

2010 FEB -2 PM 12:09

**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 ▲

C00437525

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period 07 / 01 / 2009 through 12 / 31 / 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 _____

Signature of Treasurer Tony Wohl Date 01 / 26 / 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.

Office Use Only							
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FEC FORM 3X
Rev. 12/2004

10030241171

**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:

07 / 31 / 2009

To:

12 / 31 / 2009

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand January 1.	<u>2009</u>	<u>984449</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>19479.94</u>	
(c) Total Receipts (from Line 19)	<u>2263500</u>	<u>4627045</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>42114.94</u>	<u>5611494</u>
7. Total Disbursements (from Line 31)	<u>550000</u>	<u>1950000</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>36614.94</u>	<u>36614.94</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>000</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>000</u>	



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

10030241172

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:

07 31 2009

To:

12 31 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).....

1,843,500

4,207,045

(ii) Unitemized.....

000

000

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

1,843,500

4,207,045

(b) Political Party Committees.....

000

000

(c) Other Political Committees (such as PACs).....

000

000

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,843,500

4,207,045

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

000

000

13. All Loans Received.....

000

000

14. Loan Repayments Received.....

000

000

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

000

000

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

42,000

42,000

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

000

000

18. Transfers from Non-Federal and Levin Funds

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

000

000

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

000

000

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

000

000

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

2,263,500

4,627,045

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

2,263,500

4,627,045

10030241173

**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share		0.00	0.00
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		5,500.00	19,500.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs).....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	▶	0.00	0.00
29. Other Disbursements		0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share.....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		5,500.00	19,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	5,500.00	19,500.00

10030241174

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)	18,435.00	
34. Total Contribution Refunds (from Line 28(d))	0.00	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18,435.00	42,070.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

10030241175

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

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

FOR LINE NUMBER: PAGE / OF 10
(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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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

A. Crutchfield, Stuart J, MD

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

722 Clinic Drive
Tyler TX 75701
C
self employed Physician
Date of Receipt: 12/31/2009
Amount of Each Receipt this Period: 1956.00
4236.88

B. Danielson, Guy O., MD

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

P.O. Box 8000
Tyler TX 75701
C
Self employed Physician
Date of Receipt: 12/31/2009
Amount of Each Receipt this Period: 415.00
913.33

c. Detweiler, Paul, MD

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

700 Olympic Plaza, suite 850
Tyler TX 75701
C
self employed Physician
Date of Receipt: 12/31/2009
Amount of Each Receipt this Period: 1323.00
3022.57

SUBTOTAL of Receipts This Page (optional).....▶ 3694.00

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

10030241176

**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC.

A. Full Name (Last, First, Middle Initial) Fletcher, David K., MD		Date of Receipt 12 / 31 / 2009
Mailing Address 816 S. Fleishel		Amount of Each Receipt this Period 0.00
City Tyler	State Zip Code TX 75701	
FEC ID number of contributing federal political committee. C		
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 ▼ 1,945.69	

B. Full Name (Last, First, Middle Initial) Gordon, Charles R., MD		Date of Receipt 12 / 31 / 2009
Mailing Address P.O. Box 6605		Amount of Each Receipt this Period 1,800.00
City Tyler	State Zip Code TX 75711	
FEC ID number of contributing federal political committee. C		
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 ▼ 4,194.38	

C. Full Name (Last, First, Middle Initial) Graham, Thomas W., MD		Date of Receipt 12 / 31 / 2009
Mailing Address 100 Olympic Plaza suite 850		Amount of Each Receipt this Period 1,737.00
City Tyler	State Zip Code TX 75701	
FEC ID number of contributing federal political committee. C		
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 ▼ 3,987.26	

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

3,537.00

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

10030241177

**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. Ledlie, Jon T., MD

Full Name (Last, First, Middle Initial)

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: **18,366.7**

Date of Receipt: **12/31/2009**

Amount of Each Receipt this Period: **8,350.00**

B. Michaels, James P., MD

Full Name (Last, First, Middle Initial)

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: **4,008.31**

Date of Receipt: **12/31/2009**

Amount of Each Receipt this Period: **1,746.00**

c. Renfro, Mark B., MD

Full Name (Last, First, Middle Initial)

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: **3,341.19**

Date of Receipt: **12/31/2009**

Amount of Each Receipt this Period: **1,550.00**

SUBTOTAL of Receipts This Page (optional) **4,131.00**

TOTAL This Period (last page this line number only)

10030241178

**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 **4** 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

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

Date of Receipt

12 / 31 / 2009

Amount of Each Receipt this Period

19,240.00

Name of Employer

self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

49,742.60

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

Date of Receipt

12 / 31 / 2009

Amount of Each Receipt this Period

10,020.00

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,003.67

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

Date of Receipt

12 / 31 / 2009

Amount of Each Receipt this Period

9,200.00

Name of Employer

self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

19,584.70

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

38,460.00

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

10030241179

**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
(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

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 **132309**

Date of Receipt **12/31/2009**

Amount of Each Receipt this Period **567.00**

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 **99733**

Date of Receipt **12/31/2009**

Amount of Each Receipt this Period **498.00**

C. Full Name (Last, First, Middle Initial)
Heaton, Stuart 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 **99733**

Date of Receipt **12/31/2009**

Amount of Each Receipt this Period **498.00**

SUBTOTAL of Receipts This Page (optional) **15630.0**

TOTAL This Period (last page this line number only)

10030241180

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

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

FOR LINE NUMBER: PAGE 6 OF 6

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

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Callender, Troy A., MD

Date of Receipt

12 / 31 / 2009

Mailing Address

3413 Golden Rd.

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

670.00

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1409.51

Full Name (Last, First, Middle Initial)

B. Garb, Howard S., MD

Date of Receipt

12 / 31 / 2009

Mailing Address

3414 Golden Rd.

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

106.00

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1332.51

Full Name (Last, First, Middle Initial)

C. Griffith, Duane Lee, MD

Date of Receipt

12 / 31 / 2009

Mailing Address

1511 Roseland Blvd

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

56.00

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

56.00

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

1332.00

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

1332.00

10030241181

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

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

FOR LINE NUMBER:		PAGE	OF
<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)
Calodney, Aaron, MD

Mailing Address
1814 Roseland Blvd.

City State Zip Code
Tyler TX 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 ▼
19300

Date of Receipt
12 / 31 / 2009

Amount of Each Receipt this Period
19300

B. Full Name (Last, First, Middle Initial)
Camp, John, MD

Mailing Address
1814 Roseland Blvd.

City State Zip Code
Tyler TX 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 ▼
13900

Date of Receipt
12 / 31 / 2009

Amount of Each Receipt this Period
13900

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).....▶ **33200**

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

10030241182

**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

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. John Shadegg Campaign

Date of Disbursement

07' 02' 2009

Mailing Address

P.O. Box 45444

City Phoenix, Arizona

State

Zip Code

85004

Purpose of Disbursement

Donation

Candidate Name

John Shadegg

Category/
Type

Amount of Each Disbursement this Period

1 000 00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Texans for Kay Bailey Hutchinson

Date of Disbursement

08' 25' 2009

Mailing Address

10440 N. Central Expressway

City Dallas

State

Zip Code

TX 75231

Purpose of Disbursement

Donation

Candidate Name

Kay Bailey Hutchinson

Category/
Type

Amount of Each Disbursement this Period

2 500 00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. David Vitter for US Senate

Date of Disbursement

09' 14' 2009

Mailing Address

10

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2 000 00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

5 500 00

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

5 500 00

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