

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 51  
(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)

**ORTHOCAROLINA PA FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davis, William, , Dr.,**

Mailing Address 1212 Queens Road

City  
CharlotteState  
NCZip Code  
28207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OrthoCarolina, PAOccupation (for Individual)  
Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	14	/	2018

**Transaction ID : SA11AI.8302**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DeLay, Brian, , ,**

Mailing Address 21200 Blakely Shores Dr

City  
CorneliusState  
NCZip Code  
28031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OrthoCarolina, PAOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2018

**Transaction ID : SA11AI.8224**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dockery, Michael, , ,**

Mailing Address 3701 Bodenham Court

City  
CharlotteState  
NCZip Code  
28215FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OrthoCarolina, PAOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	11	/	2018

**Transaction ID : SA11AI.8225**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

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