

# 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**  
**EMERGEOR THO P.A. POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **120 WILLIAM PENN PLAZA**  
 Check if different than previously reported. (ACC) **DURHAM NC 27704**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00418582** 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  /  /  2025 through  /  /  2025

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 **Duarte, Cassandra, , ,**

Signature of Treasurer **Duarte, Cassandra, , ,** Date  /  /  2026

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

**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>		82725.00
(b) Cash on Hand at Beginning of Reporting Period.....	131955.98	
(c) Total Receipts (from Line 19) .....	70580.48	138174.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	202536.46	220899.46
7. Total Disbursements (from Line 31).....	83524.50	101887.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119011.96	119011.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**EMERGEORHTHO P.A. POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	69941.98	136805.96
(ii) Unitemized .....	638.50	1368.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	70580.48	138174.46
(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) .....	70580.48	138174.46
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)).....▶	70580.48	138174.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	70580.48	138174.46

**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 .....	12324.50	13687.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12324.50	13687.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71200.00	78200.00
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	10000.00
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)) ..	83524.50	101887.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83524.50	101887.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	70580.48	138174.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70580.48	138174.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12324.50	13687.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12324.50	13687.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Aldridge, Mack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2815 Chelsea Circle  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4211**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Aluisio, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Nolen Court  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4177**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**C. Arcedo, Perico, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Morrocroft Dr  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4215**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Baerman, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2103 Fountain Ridge Rd

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

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

Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025

**Transaction ID : SA11AI.4223**

Amount of Each Receipt this Period  
650.00

Memo Item

**B. Bates, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 S. Spooners St

City Morehead City	State NC	Zip Code 28557
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Beane, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5401 Century Oaks Dr

City Greensboro	State NC	Zip Code 27455
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025

**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
975.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 44
	(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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Bostian, Phillip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 178 North Shore Drive  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4265**  
 Amount of Each Receipt this Period  
 499.98  
 Memo Item

**B. Boswell, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Bradley Drive  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4113**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**C. Bowers, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6068 Montgomery Estates Rd  
 City Hillsborough State NC Zip Code 27278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4247**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2449.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 44
	(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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Bowling, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2280 Allens Lane  
 City Wilmington State NC Zip Code 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4281**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**B. Bowman, Karl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Rapallo Court  
 City Clayton State NC Zip Code 27527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4251**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**C. Boykin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 Wembley Rd  
 City Asheville State NC Zip Code 28804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4233**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Brazinski, Mark, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 112 Parkland St			<b>Transaction ID : SA11AI.4147</b>
City Morganton	State NC	Zip Code 28655	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Brooks, Werner, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 200 Park Drive			<b>Transaction ID : SA11AI.4151</b>
City Hendersonville	State NC	Zip Code 28739	Amount of Each Receipt this Period 500.50
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1001.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Burt, Mark, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 1077 Cedar Creek Road			<b>Transaction ID : SA11AI.4199</b>
City Franklinton	State NC	Zip Code 27525	Amount of Each Receipt this Period 975.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Cammarata, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Lynn Cove Rd.  
 City Asheville State NC Zip Code 28804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4155**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Campbell, Garlon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Breakwater Dr  
 City Newport State NC Zip Code 28570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4285**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Coles, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Lands End Rd  
 City Morehead City State NC Zip Code 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4287**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Crawford, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Kimberly Drive  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4267**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**B. Daley, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 Constitution Drive  
 City Morganton State NC Zip Code 28655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4145**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**C. Dart, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1113 Baldwin Park Drive  
 City Wilmington State NC Zip Code 28411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4261**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Eddings, Tally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Newpoint Rd  
 City Beaufort State SC Zip Code 29907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4157**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**B. Esposito, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 Middle Oaks Dr.  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4255**  
 Amount of Each Receipt this Period 825.00  
 Memo Item

**C. Farmer, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2216 Timberview Drive  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4133**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 44  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Fojtik, Nora, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10001 Hammock Bend

City Chapel Hill	State NC	Zip Code 27517
---------------------	-------------	-------------------

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

Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2025

**Transaction ID : SA11AI.4241**

Amount of Each Receipt this Period  
325.00

Memo Item

**B. Foster, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1735 Azalea Dr

City Wilmington	State NC	Zip Code 28403
--------------------	-------------	-------------------

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

Name of Employer (for Individual) EmergeOrtho 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
12	/	31	/	2025

**Transaction ID : SA11AI.4099**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. Frantz, Earl, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Parkertown Rd

City Hubert	State NC	Zip Code 28539
----------------	-------------	-------------------

