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Image# 14978043903

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other	Than An Aut	horized	Commit	tee		Office U	Jse Only	
NAME OF COMMITTEE (in full)	TYPE OR I	PRINT ▼		nple: If typ the lines.	ing, type	12FE4	4M5		
Triangle Orthopaedio	Associate	es PA Politic	al Actio	n Comr	nittee				
ADDRESS (number and street)	120 Willia	am Penn Plaza							
Check if different than previously reported. (ACC)	Durham					NC	2770	4	
2. FEC IDENTIFICATION	NUMBER ▼	CIT	ΓY Δ			STATE 🛦		ZIP COD	E 🛦
C C00418582			S THIS REPORT	\ <u>/</u>	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPORT (Choose One)	(b) Mon Rep Due	ort On:	20 (M2)		May 20 (M5)		Aug 20 (M8)	Ш:	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:			20 (M3)	Η	Jun 20 (M6)	H	Sep 20 (M9)		Non-Election Year Only)
April 15 Quarterly Report	(Q1) (c)	12-Day	20 (M4)	Primary (12	Jul 20 (M7)	Gor	Oct 20 (M10)		Jan 31 (YE)
July 15 Quarterly Report		PRE-Election Report for the:		Primary (12 Convention		-	eral (12G)	ш	Runoff (12R)
X October 15 Quarterly Report	(Q3)		ш	M		Y Y Y		in the	
January 31 Year-End Report		Election	on on					State of	
July 31 Mid-Year Report (Non-elec Year Only) (MY)		30-Day POST-Election Report for the:		General (30	OG)	Run	off (30R)		Special (30S)
Termination Repo (TER)	ort	Election	on on	M = M	D D /	Y = Y = Y	Y	in the State of	
5. Covering Period	07 01	2014	Y	through	M M	30)14	
I certify that I have examined Type or Print Name of Treasu	-		my know	ledge and	belief it is tru	ie, correc	and comple	ete.	
Signature of Treasurer Ge	orge Sheasley		[.	Electronical	ly Filed]	ate	M M / D	1	2014
NOTE: Submission of false, error	oneous, or inco	omplete informatio	n may sub	ject the pe	rson signing th	nis Report	to the penalt	ies of 2 U.	S.C. §437g.
Office Use Only								C FORM Rev. 12/200	

	rite or Type Committee Name riangle Orthopaedic Associates PA	Political Action Committee	Page 2
R	eport Covering the Period: From: 07	01 2014 To:	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		34112.32
	(b) Cash on Hand at Beginning of Reporting Period	16942.80	
	(c) Total Receipts (from Line 19)	16202.45	47307.16
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33145.25	81419.48
7.	Total Disbursements (from Line 31)	13538.69	61812.92
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19606.56	19606.56
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Triangle Orthopaedic Associates PA Political Action Committee

