211.85	418.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	211.85	418.64
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	0.00
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)) ..	211.85	418.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	211.85	418.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	81533.00	85444.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81533.00	85444.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	211.85	418.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	211.85	418.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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. Alam, Ehsan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4011 Greyhawk Place
 City Apex State NC Zip Code 27539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 30 / 2021**
Transaction ID : SA11AI.9320
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Anderson, David, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11189 Villa Trace PI
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 01 / 2021**
Transaction ID : SA11AI.9211
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Anderson, David, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11189 Villa Trace PI
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9168
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Bates, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3916 Suffolk Place
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9181
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Beaver, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Beresford 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 ▼ 333.00

Date of Receipt **07 / 01 / 2021**
Transaction ID : SA11AI.9245
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC Contribution

C. Beaver, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Beresford 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 ▼ 666.33

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9157
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1666.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Beaver, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Beresford 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 ▼ 1666.33

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9194
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Beaver, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Beresford 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 ▼ 1999.66

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9304
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

C. Beaver, Walter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Beresford 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 ▼ 2000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9344
 Amount of Each Receipt this Period 0.34
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1333.67
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Biggerstaff, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1977 Beeson Road

City Kernersville	State NC	Zip Code 27284
----------------------	-------------	-------------------

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 ▼
222.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2021

Transaction ID : SA11AI.9241

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

B. Biggerstaff, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1977 Beeson Road

City Kernersville	State NC	Zip Code 27284
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2021

Transaction ID : SA11AI.9255

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

C. Biggerstaff, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1977 Beeson Road

City Kernersville	State NC	Zip Code 27284
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
444.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9151

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Biggerstaff, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1977 Beeson Road

City Kernersville	State NC	Zip Code 27284
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9189

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

B. Biggerstaff, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1977 Beeson Road

City Kernersville	State NC	Zip Code 27284
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9203

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

C. Biggerstaff, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1977 Beeson Road

City Kernersville	State NC	Zip Code 27284
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
777.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

Transaction ID : SA11AI.9298

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Biggerstaff, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1977 Beeson Road
 City Kernersville State NC Zip Code 27284
 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 / 2021**
Transaction ID : SA11AI.9338
 Amount of Each Receipt this Period 222.23
 Memo Item
 PAC Contribution

B. Brighton, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 Colony Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthocarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 08 / 2021**
Transaction ID : SA11AI.9247
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Brown, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 David Court
 City Rock Hill State NC Zip Code 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 23 / 2021**
Transaction ID : SA11AI.9275
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2222.23
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 12 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Bulkeley, Julia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 270 United Rd

City Raeford	State NC	Zip Code 28376
-----------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Orthopedic 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	/	23	/	2021

Transaction ID : SA11AI.9286

Amount of Each Receipt this Period
500.00

Memo Item
PAC Contribution

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

Mailing Address 8631 Barclay Woods Ct

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : SA11AI.9299

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

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

Mailing Address 201 Sterling Lane

City Laurinburg	State NC	Zip Code 28352
--------------------	-------------	-------------------

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2021

Transaction ID : SA11AI.9333

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 13 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2021
Transaction ID : SA11AI.9243
 Amount of Each Receipt this Period
 111.11
 Memo Item
 PAC Contribution

B. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2021
Transaction ID : SA11AI.9259
 Amount of Each Receipt this Period
 111.11
 Memo Item
 PAC Contribution

C. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 444.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2021
Transaction ID : SA11AI.9155
 Amount of Each Receipt this Period
 111.11
 Memo Item
 PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.55

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9193
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9205
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

C. Casey, Virginia, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Valencia Tarrac
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 777.77

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9302
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Casey, Virginia, F., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Valencia Tarrac

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2021

Transaction ID : SA11AI.9342

Amount of Each Receipt this Period
222.23

Memo Item
PAC Contribution

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 ▼
222.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2021

Transaction ID : SA11AI.9231

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

C. Chadderdon, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1590 Clyton Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2021

Transaction ID : SA11AI.9250

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	444.45
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 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼ 444.44

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9139
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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 ▼ 555.55

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9166
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

