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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) ▼

1814 ROSELAND BLVD

Check if different than previously reported. (ACC)

TYLER TX 75701-4234

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000437525

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period

01 / 01 / 2009 through 06 / 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

Tiffinie Garner

Signature of Treasurer

*Tiffinie Garner*

Date

07 / 31 / 2009

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

29030142057

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Texas Spine and Joint Hospital PAC

Report Covering the Period: From:

01 / 01 / 2009

To:

06 / 30 / 2009

29030142058

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009	2009	984449
(b) Cash on Hand at Beginning of Reporting Period	984449	
(c) Total Receipts (from Line 19)	2363545	2363545
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3347994	3347994
7. Total Disbursements (from Line 31)	1400000	1400000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1947994	1947994
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	_____	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	_____	



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Texas Spine and Joint Hospital PAC

Report Covering the Period: From: 01/01/2009 To: 06/30/2009

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

2363545

2363545

000

000

2363545

2363545

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

          

          

          

          

2363545

2363545

12. Transfers From Affiliated/Other Party Committees.....

          

          

13. All Loans Received.....

          

          

14. Loan Repayments Received.....

          

          

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

          

          

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

          

          

17. Other Federal Receipts (Dividends, Interest, etc.).....

          

          

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

          

          

- (b) Levin Funds (from Schedule H5).....

          

          

- (c) Total Transfers (add 18(a) and 18(b))..

          

          

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2363545

2363545

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2363545

2363545

29030142059

**DETAILED SUMMARY PAGE**  
of Disbursements

29030142060

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1400000	14,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1400000	14,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1400000	14,000.00

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) .....	2363545	2363545
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2363545	2363545
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3).....▶		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

29030142061

**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 1 OF 10

<input 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)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Crutchfield, Stuart J, MD

Mailing Address

722 Clinic Drive

City

Tyler

State

TX

Zip Code

75701

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 ▼

228088

Date of Receipt

06 / 30 / 2009

Amount of Each Receipt this Period

228088

Full Name (Last, First, Middle Initial)

B. Danielson, Guy O., MD

Mailing Address

P.O. Box 8000

City

Tyler

State

TX

Zip Code

75701

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 ▼

49833

Date of Receipt

06 / 30 / 2009

Amount of Each Receipt this Period

49833

Full Name (Last, First, Middle Initial)

c. Detweiler, Paul, MD

Mailing Address

700 Olympic Plaza suite 850

City

Tyler

State

TX

Zip Code

75701

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 ▼

169957

Date of Receipt

06 / 30 / 2009

Amount of Each Receipt this Period

169957

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

447878

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

29030142062

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **2** OF **6**

(check only one)

<input 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)

Texas Spine and Joint Hospital PAC.

Full Name (Last, First, Middle Initial)

A. Fletcher, David K., MD

Mailing Address

816 S. Fleishel

City

Tyler

State

TX

Zip Code

75701

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 ▼

194569

Date of Receipt

06 ' 30 ' 2009

Amount of Each Receipt this Period

194569

Full Name (Last, First, Middle Initial)

B. Gordon, Charles R., MD

Mailing Address

P.O. Box 6605

City

Tyler

State

TX

Zip Code

75711

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 ▼

239438

Date of Receipt

06 ' 30 ' 2009

Amount of Each Receipt this Period

239438

Full Name (Last, First, Middle Initial)

C. Graham, Thomas W., MD

Mailing Address

700 Olympic Plaza Suite 850

City

Tyler

State

TX

Zip Code

75701

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 ▼

225026

Date of Receipt

06 ' 30 ' 2009

Amount of Each Receipt this Period

225026

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

659033

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

29030142063

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

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

FOR LINE NUMBER: PAGE 3 OF 6

<input 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)  
Texas Spine and Joint Hospital PAC

A. Full Name (Last, First, Middle Initial)  
Ledlie, Jon T., MD

Mailing Address  
700 Olympic Plaza, suite 850

City Tyler State TX Zip Code 75701

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 1,001.67

Date of Receipt 06 / 30 / 2009

Amount of Each Receipt this Period 1,001.67

B. Full Name (Last, First, Middle Initial)  
Michaels, James P., MD

Mailing Address  
816 S. Fleishel

City Tyler State TX Zip Code 75701

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 2,262.31

Date of Receipt 06 / 30 / 2009

Amount of Each Receipt this Period 2,262.31

C. Full Name (Last, First, Middle Initial)  
Renfro, Mark B., MD

Mailing Address  
100 Olympic Plaza Suite 850

City Tyler State TX Zip Code 75701

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 1,791.19

Date of Receipt 06 / 30 / 2009

Amount of Each Receipt this Period 1,791.19

SUBTOTAL of Receipts This Page (optional)..... 5,055.17

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

29030142064

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF 10

(check only one)