ibutions (other than loans) From: Individuals/Persons Other Than Political Committees I) Itemized (use Schedule A) Iii) Unitemized Iiii) TOTAL (add Lines 11(a)(i) and (ii) Individuals/Persons Other Individuals	16200.00 , 0.00 , 16200.00 , 0.00	0.00 43500.00 0.00
Than Political Committees ii) Itemized (use Schedule A)	, , , 0.00 , 16200.00 , , 0.00	0.00
ii) Itemized (use Schedule A)	, , , 0.00 , 16200.00 , , 0.00	0.00 43500.00 0.00
ii) Unitemized iii) TOTAL (add Lines 11(a)(i) and (ii) Political Party Committees Other Political Committees such as PACs) Total Contributions (add Lines	, , , 0.00 , 16200.00 , , 0.00	0.00 43500.00 0.00
Political Party Committees Such as PACs)	16200.00	43500.00
Political Party Committees Such as PACs)	16200.00	0.00
Political Party Committees Other Political Committees such as PACs) Total Contributions (add Lines	0.00	
Other Political Committees such as PACs) Total Contributions (add Lines		0.00
Other Political Committees such as PACs) Total Contributions (add Lines		
such as PACs) Total Contributions (add Lines	0.00	
otal Contributions (add Lines	7	0.00
otals to Line 33, page 5)	16200.00	43500.00
fers From Affiliated/Other		
Committees	0.00	0.00
	0.00	
ans Received	0.00	0.00
	0.00	
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
1 - 1	7	0.00
	0.00	3800.00
	7	7
·	2 45	7.16
fers from Non-Federal and Levin Funds	2.10	
on-Federal Account		
from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
,		
tal Transfers (add 18(a) and 18(b))	0.00	0.00
	Ans Received	Committees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period					
Operating Expenditures: —	Iotal Tino Fellou	Calendar Year-to-Date				
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
	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	30.03	104.17				
(add 21(a)(i), (a)(ii), and (b))▶	38.69	154.17				
Transfers to Affiliated/Other Party						
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees	10000.00					
and Other Political Committees	13000.00	32500.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use ourleadic 1)						
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other						
Than Political Committees	0.00	0.00				
(h) Palitical Party Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(0001 00 11 00)		7				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
		00450.75				
Other Disbursements	500.00	29158.75				
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	2.22	0.00				
With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13538.69	61812.92				
	7 7	31312.02				
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	16200.00	43500.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16200.00	43500.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	38.69	154.17
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	38.69	154.17

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Triangle Orthopaedic Associate	es PA Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Julian Mack Aldridge III Mailing Address 3801 North Hampton Road City Durham FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary General Other (specify)	State Zip Code NC 27707 C Occupation Physician Aggregate Year-to-Date ▼ 1575.00	Date of Receipt M M M / 30 2014 Transaction ID : SA11AI.5399 Amount of Each Receipt this Period 600.00 Payroll Deduction - \$75 per Pay Period
Full Name (Last, First, Middle Initial) Dr. Perico Arcedo Mailing Address 9410 Harvest Acres Court City Raleigh	State Zip Code NC 27617	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: □ Primary □ General □ Other (specify) ▼	C Occupation Physician Aggregate Year-to-Date ▼ 1575.00	- Payroll Deduction - \$75 per Pay Period
Full Name (Last, First, Middle Initial) Dr. Kathryn Baerman Mailing Address 2103 Fountain Ridge Road City Chapel Hill FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary General Other (specify)	State Zip Code NC 27517 C Occupation Physician 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
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1600.00
TOTAL This Period (last page this line numbe	r only)	

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

F	FOR LINE NUMBER:							7	OF		18
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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	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Triangle Orthopaedic Associate	es PA Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Richard F Bruch		Date of Receipt
Mailing Address 207 Pineview Road		09 30 2014 .
City Durham	State Zip Code NC 27707	Transaction ID : SA11AI.5402 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Triangle Orthopaedic Associate	Occupation Physician	Payroll Deduction - \$75 per Pay Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	
Full Name (Last, First, Middle Initial) 3. Dr. Mark Burt Mailing Address 1320 Heritage Club Ave	1	Date of Receipt
City	State Zip Code NC 27587	09 30 2014
Wake Forest FEC ID number of contributing federal political committee.	NC 27587	Amount of Each Receipt this Period 600.00
Name of Employer Triangle Orthopaedic Associate	Occupation Physician	Payroll Deduction - \$75 per Pay Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	
Full Name (Last, First, Middle Initial) Dr. Philip E Clifford		Date of Receipt
Mailing Address 3815 Northhampton Road		09 30 _2014 _
City Durham	State Zip Code NC 27707	Transaction ID : SA11AI.5404 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	800.00
Name of Employer Triangle Orthopaedic Associate Receipt For:	Occupation Physician	Payroll Deduction - \$100 per Pay Period
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
SUBTOTAL of Receipts This Page (optional)	>	2000.00
TOTAL This Period (last page this line number	r only)	