C. Chadderdon, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1590 Clyton Drive
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9198
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼ 1277.77

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9272
 Amount of Each Receipt this Period 611.11
 Memo Item
 PAC Contribution

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 ▼ 2500.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9317
 Amount of Each Receipt this Period 1222.23
 Memo Item
 PAC Contribution

C. Chasnis, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 Atlantic Way
 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 10 / 15 / 2021
Transaction ID : SA11AI.9158
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 2833.34
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 18 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼
433.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2021

Transaction ID : SA11AI.9230

Amount of Each Receipt this Period
333.00

Memo Item
PAC Contribution

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

Mailing Address 2326 Overhill Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
766.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9138

Amount of Each Receipt this Period
333.33

Memo Item
PAC Contribution

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

Mailing Address 2326 Overhill Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1016.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9165

Amount of Each Receipt this Period
250.00

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	916.33
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Clark, Christian, , ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2021
Mailing Address 2326 Overhill Road		Transaction ID : SA11AI.9271
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1099.66	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Clark, Christian, , ,		Date of Receipt MM / DD / YYYY 12 / 30 / 2021
Mailing Address 2326 Overhill Road		Transaction ID : SA11AI.9316
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.34
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Cox, Bruce, , ,		Date of Receipt MM / DD / YYYY 12 / 30 / 2021
Mailing Address 171 Appian Way		Transaction ID : SA11AI.9313
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.67
Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	750.34
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:	PAGE 20 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Craig, Trey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 Arbor Road
 City Winston Salem State NC Zip Code 27104
 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 10 / 15 / 2021
Transaction ID : SA11AI.9154
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Craig, Trey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 Arbor Road
 City Winston Salem State NC Zip Code 27104
 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 ▼ 2000.00

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9191
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Curtin, Brian, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Maryland Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 07 / 01 / 2021
Transaction ID : SA11AI.9224
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2333.00
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 21 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Curtin, Brian, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Maryland Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2021
Transaction ID : SA11AI.9133
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

B. Curtin, Brian, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Maryland Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2021
Transaction ID : SA11AI.9265
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

C. Curtin, Brian, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Maryland Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. 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 / 2021
Transaction ID : SA11AI.9310
 Amount of Each Receipt this Period 0.34
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	667.00
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 22 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2021

Transaction ID : SA11AI.9208

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2021

Transaction ID : SA11AI.9227

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
433.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2021

Transaction ID : SA11AI.9249

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
544.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9136

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
655.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9163

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
766.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9197

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
877.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : SA11AI.9269

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

Mailing Address 4236 Foxcroft Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2021

Transaction ID : SA11AI.9314

Amount of Each Receipt this Period
222.23

Memo Item
PAC Contribution

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

Mailing Address 2000 Virginia Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2021

Transaction ID : SA11AI.9172

Amount of Each Receipt this Period
250.00

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	583.34
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 25 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Daubert, Harlan, B., ,		Date of Receipt MM / DD / YYYY 11 / 23 / 2021 Transaction ID : SA11AI.9277
Mailing Address 2000 Virginia Road		Amount of Each Receipt this Period 500.00
City Winston Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item PAC Contribution
Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Daubert, Harlan, B., ,		Date of Receipt MM / DD / YYYY 12 / 30 / 2021 Transaction ID : SA11AI.9321
Mailing Address 2000 Virginia Road		Amount of Each Receipt this Period 250.00
City Winston Salem	State NC	Zip Code 27104
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item PAC Contribution
Name of Employer (for Individual) OrthoCarolina	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dockery, Michael, , ,		Date of Receipt MM / DD / YYYY 10 / 15 / 2021 Transaction ID : SA11AI.9182
Mailing Address 3701 Bodenham Court		Amount of Each Receipt this Period 1000.00
City Charlotte	State NC	Zip Code 28215
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item PAC Contribution
Name of Employer (for Individual) OrthoCarolina, PA	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 26 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9178

