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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

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)
X 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), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 07/01/2010 through 09/30/2010

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 William Schreiber, President

Signature of Treasurer [Signature] Date 10/13/2010

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 table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

10030470252



**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' 01' 2010

To:

09' 30' 2010

**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).....

16492.00

45135.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

16492.00

45135.00

(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).....▶

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)).....▶

16492.00

45135.00

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

16492.00

45135.00

10030470254

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

10030470255

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.....	540600	1710000
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))..	540600	1710000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	540000	1710000

**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) .....	1649200	4513500
34. Total Contribution Refunds (from Line 28(d)) .....	—	—
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1649200	4513500
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) .....	—	—

10030470256

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 10	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

A. **Blau, Johnathan, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**9132 Cherokee Trail**  
 City **Tyler** State **TX** Zip Code **75703**  
 Name of Employer **Self employed** Occupation **Physician**  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
**09 30 2010**

Amount of Each Receipt this Period  
**90.00**

Aggregate Year-to-Date **210.00**

B. **Calodney, Aaron, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**17909 CR 132**  
 City **Flint** State **TX** Zip Code **75762**  
 Name of Employer **Self employed** Occupation **Physician**  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
**09 30 2010**

Amount of Each Receipt this Period  
**966.00**

Aggregate Year-to-Date **2704.00**

C. **Crutchfield, Stuart, J. MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**206 Canberra Court**  
 City **Tyler** State **TX** Zip Code **75703**  
 Name of Employer **Self employed** Occupation **physician**  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
**09 30 2010**

Amount of Each Receipt this Period  
**977.00**

Aggregate Year-to-Date **2737.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **2,033.00**

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

10030470257

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE <b>2</b> OF <b>10</b>	
<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)  
**Tx Spine and Joint Hospital PAC**

10030470258

**A. Danielson, Guy O, III MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **16950 Fm 2661**  
 City: **Flint** State: **TX** Zip Code: **75762**  
 Name of Employer: **self employed** Occupation: **physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **74700**

Date of Receipt: **09/30/2010**  
 Amount of Each Receipt this Period: **249.00**

**B. Dennis, Robert W, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1008 Wilderwood**  
 City: **Tyler** State: **TX** Zip Code: **75703**  
 Name of Employer: **self employed** Occupation: **physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **2150.00**

Date of Receipt: **09/30/2010**  
 Amount of Each Receipt this Period: **896.00**

**C. Detweiler, Paul, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **3635 Canyon Creek Circle**  
 City: **Tyler** State: **TX** Zip Code: **75707**  
 Name of Employer: **self employed** Occupation: **physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **2060.00**

Date of Receipt: **09/30/2010**  
 Amount of Each Receipt this Period: **736.00**

**SUBTOTAL of Receipts This Page (optional).....▶ 1,881.00**  
**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 **3** 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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NAME OF COMMITTEE (In Full)

**Tx Spine and Joint Hospital PAC**

Full Name (Last, First, Middle Initial)

**A. Goodfried, Gary, MD**

Mailing Address

**19140 Falls Creek**

City

**Flint**

State

**TX**

Zip Code

**75762**

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 ▼

**2,259.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**941.00**

Full Name (Last, First, Middle Initial)

**B. Gordon, Charles, R, MD**

Mailing Address

**7302 Hollytree Dr.**

City

**Tyler**

State

**TX**

Zip Code

**75703**

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 ▼

**2,800.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**1,006.00**

Full Name (Last, First, Middle Initial)

**c. Graham, Thomas W. MD**

Mailing Address

**533 Wilder Way**

City

**Tyler**

State

**TX**

Zip Code

**75703**

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 ▼

**2,704.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**966.00**

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

**2,907.00**

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

10030470259

**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 <b>4</b> OF <b>10</b>						
<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)

**Tx Spine and Joint Hospital PAC**

Full Name (Last, First, Middle Initial)

**A. Hackbarth, mark, MD**

Mailing Address

**3630 Canyon Creek Circle**

City

**Tyler**

State

**TX**

Zip Code

**75707**

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 ▼

**1,139.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**427.00**

Full Name (Last, First, Middle Initial)

**B. Harris, James, MD**

Mailing Address

**9243 Chisholm Trail**

City

**Tyler**

State

**TX**

Zip Code

**75703**

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 ▼

**700.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**C. Ledlie, Jon, T, MD**

Mailing Address

**6666 Quail Creek**

City

**Tyler**

State

**TX**

Zip Code

**75703**

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 ▼

**1,503.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**501.00**

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

**1,228.00**

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

10030470260

**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 **10**  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**Tx Spine and Joint Hospital PAC**

Full Name (Last, First, Middle Initial)

**A. Michaels, James, P, MD**

Mailing Address

**2013 Hollycreek Dr.**

City

**Tyler**

State

**TX**

Zip Code

**75703**

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 ▼

**2,716.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**970.00**

Full Name (Last, First, Middle Initial)

**B. Raabe, Todd, MD**

Mailing Address

**16987 Fm 756**

City

**Whitehouse**

State

**TX**

Zip Code

**75791**

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 ▼

**2982.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**1244.00**

Full Name (Last, First, Middle Initial)

**C. Kentro, Mark, B. MD**

Mailing Address

**2737 Old Bullard 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 ▼

**2,168.00**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**774.00**

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

**2988.00**

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

10030470261

**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 10  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Tx Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Russell, Michael, II MD

Mailing Address

5930 Brixworth

City

Tyler

State

TX

Zip Code

75703

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 ▼

2,613.00

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

933.00

Full Name (Last, First, Middle Initial)