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		atements may not be sold or used by any personame and address of any political committee to	
\	AME OF COMMITTEE (In Full)	PA Political Action Committee	
/	Friangle Orthopaedic Associates	FA POIITICAL ACTION COMMITTEE	
	ull Name (Last, First, Middle Initial) Dr. David T Dellaero		Date of Receipt
M	lailing Address 4 Ipswish Court		09 30 2014
C	ity	State Zip Code	Transaction ID : SA11AI.5405
	Durham	NC 27705	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	600.00
N	ame of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
	riangle Orthopaedic Associate	Physician	
_	deceipt For:	Aggregate Year-to-Date ▼	
	Primary General	, 199, 5900 Tour to Date 4	
	Other (specify) ▼	1575.00	
	ull Name (Last, First, Middle Initial) Dr. Thomas A Dimmig		Date of Receipt
M	lailing Address 1207 Red Mountain Road	09 30 2014	
С	ity	State Zip Code	Transaction ID : SA11AI.5406
R	Rougemont	NC 27572	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	600.00
N	ame of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Tı	riangle Orthopaedic Associate	Physician	
\overline{R}	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1575.00	
l	Other (specify) ▼	1070.00	
	ull Name (Last, First, Middle Initial) Dr. Dina B Eisinger		Date of Receipt
M	lailing Address 107 Yukon Lane		09 30 2014
C	ity	State Zip Code	Transaction ID : SA11AI.5407
_	Chapel Hill	NC 27514	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	600.00
N	ame of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Т	riangle Orthopaedic Associate	Physician	
	eceipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	1575.00	
SUI	BTOTAL of Receipts This Page (optional)		1800.00
тот	TAL This Period (last page this line number o	nly)	
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	Statements may not be sold or used by any personal parties and address of any political committee to	
NAME OF COMMITTEE (In Full) Triangle Orthopaedic Associate	es PA Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Brett Gilbert Mailing Address 7813 Chestnut Branch Court		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5408
Raleigh	NC 27612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Triangle Orthopaedic Associate	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	
Full Name (Last, First, Middle Initial) 3. Dr. Peter W Gilmer		Date of Receipt
Mailing Address 3211 Moore's Mill Road		M = M / D = D / Y = Y = Y
City	State Zip Code	09 30 2014 Transaction ID : \$444 At 5400
Rougemont	NC 27572	Transaction ID : SA11AI.5409 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Triangle Orthopaedic Associate	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	
Full Name (Last, First, Middle Initial) Dr. William Hage		Date of Receipt
Mailing Address 1916 Ridge Road		09 30 2014
City	State Zip Code	Transaction ID : SA11AI.5410
Raleigh	NC 27607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Triangle Orthopaedic Associate	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1575.00	
SUBTOTAL of Receipts This Page (optional)		1800.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) 17

ELUITED DECEIDES	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 18 (check only one)		
EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a		
ny information copied from such Reports and Statements for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)	address of any political committee	e to solicit contributions from such committee.		
Triangle Orthopaedic Associates PA Po	olitical Action Committee			
Full Name (Last, First, Middle Initial) Dr. Paul J Kerner Mailing Address 9212 Duncan Shire Court		Date of Receipt 09 30 2014		
City State Raleigh NC	Zip Code 27613	Transaction ID : SA11AI.5411 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		600.00		
Name of Employer Triangle Orthopaedic Assocaite Receipt For: □ Primary □ Other (specify) ▼ Occupat Physician Aggrega		Payroll Deduction - \$75 per Pay Period		
Full Name (Last, First, Middle Initial) Dr. Jon Kimball Mailing Address 308 Alumni Ave		Date of Receipt		
City State Durham NC	Zip Code 27713	09 30 2014 Transaction ID : SA11AI.5412 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		200.00		
Name of Employer Triangle Orthopaedic Associate Receipt For: Primary Other (specify) ▼ Occupat Physician Aggrega		Payroll Deduction - \$25 per Pay Period		
Full Name (Last, First, Middle Initial) Marshall A Kuremsky Mailing Address 4813 Patton Ridge Court		Date of Receipt		
City State Raleigh NC	Zip Code 27612	09 30 2014 Transaction ID : SA11AI.5413 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		600.00		
Name of Employer Triangle Orthopaedic Associate Physicia		Payroll Deduction - \$75 per Pay Period		
Receipt For: Aggrega	te Year-to-Date ▼ 1575.00	1		