Amount of Each Receipt this Period
250.00

Memo Item
PAC Contribution

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

Mailing Address 1104 Sedgewood Forest Ln

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

Transaction ID : SA11AI.9287

Amount of Each Receipt this Period
500.00

Memo Item
PAC Contribution

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

Mailing Address 1104 Sedgewood Forest Ln

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

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2021

Transaction ID : SA11AI.9328

Amount of Each Receipt this Period
250.00

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 27 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Fehring, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2329 PENDER PLACE
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9152
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Fleischli, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 Andover Rd
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 07 / 01 / 2021
Transaction ID : SA11AI.9234
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC Contribution

C. Fleischli, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1310 Andover Rd
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 666.33

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9143
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1666.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Fleischli, James, , ,			Date of Receipt
Mailing Address 1310 Andover Rd			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Charlotte	State NC	Zip Code 28211	Transaction ID : SA11AI.9174
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1666.33"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fleischli, James, , ,			Date of Receipt
Mailing Address 1310 Andover Rd			<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2021"/>
City Charlotte	State NC	Zip Code 28211	Transaction ID : SA11AI.9279
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="333.33"/>
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1999.66"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fleischli, James, , ,			Date of Receipt
Mailing Address 1310 Andover Rd			<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2021"/>
City Charlotte	State NC	Zip Code 28211	Transaction ID : SA11AI.9323
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="0.34"/>
Name of Employer (for Individual) OrthoCarolina, PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1333.67"/>
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:	PAGE 29 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Fosnaugh, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7620 Caspian Dr
 City Waxhaw State NC Zip Code 28173
 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 **07 / 01 / 2021**
Transaction ID : SA11AI.9206
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Gantt, Erika, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2438 Mecklenburg Avenue
 City Charlotte State NC Zip Code 28205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9171
 Amount of Each Receipt this Period 500.00
 Memo Item
 PAC Contribution

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
 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 ▼ 222.22

Date of Receipt **07 / 01 / 2021**
Transaction ID : SA11AI.9239
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1611.11
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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
 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 ▼ 333.33

Date of Receipt 07 / 08 / 2021
Transaction ID : SA11AI.9254
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC contribution

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
 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 ▼ 444.44

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9148
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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
 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 ▼ 555.55

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9185
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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
-------------------	-------------	-------------------

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 ▼
666.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9202

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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
-------------------	-------------	-------------------

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 ▼
1777.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

Transaction ID : SA11AI.9294

Amount of Each Receipt this Period
1111.11

Memo Item
PAC Contribution

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
-------------------	-------------	-------------------

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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2021

Transaction ID : SA11AI.9334

Amount of Each Receipt this Period
222.23

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1444.45
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Geideman, William M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4421 3rd St. NW
 City Hickory State NC Zip Code 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9195
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Gonchikar, Swaroop, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1552 Cleveland Ave.
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 23 / 2021**
Transaction ID : SA11AI.9300
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Griffin, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 618 Colville 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 **07 / 01 / 2021**
Transaction ID : SA11AI.9246
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 33 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 2108 Cumerland Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

Transaction ID : SA11AI.9291

Amount of Each Receipt this Period
333.33

Memo Item
PAC Contribution

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

Mailing Address 2108 Cumerland Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2021

Transaction ID : SA11AI.9330

Amount of Each Receipt this Period
666.67

Memo Item
PAC Contribution

C. Hayes, Patrick, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 Johnsfeld Road

City Shelby	State NC	Zip Code 28150
----------------	-------------	-------------------

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 ▼
333.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2021

Transaction ID : SA11AI.9237

Amount of Each Receipt this Period
333.00

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1333.00
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 34 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Hayes, Patrick, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 408 Johnsfeld Road

City Shelby	State NC	Zip Code 28150
----------------	-------------	-------------------

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 ▼
666.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9146

Amount of Each Receipt this Period
333.33

Memo Item
PAC Contribution

B. Hayes, Patrick, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 408 Johnsfeld Road

City Shelby	State NC	Zip Code 28150
----------------	-------------	-------------------

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 ▼
1249.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

Transaction ID : SA11AI.9292

Amount of Each Receipt this Period
583.33

Memo Item
PAC Contribution

C. Hayes, Patrick, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 408 Johnsfeld Road

City Shelby	State NC	Zip Code 28150
----------------	-------------	-------------------

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 ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2021

