

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Spine PAC of the National Association of Spine Specialists

ADDRESS (number and street) 7075 Veterans Blvd. Burr Ridge IL 60527 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00349225 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Report for the: General, Runoff, Special

5. Covering Period 11 01 2009 through 11 30 2009

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 Mr. Eric J. Muehlbauer

Signature of Treasurer Electronically Filed by Mr. Eric J. Muehlbauer Date 02 16 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		81369.18
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	103336.22									
(c) Total Receipts (from Line 19) .....	17896.57	101918.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	121232.79	183287.32								
7. Total Disbursements (from Line 31) .....	1500.00	63554.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	119732.79	119732.79								
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:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	16101.57	97598.14
(ii) Unitemized .....	1795.00	4320.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17896.57	101918.14
(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) .....	17896.57	101918.14
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 Transfer (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)) .....	17896.57	101918.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17896.57	101918.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	0.00	54.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	54.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	63500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1500.00	63554.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	63554.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	17896.57	101918.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17896.57	101918.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	54.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	54.53

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18  
(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)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr. Christopher M. Bono, MD

Mailing Address 75 Francis St

City State Zip Code  
Boston MA 02115-6110

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

Name of Employer Occupation  
Brigham & Women's Hosp/Dept of Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2009

**Transaction ID:** SA11AI.5203

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Claude Borowsky, MD

Mailing Address 5 Becarri Ln

City State Zip Code  
Southampton MA 01073-9569

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

Name of Employer Occupation  
Pioneer Spine and Sport Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 590.00

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2009

**Transaction ID:** SA11AI.5276

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ty W. Carter, MD

Mailing Address 410 University Pkwy Ste 1000

City State Zip Code  
Aiken SC 29801-6800

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

Name of Employer Occupation  
Carolina Musculoskeletal Insti Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA11AI.5223

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 7 / 18  
(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)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr. David R. Chandler, MD

Mailing Address 165 Middle Plantation Ln

City State Zip Code  
Gulf Breeze FL 32561-4899

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2009

**Transaction ID:** SA11AI.5277

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5555 Reservoir Dr Ste 104

City State Zip Code  
San Diego CA 92120

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2009

**Transaction ID:** SA11AI.5220

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Boyd W. Flinders, MD

Mailing Address 2701 W Alameda Ave Ste 507

City State Zip Code  
Burbank CA 91505-4410

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2009

**Transaction ID:** SA11AI.5214

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 8 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Spine PAC of the National Association of Spine Specialists

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Joseph F. Galate, MD</p> <p>Mailing Address 10777 Nall Ave Ste 120</p> <p>City State Zip Code <u>Overland Park</u> <u>KS</u> <u>66211-1359</u></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Metro Spine &amp; Rehab P.A.      Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 1 / 2 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.5247</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Michael Gerling, MD</p> <p>Mailing Address 450 Clarkson Ave # 30</p> <p>City State Zip Code <u>Brooklyn</u> <u>NY</u> <u>11203-2056</u></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Suny Downstate      Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 1 / 1 6 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.5225</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Albert W. Gillespy, MD</p> <p>Mailing Address 1075 Mason Ave</p> <p>City State Zip Code <u>Daytona Beach</u> <u>FL</u> <u>32117-4611</u></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Orthopaedic Clinic of Day- tona      Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 1 / 2 9 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.5281</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 9 / 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)  
Spine PAC of the National Association of Spine Specialists

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Perry L. Haney, MD	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 8500 Park Meadows Dr #200	<b>Transaction ID:</b> SA11AI.5201
	City Lone Tree State CO Zip Code 80124-2742	Amount of Each Receipt this Period 416.57
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Spine One Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.14	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David R. Hicks, MD	Date of Receipt MM / DD / YYYY 11 / 28 / 2009
	Mailing Address 6585 S Yale Ave	<b>Transaction ID:</b> SA11AI.5251
	City Tulsa State OK Zip Code 74136-8384	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Central States Orthopedic Spec Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Mark W. Howard, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 576 Hartnell St Ste 200	<b>Transaction ID:</b> SA11AI.5196
	City Monterey State CA Zip Code 93940-2834	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1166.57</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 10 / 18  
(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)  
Spine PAC of the National Association of Spine Specialists

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Chris W. Huston, MD

Mailing Address 2222 E Highland Ave Ste 300

City State Zip Code  
Phoenix AZ 85016-4879

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

Name of Employer: The Orthopaedic Clinic As-socia  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** SA11AI.5211

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Chris W. Huston, MD

Mailing Address 2222 E Highland Ave Ste 300

City State Zip Code  
Phoenix AZ 85016-4879

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

Name of Employer: The Orthopaedic Clinic As-socia  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2009

**Transaction ID:** SA11AI.5213

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Christopher P. Kauffman, MD

Mailing Address 1111 Rossifer Ct

City State Zip Code  
Gallatin TN 37066-7453

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

Name of Employer: Self Employed  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2009

**Transaction ID:** SA11AI.5197

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 11 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr. James G. Lindley, MD

Mailing Address 17 W Bluff Dr

City Savannah State GA Zip Code 31406-7504

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 15 / 2009

Transaction ID: SA11AI.5234

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Julie Long, MD

Mailing Address 885 Union St Ste 215

City Bangor State ME Zip Code 04401-3092

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2009

Transaction ID: SA11AI.5209

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles A Mick

Mailing Address 766 N King St

City Northampton State MA Zip Code 01060

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

Name of Employer Pioneer Spine & Sports Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 29 / 2009