B. Russell Family Limited Partnership

Mailing Address

5930 Brixworth

City

Tyler

State

TX

Zip Code

75703

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 ▼

87.00

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

C. Schaeiber, William, E, MD

Mailing Address

6407 Hollytree Circle

City

Tyler

State

TX

Zip Code

75703

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 ▼

581.00

Date of Receipt

09 / 30 / 2010

Amount of Each Receipt this Period

249.00

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

1,213.00

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

292040E001

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

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

FOR LINE NUMBER: PAGE 7 OF 10  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Tx Spine and Joint Hospital PAC

10030470263

A. Full Name (Last, First, Middle Initial) **Schwarzbach, Jerry, W. MD**  
 Mailing Address **8304 Columbia Dr.**  
 City **Tyler** State **TX** Zip Code **75703**  
 Date of Receipt **09 ' 30 ' 2010**  
 Amount of Each Receipt this Period **300.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **self employed** Occupation **physician**  
 Receipt For:  Primary  General  Other (specify) **700.00**  
 Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) **Tibilletti, Claire, MD**  
 Mailing Address **11690 Driftwood Drive**  
 City **Tyler** State **TX** Zip Code **75707**  
 Date of Receipt **09 ' 30 ' 2010**  
 Amount of Each Receipt this Period **501.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **self employed** Occupation **physician**  
 Receipt For:  Primary  General  Other (specify) **1,503.00**  
 Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) **Priddy, John, MD**  
 Mailing Address **17950 Timothy Ct.**  
 City **Tyler** State **TX** Zip Code **75703**  
 Date of Receipt **09 ' 30 ' 2010**  
 Amount of Each Receipt this Period **4600.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **Self employed** Occupation **physician**  
 Receipt For:  Primary  General  Other (specify) **1,288.00**  
 Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) ..... **1,261.00**  
 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** OF **10**  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**Tx Spine and Joint Hospital PAC**

Full Name (Last, First, Middle Initial)

**A. Camp, John, T, MD**

Mailing Address

**100 Cumberland Rd**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**697.00**

Name of Employer

**Self employed**

Occupation

**Physician**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,951.00**

Full Name (Last, First, Middle Initial)

**B. Foreman, Kim, A MD**

Mailing Address

**107 Belmed Lane**

City

**Tyler**

State

**TX**

Zip Code

**75701**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**316.00**

Name of Employer

**Self employed**

Occupation

**Physician**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**884.00**

Full Name (Last, First, Middle Initial)

**C. Beck, Timothy, MD**

Mailing Address

**9132 Cherokee Trail**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**300.00**

Name of Employer

**Self employed**

Occupation

**Physician**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**700.00**

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

**1,313.00**

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

10030470264

**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)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Tx Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Jones, matt, L, MD

Mailing Address

3414 Golden Rd

City

Tylen

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 ▼

747.00

Date of Receipt

09 ' 30 ' 2010

Amount of Each Receipt this Period

249.00

Full Name (Last, First, Middle Initial)

B. Heaton, Stewart, L MD

Mailing Address

3413 Golden Rd

City

Tylen

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 ▼

747.00

Date of Receipt

09 ' 30 ' 2010

Amount of Each Receipt this Period

249.00

Full Name (Last, First, Middle Initial)

C. Callender, Troy, A, MD

Mailing Address

3413 Golden Rd.

City

Tylen

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 ▼

936.00

Date of Receipt

09 ' 30 ' 2010

Amount of Each Receipt this Period

334.00

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

832.00

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

10030470265

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

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

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

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NAME OF COMMITTEE (In Full)

**Tx Spine and Joint Hospital PAC**

Full Name (Last, First, Middle Initial)

**A. 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**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**303.00**

Name of Employer

**self employed**

Occupation

**physician**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**849.00**

Full Name (Last, First, Middle Initial)

**B. Hunter, Jeff, MD**

Mailing Address

**3415 Golden Rd**

City

**Tyler**

State

**TX**

Zip Code

**75701**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**250.00**

Name of Employer

**self employed**

Occupation

**physician**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Full Name (Last, First, Middle Initial)

**C. Griffith, Duane, MD**

Mailing Address

**1113 Turnberry Circle**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing federal political committee.

**C**

Date of Receipt

**09 ' 30 ' 2010**

Amount of Each Receipt this Period

**283.00**

Name of Employer

**self employed**

Occupation

**physician**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**791.00**

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

**836.00**

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

10030470266

**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. Barton, Joe		Date of Disbursement
Mailing Address 6001 West Ronald Reagan Memorial Hwy		07 29 2010
City State Zip Code Suite 200 Arlington, TX 76017		Amount of Each Disbursement this Period
Purpose of Disbursement Donation		
Candidate Name Joe Barton for Congress		Category/ Type
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) ▼	

B. Calvert, Ken		Date of Disbursement
Mailing Address 2201 Rayburn Building		09 07 2010
City State Zip Code Washington DC 20515		Amount of Each Disbursement this Period
Purpose of Disbursement Donation		
Candidate Name Ken Calvert for Congress		Category/ Type
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) ▼	

C. Covers, John		Date of Disbursement
Mailing Address 2426 Rayburn HOB		09 28 2010
City State Zip Code Washington, DC 20515		Amount of Each Disbursement this Period
Purpose of Disbursement Donation		
Candidate Name John Covers for Congress		Category/ Type
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) ▼	

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

5400.00

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

5400.00

10030470267

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*AMS*

PREPARER

(3/2005)

*10/21/10*

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10030470268