Transaction ID : SA11AI.9331

Amount of Each Receipt this Period
500.34

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1417.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼ 1200.00

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9169
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

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 ▼ 1450.00

Date of Receipt **11 / 23 / 2021**
Transaction ID : SA11AI.9274
 Amount of Each Receipt this Period 250.00
 Memo Item
 PAC Contribution

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 ▼ 1200.00

Date of Receipt **12 / 30 / 2021**
Transaction ID : SA11AI.9319
 Amount of Each Receipt this Period -250.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Irwin, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 Harding Place
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.22

Date of Receipt 07 / 01 / 2021
Transaction ID : SA11AI.9242
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Irwin, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 Harding Place
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt 07 / 08 / 2021
Transaction ID : SA11AI.9258
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

C. Irwin, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 Harding Place
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 444.44

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9153
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Irwin, Todd, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2021
Mailing Address 1440 Harding Place			Transaction ID : SA11AI.9190
City Charlotte	State NC	Zip Code 28204	Amount of Each Receipt this Period 111.11
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAC Contribution
Name of Employer (for Individual) OrthoCarolina		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 555.55	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Irwin, Todd, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2021
Mailing Address 1440 Harding Place			Transaction ID : SA11AI.9204
City Charlotte	State NC	Zip Code 28204	Amount of Each Receipt this Period 111.11
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAC Contribution
Name of Employer (for Individual) OrthoCarolina		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.66	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Irwin, Todd, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2021
Mailing Address 1440 Harding Place			Transaction ID : SA11AI.9301
City Charlotte	State NC	Zip Code 28204	Amount of Each Receipt this Period 111.11
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAC Contribution
Name of Employer (for Individual) OrthoCarolina		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 777.77	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Irwin, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1440 Harding Place
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 30 / 2021**
Transaction ID : SA11AI.9340
 Amount of Each Receipt this Period 222.23
 Memo Item
 PAC Contribution

B. Jennings, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Robinhood Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt **07 / 01 / 2021**
Transaction ID : SA11AI.9244
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC Contribution

C. Jennings, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Robinhood Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.33

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9156
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contributions

SUBTOTAL of Receipts This Page (optional).....	888.56
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 39 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Jennings, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Robinhood Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.66

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9303
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

B. Jennings, Bryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2326 Robinhood Road
 City Winston Salem State NC Zip Code 27104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9343
 Amount of Each Receipt this Period 0.34
 Memo Item
 PAC Contribution

C. Jones, Carroll, P, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2713 Sherwood Avenue
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9164
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1333.67
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 40 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Krenzel, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4112 1st Place NW
 City Hickory State NC Zip Code 28601
 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 ▼ 211.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2021
Transaction ID : SA11AI.9207
 Amount of Each Receipt this Period
 111.11
 Memo Item
 PAC Contribution

B. Krenzel, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4112 1st Place NW
 City Hickory State NC Zip Code 28601
 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 ▼ 322.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2021
Transaction ID : SA11AI.9225
 Amount of Each Receipt this Period
 111.11
 Memo Item
 PAC Contribution

C. Krenzel, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4112 1st Place NW
 City Hickory State NC Zip Code 28601
 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 ▼ 433.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2021
Transaction ID : SA11AI.9248
 Amount of Each Receipt this Period
 111.11
 Memo Item
 PAC Contribution

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Krenzel, Brian, , ,			Date of Receipt
Mailing Address 4112 1st Place NW			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Hickory	State NC	Zip Code 28601	Transaction ID : SA11AI.9134
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="111.11"/>
Name of Employer (for Individual) OrthoCarolina PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="544.44"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Krenzel, Brian, , ,			Date of Receipt
Mailing Address 4112 1st Place NW			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Hickory	State NC	Zip Code 28601	Transaction ID : SA11AI.9161
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="111.11"/>
Name of Employer (for Individual) OrthoCarolina PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="655.55"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Krenzel, Brian, , ,			Date of Receipt
Mailing Address 4112 1st Place NW			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Hickory	State NC	Zip Code 28601	Transaction ID : SA11AI.9196
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="111.11"/>
Name of Employer (for Individual) OrthoCarolina PA		Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="766.66"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="333.33"/>
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 42 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Krenzel, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4112 1st Place NW
 City Hickory State NC Zip Code 28601
 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 ▼ 877.77

