



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Triangle Orthopaedic Associates PA 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="2014"/>	<input type="text" value="34112.32"/>	<input type="text" value="34112.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16942.80"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16202.45"/>	<input type="text" value="47307.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33145.25"/>	<input type="text" value="81419.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13538.69"/>	<input type="text" value="61812.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19606.56"/>	<input type="text" value="19606.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Triangle Orthopaedic Associates PA 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).....	16200.00	43500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16200.00	43500.00
(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) .....	16200.00	43500.00
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	3800.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.45	7.16
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))..... ▶	16202.45	47307.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16202.45	47307.16

**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 .....	38.69	154.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38.69	154.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	32500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	500.00	29158.75
30. Federal Election Activity (2 U.S.C. §431(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)) ..	13538.69	61812.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13538.69	61812.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16200.00	43500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16200.00	43500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	38.69	154.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	38.69	154.17

**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 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. Julian Mack Aldridge III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3801 North Hampton Road  
 City Durham State NC Zip Code 27707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5399**  
 Amount of Each Receipt this Period 600.00  
 Payroll Deduction - \$75 per Pay Period

**B. Dr. Perico Arcedo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9410 Harvest Acres Court  
 City Raleigh State NC Zip Code 27617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5400**  
 Amount of Each Receipt this Period 600.00  
 Payroll Deduction - \$75 per Pay Period

**C. Dr. Kathryn Baerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2103 Fountain Ridge Road  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5401**  
 Amount of Each Receipt this Period 400.00  
 Payroll Deduction - \$50 per Pay Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 18
<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)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. Richard F Bruch**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 Pineview Road

City Durham State NC Zip Code 27707

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.5402**

Amount of Each Receipt this Period  
**600.00**

Payroll Deduction - \$75 per Pay Period

**B. Dr. Mark Burt**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 Heritage Club Ave

City Wake Forest State NC Zip Code 27587

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.5403**

Amount of Each Receipt this Period  
**600.00**

Payroll Deduction - \$75 per Pay Period

**C. Dr. Philip E Clifford**  
Full Name (Last, First, Middle Initial)

Mailing Address 3815 Northhampton Road

City Durham State NC Zip Code 27707

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.5404**

Amount of Each Receipt this Period  
**800.00**

Payroll Deduction - \$100 per Pay Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2000.00</b>
<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 8 OF 18
<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)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. David T Dellaero**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Ipswish Court

City Durham State NC Zip Code 27705

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.5405**

Amount of Each Receipt this Period  
**600.00**

Payroll Deduction - \$75 per Pay Period

**B. Dr. Thomas A Dimmig**  
Full Name (Last, First, Middle Initial)

Mailing Address 1207 Red Mountain Road

City Rougemont State NC Zip Code 27572

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.5406**

Amount of Each Receipt this Period  
**600.00**

Payroll Deduction - \$75 per Pay Period

**C. Dr. Dina B Eisinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Yukon Lane

City Chapel Hill State NC Zip Code 27514

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.5407**

Amount of Each Receipt this Period  
**600.00**

Payroll Deduction - \$75 per Pay Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1800.00</b>
<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 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. Brett Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7813 Chestnut Branch Court  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5408**  
 Amount of Each Receipt this Period 600.00  
 Payroll Deduction - \$75 per Pay Period

**B. Dr. Peter W Gilmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3211 Moore's Mill Road  
 City Rougemont State NC Zip Code 27572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5409**  
 Amount of Each Receipt this Period 600.00  
 Payroll Deduction - \$75 per Pay Period

**C. Dr. William Hage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1916 Ridge Road  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5410**  
 Amount of Each Receipt this Period 600.00  
 Payroll Deduction - \$75 per Pay Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. Paul J Kerner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9212 Duncan Shire Court  
 City Raleigh State NC Zip Code 27613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Assocaite Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5411**  
 Amount of Each Receipt this Period 600.00  
 Payroll Deduction - \$75 per Pay Period

**B. Dr. Jon Kimball**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 Alumni Ave  
 City Durham State NC Zip Code 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5412**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction - \$25 per Pay Period

**C. Marshall A Kuremsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4813 Patton Ridge Court  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11AI.5413**  
 Amount of Each Receipt this Period 600.00  
 Payroll Deduction - \$75 per Pay Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
<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)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. Ralph A Liebelt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4404 Turnberry Circle

City Durham State NC Zip Code 27712

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5414**

Amount of Each Receipt this Period  
**600.00**

Payroll Deduction - \$75 per Pay Period

**B. Lewis Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Kenan Street NW

City Wilson State NC Zip Code 27893

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5415**

Amount of Each Receipt this Period  
**400.00**

Payroll Deduction - \$50 Per Pay Period

**C. Dr. David B Musante**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Winslow Place

City Chapel Hill State NC Zip Code 27517

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

Name of Employer Triangle Orthopaedic Associate Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5416**