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

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	d Statements may not be sold or used by any per the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Triangle Orthopaedic Associa	tes PA Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Ralph A Liebelt		Date of Receipt
Mailing Address 4404 Turnberry Circle		09 30 2014
City Durham	State Zip Code NC 27712	Transaction ID : SA11AI.5414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Triangle Orthopaedic Associate Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1575.00	Payroll Deduction - \$75 per Pay Period
Full Name (Last, First, Middle Initial) Lewis Martin Mailing Address 1407 Kenan Street NW		Date of Receipt
City Wilson	State Zip Code NC 27893	7 Transaction ID : SA11AI.5415 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer Triangle Orthopaedic Associate	Occupation Physician	Payroll Deduction - \$50 Per Pay Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Dr. David B Musante		Date of Receipt
Mailing Address 5 Winslow Place		09 30 2014
City Chapel Hill	State Zip Code NC 27517	Transaction ID : SA11AI.5416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Triangle Orthopaedic Associate Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 1575.00	
SUBTOTAL of Receipts This Page (optional)	>	1600.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Dr. Raphael S Orenstein Date of Receipt Mailing Address 103 Buckeye Lane 30 2014 City State Zip Code Transaction ID: SA11AI.5417 NC Chapel Hill 27516 Amount of Each Receipt this Period FEC ID number of contributing C 600.00 federal political committee. Payroll Deduction - \$75 per Pay Period Name of Employer Occupation Triangle Orthopaedic Associate Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1575.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Brett Rosenberg Date of Receipt Mailing Address 98 Booth Meadow Lane 09 30 2014 City State Zip Code Transaction ID: SA11AI.5418 NC Durham 27713 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. Payroll Deduction - \$75 per Pay Period Name of Employer Occupation Triangle Orthopaedic Associate Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1575.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Shepherd Rosenblum Date of Receipt Mailing Address 12416 Richmond Run Drive 30 09 2014 City State Zip Code Transaction ID: SA11AI.5419 NC Raleigh 27614 Amount of Each Receipt this Period FEC ID number of contributing 600.00 С federal political committee. Payroll Deduction - \$75 per Pay Period Name of Employer Occupation Triangle Orthopaedic Assocaite Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1575.00 Other (specify) 1800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Triangle Orthopaedic Associates	s PA Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert N Satterfield		Date of Receipt
Mailing Address 1019 Brookside Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	09 30 2014 Transaction ID : SA11AI.5487
Wilson	NC 27893	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	Payroll Deduction - \$25 per Pay Period
Triangle Orthopaedic Associate	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
	7	
Full Name (Last, First, Middle Initial) Dr. Phillip Shadduck		Date of Receipt
Mailing Address 10825 Round Brook Circle		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	09 30 2014 Transaction ID : SA11Al.5420
Raleigh	NC 27617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	Payroll Deduction - \$50 per Pay Period
Triangle Orthopaedic Associate	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Dr. William P Silver		Date of Receipt
Mailing Address 1216 Pinehurst Drive		09 30 2014
City	State Zip Code	Transaction ID : SA11AI.5421
Chapel Hill	NC 27517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Triangle Orthopaedic Associate	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1575.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number of	only)	

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	Statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) Triangle Orthopaedic Associate	es PA Political Action Committee	
Full Name (Last, First, Middle Initial) Bradley Smith		Date of Receipt
Mailing Address 3702 Arrowwood Drive N		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilson	State Zip Code NC 27896	Transaction ID : SA11AI.5422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Triangle Orthopaedic Associate Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1050.00	Payroll Deduction - \$50 per Pay Period
Full Name (Last, First, Middle Initial) Dr. John Solic Mailing Address 8314 Stonetown Ave		Date of Receipt
City Raleigh	State Zip Code NC 27612	7
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 600.00
Name of Employer Triangle Orthopaedic Associate	Occupation Physician	Payroll Deduction - \$75 per Pay Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	
Full Name (Last, First, Middle Initial)	I	Date of Receipt
Mailing Address 4803 Glen Eagles Ln N		09 30 2014
City Wilson	State Zip Code NC 27896	Transaction ID : SA11AI.5424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	Payroll Deduction - \$25 per Pay Period
Triangle Orthopaedic Associate Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 525.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numbe	<u>_</u>	