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9266
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Krenzel, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4112 1st Place NW
 City Hickory State NC Zip Code 28601
 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 ▼ 1100.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9311
 Amount of Each Receipt this Period 222.23
 Memo Item
 PAC Contribution

C. Kwon, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5917 Saint John Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9128
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC contribution

SUBTOTAL of Receipts This Page (optional).....	666.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Kwon, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5917 Saint John Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physican
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9261
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

B. Kwon, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5917 Saint John Lane
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physican
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9306
 Amount of Each Receipt this Period 333.34
 Memo Item
 PAC Contribution

C. Lauffenburger, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 880 Osprey Ridge Road
 City Winston Salem State NC Zip Code 27106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9183
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1666.67
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Laxer, Eric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2829 Giverny Dr

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
533.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9170

Amount of Each Receipt this Period
533.00

Memo Item
PAC Contribution

B. Lazeski, Alicia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14810 Hawick Manor Lane

City Pineville	State NC	Zip Code 28134
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9159

Amount of Each Receipt this Period
500.00

Memo Item
PAC Contribution

C. Lewis, Daniel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7235 Shefingdell Drive

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
222.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2021

Transaction ID : SA11AI.9232

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1144.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt **07 / 08 / 2021**
Transaction ID : SA11AI.9251
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 444.44

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9141
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

C. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.55

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9167
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9199
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 777.77

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9273
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

C. Lewis, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7235 Shefingdell Drive
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9318
 Amount of Each Receipt this Period 222.23
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	444.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Little, Barrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 661 Zinnia Way
 City Tega Cay State SC Zip Code 29708
 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 ▼ 332.67

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9130
 Amount of Each Receipt this Period 166.67
 Memo Item
 PAC Contribution

B. Little, Barrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 661 Zinnia Way
 City Tega Cay State SC Zip Code 29708
 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 ▼ 499.34

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9262
 Amount of Each Receipt this Period 166.67
 Memo Item
 PAC contribution

C. Little, Barrett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 661 Zinnia Way
 City Tega Cay State SC Zip Code 29708
 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 / 30 / 2021
Transaction ID : SA11AI.9307
 Amount of Each Receipt this Period 0.66
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	334.00
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 48 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 3586 Fieldstone Drive

City Gastonia	State NC	Zip Code 28056
------------------	-------------	-------------------

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
10		15		2021

Transaction ID : SA11AI.9184

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

B. Mason, J. Bohannon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 Cherokee Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2021

Transaction ID : SA11AI.9233

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

C. Mason, J. Bohannon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 Cherokee Road

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2021

Transaction ID : SA11AI.9252

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1222.22
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 49 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼ 444.44

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9142
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1555.55

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9173
 Amount of Each Receipt this Period 1111.11
 Memo Item
 PAC Contribution

C. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.66

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9200
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1333.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. 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 ▼ 1777.77

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9278
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Mason, J. Bohannon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Cherokee Road
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9322
 Amount of Each Receipt this Period 222.23
 Memo Item
 PAC Contribution

C. McBride, Robert, , Dr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4601 Park Road Suite 250
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2021
Transaction ID : SA11AI.9216
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1333.34
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:	PAGE 51 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. McDonald, James, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Hickory Hill Road
 City Mooresville State NC Zip Code 28117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt **11 / 23 / 2021**
Transaction ID : SA11AI.9280
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

B. McDonald, James, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Hickory Hill Road
 City Mooresville State NC Zip Code 28117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 30 / 2021**
Transaction ID : SA11AI.9325
 Amount of Each Receipt this Period 666.67
 Memo Item
 PAC Contribution

C. Messer, Hannah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 Keswick Lane
 City Clemmons State NC Zip Code 27012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 23 / 2021**
Transaction ID : SA11AI.9276
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 52 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Milam, Alden, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt **07 / 01 / 2021**
Transaction ID : SA11AI.9240
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC Contribution

B. Milam, Alden, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.33

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9149
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