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

Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2025

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Garbarino, Judd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Macon Ave.  
 City Asheville State NC Zip Code 28801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4159**  
 Amount of Each Receipt this Period 500.50  
 Memo Item

**B. Geissele, Alfred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 535 7Th St Nw  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4135**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**C. Gilbert, Brett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3441 Churchill Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4213**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2450.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Gioffre, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Ashton Square  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4181**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**B. Goebel, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 Cedar Hill Drive  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4161**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**C. Gramig, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1918 Granville Rd  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4183**  
 Amount of Each Receipt this Period  
 650.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Hage, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 Canterbury Road  
 City Raleigh State NC Zip Code 27608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4201**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Hallows, Rhett, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 Edward Booth Lane  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4275**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**C. Hankley, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Coachman's Trail  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4163**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Hannibal, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 Cole Street  
 City Raleigh State NC Zip Code 27605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4137**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Hannum, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5045 Dockside Drive  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4117**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Hedrick, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Boddington Court  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4165**  
 Amount of Each Receipt this Period 500.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hernandez-Soria, Alexia, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 2425 Coley Forest Place			<b>Transaction ID : SA11AI.4245</b>
City Raleigh	State NC	Zip Code 27612	Amount of Each Receipt this Period 975.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1950.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hewitt, John, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 810 Dover Road			<b>Transaction ID : SA11AI.4185</b>
City Greensboro	State NC	Zip Code 27408	Amount of Each Receipt this Period 975.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1875.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hicks, John, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 12 Kalimar Dr.			<b>Transaction ID : SA11AI.4167</b>
City Hendersonville	State NC	Zip Code 28739	Amount of Each Receipt this Period 500.50
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1001.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2450.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Hines, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1105 Turnberry Lane  
 City Wilmington State NC Zip Code 28405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4259**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Hocker, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6605 Spring garden drive  
 City Wilmington State NC Zip Code 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4115**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**C. Hoff, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Coral Dr.  
 City Wrightsville Beach State NC Zip Code 28480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4249**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Hoffman, Dustin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 N Channel Drive  
 City Wrightsville Beach State NC Zip Code 28480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4273**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**B. Karegeannes, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 Skyview Dr.  
 City Asheville State NC Zip Code 28804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4169**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**C. Kelso, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2680 Mariners Way  
 City Southport State NC Zip Code 28461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4123**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2925.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<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)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Kerner, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8404 Davishire Drive  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4207**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Kuremsky, Marshall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6716 Foxfire Place  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4219**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**C. Lang, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Cane Creek Ranch Drive  
 City Fletcher State NC Zip Code 28732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 539.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4239**  
 Amount of Each Receipt this Period 38.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1988.50  
**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 23 OF 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lescault, Eric, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 8347 Reidmont Dr SE			<b>Transaction ID : SA11AI.4119</b>
City Southport	State NC	Zip Code 28461	Amount of Each Receipt this Period 975.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1950.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lilly, Edward, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 1867 Hebron Rd.			<b>Transaction ID : SA11AI.4171</b>
City Hendersonville	State NC	Zip Code 28739	Amount of Each Receipt this Period 500.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1001.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Macintyre, Neil, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 72 Pelican Drive			<b>Transaction ID : SA11AI.4129</b>
City Wrightsville Beach	State NC	Zip Code 28480	Amount of Each Receipt this Period 650.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) EmergeOrtho PA		Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2125.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Madsen, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Fountain Wynd Court  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4263**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**B. Mali, Jimmy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 Stratford Ridge Lane  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4231**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**C. Marr, Albert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2513 Mimosa Pl  
 City Wilmington State NC Zip Code 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4109**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Marushack, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6580 Towles Rd  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4107**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Maxy, Ralph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 540 43Rd Ave Court Nw  
 City Hickory State NC Zip Code 28601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4141**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**C. Merz, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 821 Kenmore Road  
 City Chapel Hill State NC Zip Code 27514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4235**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 44
	(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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Moore, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2238 Tattersalls Dr  
 City Wilmington State NC Zip Code 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4111**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**B. Musante, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 Perfect Moment Drive  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4203**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**C. Napoli, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Bent Creek Preserve Road  
 City Asheville State NC Zip Code 28806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4173**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 27 OF 44  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Norris, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 Country Club  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4187**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**B. O'Malley, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2819 Shandy Ave  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4105**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**C. Olin, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Northline Place  
 City Greensboro State NC Zip Code 27410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4189**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1950.00  
**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 28 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Ortman, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Grey Oaks Circle  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4191**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Parks, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 Summer Rest Road  
 City Wilmington State NC Zip Code 28405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4237**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**C. Parrish, Eddie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 Willow Pond Lane  
 City Leland State NC Zip Code 28451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4279**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ramsey, Randle, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 220 Club Point Dr		<b>Transaction ID : SA11AI.4291</b>
City Cape Carteret	State NC	Zip Code 28584
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ransone, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 2109 Boyce Bridge Rd.		<b>Transaction ID : SA11AI.4257</b>
City Creedmoor	State NC	Zip Code 27522
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 975.00	
Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Riley, Aimee, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2025
Mailing Address 21 Meeting Street		<b>Transaction ID : SA11AI.4243</b>
City Asheville	State NC	Zip Code 28803
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.50	
Name of Employer (for Individual) EmergeOrtho PA	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1001.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1775.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Rineer, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5112 Nicholas Creek Circle  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11Al.4121**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Rockwell, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 414 Marshland Drive  
 City Wilmington State NC Zip Code 28405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11Al.4127**  
 Amount of Each Receipt this Period 520.00  
 Memo Item

