

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

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

FOR LINE NUMBER: PAGE 15 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORTHOCAROLINA PA FEDERAL PAC

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

A. Ellington, John, Kent, ,

Mailing Address 1104 Sedgewood Forest Ln

City
Charlotte

State
NC

Zip Code
28211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoCarolina, PA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.8781

Amount of Each Receipt this Period

83.33

☐ Memo Item

Individual Contribution

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

B. Lauffenburger, Michael, , ,

Mailing Address 880 Osprey Ridge Road

City

Winston Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoCarolina, PA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2019

Transaction ID : SA11AI.8721

Amount of Each Receipt this Period

100.00

☐ Memo Item

Individual Contribution

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

C. Lauffenburger, Michael, , ,

Mailing Address 880 Osprey Ridge Road

City

Winston Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoCarolina, PA

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2019

Transaction ID : SA11AI.8730

Amount of Each Receipt this Period

100.00

☐ Memo Item

Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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

283.33