C. Milam, Alden, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.66

Date of Receipt **11 / 23 / 2021**
Transaction ID : SA11AI.9295
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	999.66
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 53 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Milam, Alden, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9335
 Amount of Each Receipt this Period 0.34
 Memo Item

B. Morgan, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3637 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 ▼ 1000.00

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9186
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Morgan, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3637 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 ▼ 1250.00

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9296
 Amount of Each Receipt this Period 250.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.34
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 54 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Morgan, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3637 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 ▼ 1000.00

Date of Receipt **12 / 30 / 2021**
Transaction ID : SA11AI.9336
 Amount of Each Receipt this Period -250.00
 Memo Item
 PAC Contribution

B. O'Neal, Scott B., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5933 Copperleaf Commons Ct
 City Charlotte State NC Zip Code 28277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, P.A. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 08 / 2021**
Transaction ID : SA11AI.9256
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Osier, Lois, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2126 Hastings Dr
 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 ▼ 500.00

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9180
 Amount of Each Receipt this Period 500.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 55 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Otero, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6409 Providence Farm Lane
 City Charlotte State NC Zip Code 28227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.34

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9282
 Amount of Each Receipt this Period 583.34
 Memo Item
 PAC Contribution

B. Otero, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6409 Providence Farm Lane
 City Charlotte State NC Zip Code 28227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9326
 Amount of Each Receipt this Period 416.66
 Memo Item
 PAC Contribution

C. Oweida, Sami J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5405 Stonesthrow Court
 City Charlotte State NC Zip Code 28026
 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 07 / 01 / 2021
Transaction ID : SA11AI.9217
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 56 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Paloski, Michael, D, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4629 Pine Valley 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 ▼ 1000.00

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9289
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Parikh, Kinjal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10904 Preservation Park Dr
 City Charlotte State NC Zip Code 28214
 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 10 / 15 / 2021
Transaction ID : SA11AI.9179
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Piasecki, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1547 Queens Rd West
 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 10 / 15 / 2021
Transaction ID : SA11AI.9140
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 57 OF 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Renaud, Stefan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 W. Trade St. #1507

City Charlotte	State NC	Zip Code 28202
-------------------	-------------	-------------------

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
 07 / 08 / 2021

Transaction ID : SA11AI.9257

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

B. Rhyne, Alfred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hempstead Pl

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
 11 / 23 / 2021

Transaction ID : SA11AI.9260

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

C. Rush, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11102 Old Johns Road

City Laurinburg	State NC	Zip Code 28352
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2021

Transaction ID : SA11AI.9293

Amount of Each Receipt this Period
83.33

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2083.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Rush, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11102 Old Johns Road
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2021
Transaction ID : SA11AI.9332
 Amount of Each Receipt this Period
 - 249.66
 Memo Item
 PAC Contribution

B. Scannell, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 East Kingston Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2021
Transaction ID : SA11AI.9226
 Amount of Each Receipt this Period
 333.00
 Memo Item
 PAC Contribution

C. Scannell, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 East Kingston Ave
 City Charlotte State NC Zip Code 28203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2021
Transaction ID : SA11AI.9135
 Amount of Each Receipt this Period
 333.33
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	416.67
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 59 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Scannell, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 423 East Kingston Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1333.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9162

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

B. Scannell, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 423 East Kingston Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

Transaction ID : SA11AI.9267

Amount of Each Receipt this Period
333.33

Memo Item
PAC Contribution

C. Scannell, Brian, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 423 East Kingston Ave

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1333.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2021

Transaction ID : SA11AI.9312

Amount of Each Receipt this Period
0.34

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1333.67
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 60 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Schiffern, Shadley, C, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18623 Silent Falls Cove
 City Davidson State NC Zip Code 28036
 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 / 2021
Transaction ID : SA11AI.9339
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Sebold, Edwin, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5314 Shasta Hill Court
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9281
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

C. Segebarth, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Vernon Dr
 City Charlotte State NC Zip Code 28211-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 07 / 01 / 2021
Transaction ID : SA11AI.9223
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC contribution

SUBTOTAL of Receipts This Page (optional).....	2333.00
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 61 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Segebarth, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Vernon Dr
 City Charlotte State NC Zip Code 28211-1720
 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 ▼ 666.33