**C. Rodger, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 Rabbit Run Road  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11Al.4103**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2470.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Rogers, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1103 Mosley Road  
 City Greensboro State NC Zip Code 27455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4193**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

**B. Romine, Lucas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 Bella Casa Way  
 City Clayton State NC Zip Code 27527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4227**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**C. Rose, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5539 Peden Point Rd  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4125**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Rosenblum, Shepherd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8105 Cranes View Place West  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4205**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Rutherford, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 604 Watts Street  
 City Durham State NC Zip Code 27701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4253**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**C. Shadduck, Phillip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10825 Round Brook Circle  
 City Raleigh State NC Zip Code 27617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4221**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Shea, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Ramble Way  
 City Asheville State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4175**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Smith, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Arrowwood Drive N  
 City Wilson State NC Zip Code 27896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4225**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**C. Solic, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 912 Williamson Drive  
 City Raleigh State NC Zip Code 27608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4217**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 44
	(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

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Spears, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2306 Princess Ann Street  
 City greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4271**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

**B. Stanislaw, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5352 Benjamin Place  
 City Granite Falls State NC Zip Code 28630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4139**  
 Amount of Each Receipt this Period  
 325.00  
 Memo Item

**C. Stevens, Trent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2406 Mimosa Place  
 City Wilmington State NC Zip Code 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2025  
**Transaction ID : SA11AI.4269**  
 Amount of Each Receipt this Period  
 975.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Supple, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1802 St. Andrews  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4195**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Sutton, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2232 South Canterbury Rd  
 City Wilmington State NC Zip Code 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4101**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Swintek, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 Lakebend Way  
 City Greensboro State NC Zip Code 27410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4197**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Viens, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Pinehurst Drive  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4229**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Walker, Earl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 East Paradise Harbor Drive  
 City Connelly Springs State NC Zip Code 28612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4143**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Wertman, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8720 Emerald Plantation Rd  
 City Emerald Isle State NC Zip Code 28594  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4293**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 37 OF 44  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

**A. Wilson, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7165 Talton Ridge Drive  
 City Cary State NC Zip Code 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4209**  
 Amount of Each Receipt this Period 975.00  
 Memo Item

**B. Zook, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2897 North Face Drive  
 City Valdese State NC Zip Code 28690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4149**  
 Amount of Each Receipt this Period 130.00  
 Memo Item

**C. Zub, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6811 Finian Drive  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EmergeOrtho PA Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2025  
**Transaction ID : SA11AI.4131**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1430.00
<b>TOTAL</b> This Period (last page this line number only).....	69941.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CT Corporation**

Mailing Address PO Box 4349

City  
Carole Stream

State  
IL

Zip Code  
60197

Purpose of Disbursement

Statutory Compliance

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2025

FEC Identification Number

C

**Transaction ID : SB21B.4303**

Amount of Each Disbursement this Period

872.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Parker Poe**

Mailing Address 620 S Tryon St  
Suite 800

City  
Charlotte

State  
CA

Zip Code  
28202

Purpose of Disbursement

Legal

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2025

FEC Identification Number

C

**Transaction ID : SB21B.4301**

Amount of Each Disbursement this Period

11452.50

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12324.50

**TOTAL** This Period (last page this line number only)..... ▶

12324.50

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

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NAME OF COMMITTEE (In Full)

**EMERGEOR THO P.A. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. Citizens for Destin Hall

Mailing Address PO Box 97275

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement

Candidate Name

Citizens for Destin Hall

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

Transaction ID : SB23.4325

Amount of Each Disbursement this Period

6800.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Committee for Dr Tim Reeder

Mailing Address 1413 Fox Hollow Dr

City  
Ayden

State  
NC

Zip Code  
28513

Purpose of Disbursement

Candidate Name

Committee for Dr Tim Reeder

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

Transaction ID : SB23.4327

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Committee to Elect Amy Galey