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(check only one)									
	\times	11a		11b		11c	12		
		13		14		15	16		17

Triangle Orthopaedic Associates PA Political Action Committee Full Name (Last, First, Middle Initial) Dr. Joseph B Wilson City State Zip Code Cary NC 27519 FEC ID number of contributing deferal political committee. City State Zip Code Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Occupation Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: SA11AL5427 Amount of Each Receipt his Period Date of Receipt Transaction ID: SA11AL5427 Amount of Each Receipt his Period Payroll Deduction - \$75 per Pay Period Transaction ID: SA11AL5427 Amount of Each Receipt his Period Fig. 1575.00 Date of Receipt Transaction ID: SA11AL5427 Amount of Each Receipt his Period Fig. 1575.00 Date of Receipt Transaction ID: SA11AL5427 Amount of Each Receipt his Period Fig. 1575.00 Date of Receipt Transaction ID: SA11AL5427 Amount of Each Receipt his Period Fig. 1575.00 Date of Receipt Transaction ID: SA11AL5427 Amount of Each Receipt his Period Fig. 1575.00	for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Dr. Joseph B Wilson Mailing Address 7165 Talton Ridge Drive City Cary State City Cary State City Cary State City Cocupation Proposition Transaction ID: SA11AL5425 Amount of Each Receipt this Period Payroll Deduction - \$75 per Pay Period Date of Receipt Payroll Deduction - \$75 per Pay Period Transaction ID: SA11AL5426 Amount of Each Receipt this Period Payroll Deduction - \$75 per Pay Period	NAME OF COMMITTEE (In Full) Triangle Orthopaedic Associ	iates PA Political Action Committee	
City Cary State Zip Code NC 27519 FEC ID number of contributing federal political committee. C C Cocupation Physician Raceapt For: Primary General Other (specify) ▼ 1575.00 Pull Name (Last, First, Middle Initial) Dr. Robert Wilson Mailing Address 8 Woodbine Court City Durham C C C C C C C C C C C C C C C C C C C	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Occupation Physician Aggregate Year-to-Date ▼	Mailing Address 7165 Talton Ridge Drive		
FEC ID number of contributing federal political committee. Canna of Employer Triangle Orthopaedic Assocaite Receipt For:	City	·	Transaction ID : SA11AI.5425
Rederal political committee. Cocupation Physician Receipt Payroll Deduction - \$75 per Pay Period	Cary	NC 27519	Amount of Each Receipt this Period
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Other (specify) ▼ 1575.00 Full Name (Last, First, Middle Initial) Dr. Robert Wilson Mailing Address 8 Woodbine Court City State Zip Code NC 27713 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ 1575.00 Date of Receipt Transaction ID: SA11Al.5426 Amount of Each Receipt this Period Favorial Deduction - \$75 per Pay Period Payroll Deduction - \$75 per Pay Period Date of Receipt Transaction ID: SA11Al.5426 Amount of Each Receipt this Period Favorial Deduction - \$75 per Pay Period Payroll Deduction - \$75 per Pay Period Date of Receipt Payroll Deduction - \$75 per Pay Period Payroll Deduction - \$75 per Pay Period Transaction ID: SA11Al.5427 Amount of Each Receipt this Period Favorial Deduction - \$75 per Pay Period Transaction ID: SA11Al.5427 Amount of Each Receipt this Period Favorial Deduction - \$75 per Pay Period Payroll Deduction - \$75 per Pay Period Transaction ID: SA11Al.5427 Amount of Each Receipt this Period Favorial Deduction - \$75 per Pay Period Favorial Deduction - \$75 per Pay Period Transaction ID: SA11Al.5427 Transaction ID: SA11Al.5427 Amount of Each Receipt this Period Favorial Deduction - \$75 per Pay Period Transaction ID: SA11Al.5427 Transaction ID: SA11Al.5427 Amount of Each Receipt this Period Favorial Deduction - \$75 per Pay Period Transaction ID: SA11Al.5427 Transaction ID: SA11Al.542		Aggregate Year-to-Date ▼	
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City State Zip Code Durham NC 27713 FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary General Other (specify) ▼ 1575.00 Full Name (Last, First, Middle Initial) Dr. Steven C Winters Mailing Address 2417 Vintage Drive City State Zip Code Durham NC 27712 City State Zip Code Durham NC 27712 City State Zip Code Durham NC 27712 Fec ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary General Occupation Physician Fec ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1575.00 Date of Receipt Payroll Deduction - \$75 per Pay Period Fec ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1575.00 Date of Receipt Date of Receipt Fransaction ID: SA11AI.5427 Amount of Each Receipt this Period Fec ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1575.00	Full Name (Last, First, Middle Initial) Dr. Robert Wilson	·	Date of Receipt
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Triangle Orthopaedic Associate Receipt For: Primary General Other (specify) ▼	Name of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Receipt For: Primary General Other (specify) ▼	. ,	,	
Primary			
Full Name (Last, First, Middle Initial) Dr. Steven C Winters Mailing Address 2417 Vintage Drive City Durham State Vintage		Aggregate Year-to-Date ▼	
Dr. Steven C Winters Mailing Address 2417 Vintage Drive City Durham State Zip Code NC 27712 FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary Other (specify) ▼ Date of Receipt MM M		1575.00	
Mailing Address 2417 Vintage Drive City Durham State Vip Code NC 27712 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ DETOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 1800.00	Full Name (Last, First, Middle Initial)		Date of Passint
City Durham State Zip Code NC 27712 FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ DETOTAL of Receipts This Page (optional). State Zip Code NC 27712 Transaction ID : SA11AI.5427 Amount of Each Receipt this Period 600.00 Fayroll Deduction - \$75 per Pay Period 1575.00	Mailing Address 2417 Vintage Drive		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer Triangle Orthopaedic Associate Receipt For: Primary Other (specify) Aggregate Year-to-Date JBTOTAL of Receipts This Page (optional)	City	State Zip Code	Transaction ID : SA11AI.5427
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Description 1575.00 Aggregate Year-to-Date ▼ 1800.00	Durham	NC 27712	
Triangle Orthopaedic Associate Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1575.00 DBTOTAL of Receipts This Page (optional)	FEC ID number of contributing federal political committee.	C	600.00
Receipt For: Primary Other (specify) Other (specify) DBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 1575.00 1800.00	Name of Employer	Occupation	Payroll Deduction - \$75 per Pay Period
Primary General Other (specify) ▼ 1575.00 DBTOTAL of Receipts This Page (optional)	Triangle Orthopaedic Associate	Physician	
Primary General Other (specify) ▼ 1575.00 DBTOTAL of Receipts This Page (optional)	Receipt For:	Aggregate Year-to-Date ▼	
UBTOTAL of Receipts This Page (optional)			
DBTOTAL of Necepts This Page (optional)	Other (specify) ▼	1575.00	
	UBTOTAL of Receipts This Page (options	al)	1800.00
			16200.00