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9132
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

B. Segebarth, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Vernon Dr
 City Charlotte State NC Zip Code 28211-1720
 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 ▼ 999.67

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9264
 Amount of Each Receipt this Period 333.34
 Memo Item
 PAC Contribution

C. Segebarth, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 Vernon Dr
 City Charlotte State NC Zip Code 28211-1720
 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 ▼ 2000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9309
 Amount of Each Receipt this Period 1000.33
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1667.00
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 62 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Sikes, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Stamford Court

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
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2021
Transaction ID : SA11AI.9192

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

B. Silva, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Grantham Place

City Weddington	State NC	Zip Code 28173
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2021
Transaction ID : SA11AI.9175

Amount of Each Receipt this Period
1000.00

Memo Item
PAC Contribution

C. Singer, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11026 Beau Riley Road

City Charlotte	State NC	Zip Code 28277
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2021
Transaction ID : SA11AI.9150

Amount of Each Receipt this Period
333.33

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2333.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Singer, Ronald, , ,		Date of Receipt
Mailing Address 11026 Beau Riley Road		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9187
Name of Employer (for Individual) OrthoCarolina, PA		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="583.33"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Singer, Ronald, , ,		Date of Receipt
Mailing Address 11026 Beau Riley Road		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2021"/>
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9297
Name of Employer (for Individual) OrthoCarolina, PA		Amount of Each Receipt this Period <input type="text" value="666.66"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1249.99"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Singer, Ronald, , ,		Date of Receipt
Mailing Address 11026 Beau Riley Road		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2021"/>
City Charlotte	State NC	Zip Code 28277
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.9337
Name of Employer (for Individual) OrthoCarolina, PA		Amount of Each Receipt this Period <input type="text" value="750.01"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item PAC Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1666.67"/>
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 64 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Skahen, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 Wilhelm Place NE
 City Concord State NC Zip Code 28025
 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 **07 / 01 / 2021**
Transaction ID : SA11AI.9213
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Smid, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3192
 City Pinehurst State NC Zip Code 28374
 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 **11 / 23 / 2021**
Transaction ID : SA11AI.9284
 Amount of Each Receipt this Period 500.00
 Memo Item
 PAC Contribution

C. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt **07 / 01 / 2021**
Transaction ID : SA11AI.9236
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1833.00
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 65 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.33

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9145
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

B. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.66

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9288
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

C. Spector, Leo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Maryhurst Lane
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9329
 Amount of Each Receipt this Period 0.34
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	667.00
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 66 OF 73
	<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
-----------------------------	-----------------------------	-----------------------------

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. Springer, Bryan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wales Avenue
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.67

Date of Receipt 10 / 15 / 2021
Transaction ID : SA11AI.9137
 Amount of Each Receipt this Period 166.67
 Memo Item
 PAC Contribution

B. Springer, Bryan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wales Avenue
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.34

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9270
 Amount of Each Receipt this Period 166.67
 Memo Item
 PAC Contribution

C. Springer, Bryan, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wales Avenue
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9315
 Amount of Each Receipt this Period 500.66
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	834.00
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 67 OF 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Sutker, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Red Fox Trail
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt **07 / 01 / 2021**
Transaction ID : SA11AI.9222
 Amount of Each Receipt this Period 333.00
 Memo Item
 PAC Contribution

B. Sutker, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Red Fox Trail
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.33

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9131
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

C. Sutker, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Red Fox Trail
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.33

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9160
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1666.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Sutker, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Red Fox Trail
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1999.66

Date of Receipt 11 / 23 / 2021
Transaction ID : SA11AI.9263
 Amount of Each Receipt this Period 333.33
 Memo Item
 PAC Contribution

B. Sutker, Ben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Red Fox Trail
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 30 / 2021
Transaction ID : SA11AI.9308
 Amount of Each Receipt this Period 0.34
 Memo Item
 PAC Contribution

C. Ternes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 Moreland Farms Rd.
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 222.22

Date of Receipt 07 / 01 / 2021
Transaction ID : SA11AI.9235
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	444.78
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 69 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