Transaction ID: SA11AI.5244

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**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 / 18

(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)  
Spine PAC of the National Association of Spine Specialists

**A.**

Full Name (Last, First, Middle Initial)  
Dr. M. David Mitchell, MD

Mailing Address 109 Whites Mill Way

City State Zip Code  
Spartanburg SC 29307-1777

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.5198

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Don K. Moore, MD

Mailing Address 9077 S US Highway 1

City State Zip Code  
Port Saint Lucie FL 34952-3405

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

Name of Employer Occupation  
Florida Orthopaedic Specialist Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.5191

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen Parazin, MD

Mailing Address 830 Boylston St Ste 211

City State Zip Code  
Chestnut Hill MA 02467-2502

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.5221

Amount of Each Receipt this Period

500.00

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

2000.00

**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 13 / 18

(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)

Spine PAC of the National Association of Spine Specialists

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth A. Pettine, MD

Mailing Address 3810 Grant Ave

City

Loveland

State

CO

Zip Code

80538-8412

FEC ID number of contributing federal political committee.

C

Name of Employer  
Rocky Mountain Assoc. in Ortho

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 29 / 2009

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David W. Polly, MD

Mailing Address 2450 Riverside Ave Ste R200

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing federal political committee.

C

Name of Employer  
University of Minnesota Physic

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 05 / 2009

Transaction ID: SA11AI.5192

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Randall W. Porter, MD

Mailing Address 2910 N 3rd Ave

City

Phoenix

State

AZ

Zip Code

85013-4434

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2009

Transaction ID: SA11AI.5254

Amount of Each Receipt this Period

100.00

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

2100.00

**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 14 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr. James B. Reynolds

Mailing Address 1850 Sullivan Ave Ste 200

City State Zip Code  
Daly City CA 94015

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

Name of Employer  
Spine Care Medical Group Inc.

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5195

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Paul Rouben, MD

Mailing Address 9300 Stonestreet Rd Ste 200

City State Zip Code  
Louisville KY 40272-2894

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

Name of Employer  
River City Orthopaedic Surgeon

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5243

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Howard W. Sharf, MD

Mailing Address 6500 66th St

City State Zip Code  
Pinellas Park FL 33781-5030

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

Name of Employer  
Tampa Bay Orthopaedic Specialists

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5193

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 15 / 18  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Spine PAC of the National Association of Spine Specialists

**A.**

Full Name (Last, First, Middle Initial)  
Dr. William E. Snyder, MD

Mailing Address 1932 Alcoa Hwy Ste 255

City State Zip Code  
Knoxville TN 37920-1508

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

Name of Employer: Neurosurgical Associates, PC  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 26 / 2009

Transaction ID: SA11AI.5272

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Jack Stern, MD

Mailing Address 244 Westchester Ave

City State Zip Code  
White Plains NY 10604-2907

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

Name of Employer: Brain and Spine Surgeons of Ne  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2009

Transaction ID: SA11AI.5255

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jerald P. Waldman, MD

Mailing Address 26401 Crown Valley Pkwy Ste 101

City State Zip Code  
Mission Viejo CA 92691-6302

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

Name of Employer: Community Orthopedic Medical G  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

Transaction ID: SA11AI.5188

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 16 / 18  
(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)  
Spine PAC of the National Association of Spine Specialists

**A.**

Full Name (Last, First, Middle Initial) Dr. P. Merrill White, MD		Date of Receipt MM / DD / YYYY 11 / 12 / 2009
Mailing Address 10321 Kingston Pike		<b>Transaction ID:</b> SA11AI.5199
City Knoxville	State TN	Zip Code 37922-3224
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer SPINEKnoxville	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Dennis Winters, MD		Date of Receipt MM / DD / YYYY 11 / 12 / 2009
Mailing Address 4403 Harrison Boulevard		<b>Transaction ID:</b> SA11AI.5238
City Ogden	State UT	Zip Code 84403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. David A. Wong		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 2415 Stonecrop Way		<b>Transaction ID:</b> SA11AI.5194
City Golden	State CO	Zip Code 80401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Denver Spine	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 935.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>885.00</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 17 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr. H. Randal Woodward, MD

Mailing Address 13616 California St Ste 100

City State Zip Code  
Omaha NE 68154-5336

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

Name of Employer Occupation  
Nebraska Spine Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
11 / 14 / 2009

**Transaction ID:** SA11AI.5253

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Way Yin, MD

Mailing Address 2075 Barkley Blvd Ste 110

City State Zip Code  
Bellingham WA 98226-6614

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

Name of Employer Occupation  
Bellingham Spine Pain Speciali Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** SA11AI.5227

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ► **16101.57**

**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)

PAGE 18 / 18

<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)  
Spine PAC of the National Association of Spine Specialists

A.	Full Name (Last, First, Middle Initial) Kirk for Senate	Transaction ID: SB23.5229 Date of Disbursement 11 / 05 / 2009
	Mailing Address PO Box 8	Amount of Each Disbursement this Period 500.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Hon. MARK STEVEN Steven KIRK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: SB23.5230 Date of Disbursement 11 / 05 / 2009
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 1000.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name MICHAEL J ROGERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1500.00

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

1500.00