Grid for line numbers 11a-17

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Russel, Michael II, MD

Mailing Address

1905 Donnybrook

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

Physician

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

2,250.26

Date of Receipt

06 / 30 / 2009

Amount of Each Receipt this Period

2,250.26

Full Name (Last, First, Middle Initial)

B. Tibiletti, Claire, MD

Mailing Address

816 S. Fleishel

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

1,001.67

Date of Receipt

06 / 30 / 2009

Amount of Each Receipt this Period

1,001.67

Full Name (Last, First, Middle Initial)

C. Priddy, John, MD

Mailing Address

3414 Golden Rd

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

Physician

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

1,038.47

Date of Receipt

06 / 30 / 2009

Amount of Each Receipt this Period

1,038.47

SUBTOTAL of Receipts This Page (optional)

4,290.40

TOTAL This Period (last page this line number only)

29030142065

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 6				
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Texas Spine and Joint Hospital PAC**

A. Full Name (Last, First, Middle Initial)  
**Foreman, Kim A., MD**

Mailing Address  
**3414 Golden Rd.**

City **Tyler** State **TX** Zip Code **75701**

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 ▼ **75609**

Date of Receipt  
**06 / 30 / 2009**

Amount of Each Receipt this Period  
**75609**

B. Full Name (Last, First, Middle Initial)  
**Jones, Matt L., MD**

Mailing Address  
**3414 Golden Rd.**

City **Tyler** State **TX** Zip Code **75701**

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 ▼ **49933**

Date of Receipt  
**06 / 30 / 2009**

Amount of Each Receipt this Period  
**49933**

C. Full Name (Last, First, Middle Initial)  
**Heaton, Stuart L., MD**

Mailing Address  
**3413 Golden Rd.**

City **Tyler** State **TX** Zip Code **75701**

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 ▼ **49933**

Date of Receipt  
**06 / 30 / 2009**

Amount of Each Receipt this Period  
**49933**

**SUBTOTAL** of Receipts This Page (optional)..... **175475**

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

29030142066

**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 6
	<input 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)  
**Texas Spine and Joint Hospital PAC**

A. Full Name (Last, First, Middle Initial)  
**Callender, Troy A., MD**

Mailing Address  
**3413 Golden Rd.**

City **Tyler** State **TX** Zip Code **75701**

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 ▼ **73951**

Date of Receipt  
**06 / 30 / 2009**

Amount of Each Receipt this Period  
**73951**

B. Full Name (Last, First, Middle Initial)  
**Garb, Howard S., MD**

Mailing Address  
**3414 Golden Rd.**

City **Tyler** State **TX** Zip Code **75701**

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 ▼ **72651**

Date of Receipt  
**06 / 30 / 2009**

Amount of Each Receipt this Period  
**72651**

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **14,660.2**

TOTAL This Period (last page this line number only).....▶ **236,354.5**

29030142067

**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 OF

<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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Barton, Joe

Date of Disbursement

02 / 13 / 2009

Mailing Address

PO Box 1444

City

Ennis

State

TX

Zip Code

75120

Purpose of Disbursement

Happy Birthday TX Celebration

011

Candidate Name

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

B. Barton, Joe

Date of Disbursement

03 / 19 / 2009

Mailing Address

PO Box 1444

City

Ennis

State

TX

Zip Code

75120

Purpose of Disbursement

Backer Express

011

Candidate Name

Amount of Each Disbursement this Period

4,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

C. Gohmert, Louie

Date of Disbursement

03 / 19 / 2009

Mailing Address

1121 E. Southeast loop 323 Suite #200

City

Tyler

State

TX

Zip Code

75701

Purpose of Disbursement

Reception

011

Candidate Name

Amount of Each Disbursement this Period

4,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: TX

District:

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

9,000.00

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

29030142068

**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	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) <b>A. National Republican Senatorial Committee</b>		Date of Disbursement <b>05 / 26 / 2009</b>
Mailing Address <b>16714 Fitzhugh Rd.</b>		Amount of Each Disbursement this Period <b>500000</b>
City <b>Dripping Springs</b>	State Zip Code <b>TX 78020</b>	
Candidate Name		Category/Type <b>011</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	<b>500000</b>
TOTAL This Period (last page this line number only).....	<b>1400000</b>

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Federal Election Commission  
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No Postmark

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