A. Ternes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 Moreland Farms Rd.
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt **07 / 08 / 2021**
Transaction ID : SA11AI.9253
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

B. Ternes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 Moreland Farms Rd.
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 444.44

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9144
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

C. Ternes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 Moreland Farms Rd.
 City Charlotte State NC Zip Code 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.55

Date of Receipt **10 / 15 / 2021**
Transaction ID : SA11AI.9176
 Amount of Each Receipt this Period 111.11
 Memo Item
 PAC Contribution

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ORTHOCAROLINA PA FEDERAL PAC

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

Mailing Address 3707 Moreland Farms Rd.

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : SA11AI.9201

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

Mailing Address 3707 Moreland Farms Rd.

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
777.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

Transaction ID : SA11AI.9285

Amount of Each Receipt this Period
111.11

Memo Item
PAC Contribution

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

Mailing Address 3707 Moreland Farms Rd.

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2021

Transaction ID : SA11AI.9327

Amount of Each Receipt this Period
222.23

Memo Item
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	444.45
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 71 OF 73
(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)
ORTHOCAROLINA PA FEDERAL PAC

A. Vandernoord, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14535 Davis Trace
 City Charlotte State NC Zip Code 28227
 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 10 / 15 / 2021
Transaction ID : SA11AI.9188
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

B. Woodside, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2829 Attaberry Drive
 City Charlotte State NC Zip Code 28205
 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 10 / 15 / 2021
Transaction ID : SA11AI.9177
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Contribution

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)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	80062.46

**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

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

Full Name (Last, First, Middle Initial) A. Wachovia Bank, N.A. Charlotte Commercial			Date of Disbursement MM / DD / YYYY 07 / 12 / 2021	
Mailing Address P.O. Box 563966				
City Charlotte	State NC	Zip Code 28256	FEC Identification Number C [REDACTED] Transaction ID : SB21B.9122 Amount of Each Disbursement this Period [REDACTED] 33.56	
Purpose of Disbursement July Bank Fees		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A. Charlotte Commercial			Date of Disbursement MM / DD / YYYY 08 / 11 / 2021	
Mailing Address P.O. Box 563966				
City Charlotte	State NC	Zip Code 28256	FEC Identification Number C [REDACTED] Transaction ID : SB21B.9123 Amount of Each Disbursement this Period [REDACTED] 39.51	
Purpose of Disbursement August Bank Fees		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Wachovia Bank, N.A. Charlotte Commercial			Date of Disbursement MM / DD / YYYY 09 / 13 / 2021	
Mailing Address P.O. Box 563966				
City Charlotte	State NC	Zip Code 28256	FEC Identification Number C [REDACTED] Transaction ID : SB21B.9124 Amount of Each Disbursement this Period [REDACTED] 31.84	
Purpose of Disbursement September Bank Fees		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 104.91
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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

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

Full Name (Last, First, Middle Initial) A. Wachovia Bank, N.A. Charlotte Commercial		Date of Disbursement MM / DD / YYYY 10 / 12 / 2021	
Mailing Address P.O. Box 563966		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9125 Amount of Each Disbursement this Period [REDACTED] 33.49	
City Charlotte	State NC	Zip Code 28256	Category/ Type 001
Purpose of Disbursement Oct Bank Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A. Charlotte Commercial		Date of Disbursement MM / DD / YYYY 11 / 12 / 2021	
Mailing Address P.O. Box 563966		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9126 Amount of Each Disbursement this Period [REDACTED] 36.24	
City Charlotte	State NC	Zip Code 28256	Category/ Type 001
Purpose of Disbursement November Bank Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Wachovia Bank, N.A. Charlotte Commercial		Date of Disbursement MM / DD / YYYY 12 / 13 / 2021	
Mailing Address P.O. Box 563966		FEC Identification Number C [REDACTED] Transaction ID : SB21B.9127 Amount of Each Disbursement this Period [REDACTED] 37.21	
City Charlotte	State NC	Zip Code 28256	Category/ Type 001
Purpose of Disbursement December Bank Fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 106.94
TOTAL This Period (last page this line number only).....▶	[REDACTED] 211.85