Mailing Address 233 Floyd Scott Lane

City  
Burlington

State  
NC

Zip Code  
27217

Purpose of Disbursement

Candidate Name

Committee to Elect Amy Galey

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

Transaction ID : SB23.4312

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

15300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**EMERGEOR THO P.A. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Benton Sawrey**

Mailing Address 5 Warrck Pl

City  
Clayton

State  
NC

Zip Code  
27527

Purpose of Disbursement

Candidate Name

Committee to Elect Benton Sawrey

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

**Transaction ID : SB23.4314**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Brenden Jones**

Mailing Address PO Box 1

City  
Tabor City

State  
NC

Zip Code  
28463

Purpose of Disbursement

Candidate Name

Committee to Elect Brenden Jones

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

**Transaction ID : SB23.4333**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Donny Lambeth**

Mailing Address 4627 South Main St

City  
Winston Salem

State  
NC

Zip Code  
27127

Purpose of Disbursement

Candidate Name

Committee to Elect Donny Lambeth

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

**Transaction ID : SB23.4337**

Amount of Each Disbursement this Period

3500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Grant Campbell**

Mailing Address PO Box 1350

City Norwood State NC Zip Code 28128

Purpose of Disbursement

Candidate Name  
Committee to Elect Grant Campbell

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2025

FEC Identification Number

C

Transaction ID : SB23.4329

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Michael Lee**

Mailing Address 3414 Wrightsville Ave

City Wilmington State NC Zip Code 28403

Purpose of Disbursement

Candidate Name  
Committee to Elect Michael Lee

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2025

FEC Identification Number

C

Transaction ID : SB23.4317

Amount of Each Disbursement this Period

6800.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Robert T Reives II**

Mailing Address 514 Daniels St #137

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

Candidate Name  
Committee to Elect Robert T Reives II

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2025

FEC Identification Number

C

Transaction ID : SB23.4339

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

11300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**EMERGEOR THO P.A. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Sydney Batch**

Mailing Address 1001 Wade Ave Ste 323

City  
Raleigh

State  
NC

Zip Code  
27605

Purpose of Disbursement

Candidate Name

Friends of Sydney Batch

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

Transaction ID : SB23.4323

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jim Burgin for Senate**

Mailing Address PO Box 1

City  
Angier

State  
NC

Zip Code  
27501

Purpose of Disbursement

Candidate Name

Jim Burgin for Senate

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

Transaction ID : SB23.4310

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. John Bell Committee**

Mailing Address 501 Holland Hill Drive

City  
Goldsboro

State  
NC

Zip Code  
27530

Purpose of Disbursement

Candidate Name

John Bell Committee

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2025			

FEC Identification Number

C

Transaction ID : SB23.4335

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)

**EMERGEORTHO P.A. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Larry W Pots for North Carolina House of Representatives**

Mailing Address 373 Waitman Rd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	2	5

City  
Lexington

State  
NC

Zip Code  
27295

FEC Identification Number

C
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**Transaction ID : SB23.4331**

Amount of Each Disbursement this Period

3	5	0	0	0	0
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Memo Item

Purpose of Disbursement

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Candidate Name

Larry W Pots for North Carolina House of Representatives

Category/  
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Murphy for Congress**

Mailing Address PO Box 1131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

City  
Greenville

State  
NC

Zip Code  
27835

FEC Identification Number

C
---

**Transaction ID : SB23.4305**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item

Purpose of Disbursement

--

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Phil Berger Committee**

Mailing Address PO Box 528

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	2	5

City  
Eden

State  
NC

Zip Code  
27289

FEC Identification Number

C
---

**Transaction ID : SB23.4341**

Amount of Each Disbursement this Period

6	8	0	0	0	0
---	---	---	---	---	---

Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	8	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

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

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NAME OF COMMITTEE (In Full)

**EMERGEOR THO P.A. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rabon for Senate**

Mailing Address 521 Cherrytree Rd

City  
Winnabow

State  
NC

Zip Code  
28479

Purpose of Disbursement

Candidate Name

Rabon for Senate

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2025

FEC Identification Number

C  
**Transaction ID : SB23.4343**  
Amount of Each Disbursement this Period  
6800.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ralph Hise for NC Senate**

Mailing Address PO Box 86

City  
Spruce Pine

State  
NC

Zip Code  
28777

Purpose of Disbursement

Candidate Name

Ralph Hise for NC Senate

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2025

FEC Identification Number

C  
**Transaction ID : SB23.4319**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11800.00

**TOTAL** This Period (last page this line number only)..... ▶

71200.00