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			21b 27	22 X 23 24 25 28a 28b 28c 29	2 3
NAME OF COMMITTEE (In Full)					
Triangle Orthopaedic Associates F	PA Political Ac	tion Con	nmittee		
Full Name (Last, First, Middle Initial)	EVOELLENO:	E (ODE 1	DA 0)	Date of Disbursement	
A. CONSERVATIVES RESTORING	EXCELLENC	E (CRE-I	PAC)	M M / D D / Y Y Y	Υ
Mailing Address PO BOX 98629				09 24 2014	
City RALEIGH	State Zip Co			Transaction ID : SB23.5434	
Purpose of Disbursement Contribution	2702	ĪF			
Candidate Name			011	Amount of Each Disbursement this P	Period
			Category/ Type	1000.	.00
Office Sought: House Disburse Senate President	ement For: 2014 Primary Other (specify)	General			
State: District:	•				
Full Name (Last, First, Middle Initial) B. GEORGE HOLDING FOR CONG	RESS			Date of Disbursement	
Mailing Address PO BOX 97187				08 22 2014	Υ
City RALEIGH	State Zip Co			Transaction ID : SB23.5428	
Purpose of Disbursement Contribution		Γ	011	Amount of Each Disbursement this P	Period
Candidate Name		(Category/ Type	1000.	.00
Office Sought: House Disburse	ment For: 2014 Primary Other (specify)	General			
Full Name (Last, First, Middle Initial) C. PHYSICIAN HOSPITALS OF AMERICA P			TTEE	Date of Disbursement	
	OLITIOAL AOTIO	O O O O O O O O O O O O O O O O O O O		M M / D D / Y Y Y	Υ
Mailing Address 2600 South Minnesota Avenue Suite 202				09 05 2014	
City Sioux Falls Purpose of Disbursement	State Zip Co SD 57108			Transaction ID : SB23.5433	
Contribution			011	Amount of Each Disbursement this P	Period
Candidate Name			Category/ Type	1000.	.00
	ment For: 2014	General			
Office Sought: House Disburse Senate President	Primary				
Senate					
Senate President	Other (specify) ▼			3000.	00