Amount of Each Receipt this Period  
**600.00**

Payroll Deduction - \$75 per Pay Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 12 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. Raphael S Orenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Buckeye Lane  
 City State Zip Code  
 Chapel Hill NC 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Triangle Orthopaedic Associate Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5417**  
 Amount of Each Receipt this Period  
 600.00  
 Payroll Deduction - \$75 per Pay Period

**B. Dr. Brett Rosenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98 Booth Meadow Lane  
 City State Zip Code  
 Durham NC 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Triangle Orthopaedic Associate Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5418**  
 Amount of Each Receipt this Period  
 600.00  
 Payroll Deduction - \$75 per Pay Period

**C. Dr. Shepherd Rosenblum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12416 Richmond Run Drive  
 City State Zip Code  
 Raleigh NC 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Triangle Orthopaedic Assocaite Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5419**  
 Amount of Each Receipt this Period  
 600.00  
 Payroll Deduction - \$75 per Pay Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 18
<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)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr Robert N Satterfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 Brookside Drive  
 City Wilson State NC Zip Code 27893  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11AI.5487**  
 Amount of Each Receipt this Period **200.00**  
 Payroll Deduction - \$25 per Pay Period

**B. Dr. Phillip Shadduck**  
 Full Name (Last, First, Middle Initial)  
 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 Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11AI.5420**  
 Amount of Each Receipt this Period **400.00**  
 Payroll Deduction - \$50 per Pay Period

**C. Dr. William P Silver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1216 Pinehurst Drive  
 City Chapel Hill State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Triangle Orthopaedic Associate Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11AI.5421**  
 Amount of Each Receipt this Period **600.00**  
 Payroll Deduction - \$75 per Pay Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1200.00</b>
<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 14 OF 18
<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)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Bradley Smith**  
Full Name (Last, First, Middle Initial)

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 Triangle Orthopaedic Associate	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11AI.5422**

Amount of Each Receipt this Period  
400.00

Payroll Deduction - \$50 per Pay Period

**B. Dr. John Solic**  
Full Name (Last, First, Middle Initial)

Mailing Address 8314 Stonetown Ave

City Raleigh	State NC	Zip Code 27612
-----------------	-------------	-------------------

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

Name of Employer Triangle Orthopaedic Associate	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11AI.5423**

Amount of Each Receipt this Period  
600.00

Payroll Deduction - \$75 per Pay Period

**C. Adam Thorp**  
Full Name (Last, First, Middle Initial)

Mailing Address 4803 Glen Eagles Ln N

City Wilson	State NC	Zip Code 27896
----------------	-------------	-------------------

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

Name of Employer Triangle Orthopaedic Associate	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SA11AI.5424**

Amount of Each Receipt this Period  
200.00

Payroll Deduction - \$25 per Pay Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1200.00
<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 15 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Triangle Orthopaedic Associates PA Political Action Committee**

**A. Dr. Joseph B Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7165 Talton Ridge Drive  
 City State Zip Code  
 Cary NC 27519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Triangle Orthopaedic Assocaite Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5425**  
 Amount of Each Receipt this Period  
 600.00  
 Payroll Deduction - \$75 per Pay Period

**B. Dr. Robert Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Woodbine Court  
 City State Zip Code  
 Durham NC 27713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Triangle Orthopaedic Associate Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5426**  
 Amount of Each Receipt this Period  
 600.00  
 Payroll Deduction - \$75 per Pay Period

**C. Dr. Steven C Winters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2417 Vintage Drive  
 City State Zip Code  
 Durham NC 27712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Triangle Orthopaedic Associate Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.5427**  
 Amount of Each Receipt this Period  
 600.00  
 Payroll Deduction - \$75 per Pay Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16200.00

**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"/> 24	<input type="checkbox"/> 25	<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)

**Triangle Orthopaedic Associates PA Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)**

Mailing Address PO BOX 98629

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : SB23.5434

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. GEORGE HOLDING FOR CONGRESS**

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	4

Transaction ID : SB23.5428

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 2600 South Minnesota Avenue  
Suite 202

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

Transaction ID : SB23.5433

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
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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"/> 24	<input type="checkbox"/> 25	<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)

**Triangle Orthopaedic Associates PA Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. THOM TILLIS VICTORY COMMITTEE**

Mailing Address PO BOX 97275

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2014

Transaction ID : SB23.5432

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

10000.00

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

13000.00

# 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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Triangle Orthopaedic Associates PA Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Committee to Elect Chad Barefoot

Mailing Address 3650 Rogers Road

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2014

Transaction ID : SB29.5429

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y
	/		/	

Amount of Each Disbursement this Period

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

500.00
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**TOTAL** This Period (last page this line number only)..... ▶

500.00
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