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 17 OF 18
TEMIZED DISBURSEMENTS	Use separate schedule(s)	e separate schedule(s) (check only one)	
LIMILLO DIODOROLIVILITIO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Dotalica Cultilliary Lage	27	28a 28b 28c 29 30
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		•	
ig/ Triangle Orthopaedic Associates P	A Political Action Co	ommittee	
Full Name (Last, First, Middle Initial)			
THOM TILLIS VICTORY COMMIT	TEE		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 97275			09 05 2014
City	State Zip Code		
RALEIGH	NC 27624		Transaction ID : SB23.5432
Purpose of Disbursement	-		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	10000.00
		Туре	10000.00
	nent For: 2014		
Senate President	Primary		
State: NC District: 00	other (opeony)		
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
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Mailing Address			
C:h.	State Zin Code		
City	State Zip Code		
Purpose of Disbursement			
		1 : :	Amount of Each Disbursement this Period
Candidate Name		Category/	
000		Туре	
Office Sought: House Disbursen Senate	nent For: Primary General		
President	Other (specify)		
State: District:	(
Full Name (Last, First, Middle Initial)			
.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
,	_ip 0000		
Purpose of Disbursement			
2			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburser	nont For:	Туре	
	Primary General		
President	Other (specify) ▼		
State: District:	• • • • •		
SUBTOTAL of Disbursements This Page (optional)		·····•	10000.00
TOTAL This Period (last page this line number only)			13000.00

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 18 OF 18	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	-	FOR LINE NUMBER: PAGE 18 OF 18 (check only one)	
		21b	22 23 24 25 26	
		27	28a 28b 28c X 29 30	
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the name	e and address of any politic	al committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Triangle Orthopaedic Associates P.	A Political Action Co	ommittee		
Full Name (Last, First, Middle Initial)		Ī		
A. Committee to Elect Chad Barefoot			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 3650 Rogers Road			08 22 2014	
City	State Zip Code			
•	NC 27587		Transaction ID : SB29.5429	
Purpose of Disbursement				
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	500.00	
00000	1.5	Type	300.00	
	nent For: 2014 Primary			
	Primary			
State: NC District:	•			
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3.			Date of Disbursement	
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Mailing Address				
City	State Zip Code			
Ony	Julio Zip Code			
Purpose of Disbursement				
-			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Office Sought: House Disbursen	aont For:	Туре		
	Primary General			
	Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Moiling Address			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
D				
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Period	
		Category/ Type		
Office Sought: House Disbursen	nent For:	- 7	7	
Senate	Primary General			
	Other (specify) ▼			
State: District:				
			500.00	
SUBTOTAL of Disbursements This Page (optional)		·····•	500.00	
TOTAL This Period (last page this line number and)			500.00	
TOTAL This Period (last page this line number only).				