

**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:

10 ' 01 ' 2008

To:

11 ' 24 ' 2008

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2008</u> | | <u>810500</u> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <u>1526749</u> | |
| (c) Total Receipts (from Line 19) | <u>1029100</u> | <u>2571400</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <u>2555849</u> | <u>3381900</u> |
| 7. Total Disbursements (from Line 31)..... | <u>1670000</u> | <u>2496051</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <u>885849</u> | <u>885849</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <u>0.00</u> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <u>0.00</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

28039952325

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:

10 ' 01 ' 2008

To:

11 ' 24 ' 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).....

10291.00

25714.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

10291.00

25714.00

(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).....▶

10291.00

25714.00

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 Transfers (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)).....▶

10291.00

25714.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

10291.00

25714.00

28039952326

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 15,700.00 | 249,605.11 | |
| 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)).. | 15,700.00 | 249,605.11 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15,700.00 | 249,605.11 | |

28039952327

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) | 10,291.00 | 25,714.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10,291.00 | 25,714.00 |
| 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 |

28039952328

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 | OF 10 |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 |
| | <input type="checkbox"/> 12 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. **Crutchfield, J Stuart, MD**
 Full Name (Last, First, Middle Initial)
 Mailing Address
727 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 ▼
21,450.00

Date of Receipt
11 / 24 / 2008
 Amount of Each Receipt this Period
949.00

B. **Danielson, Guy O., MD**
 Full Name (Last, First, Middle Initial)
 Mailing Address
PO 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 ▼
9,130.00

Date of Receipt
11 / 24 / 2008
 Amount of Each Receipt this Period
249.00

C. **Detweiler, Paul, 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 ▼
15,950.00

Date of Receipt
11 / 24 / 2008
 Amount of Each Receipt this Period
706.00

SUBTOTAL of Receipts This Page (optional)..... **19,040.00**
TOTAL This Period (last page this line number only).....

28039952329

**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)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" 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 | |

PAGE 2 OF 6

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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
814 S. Fleishel

City State Zip Code
Tyler TX 75701

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2221.00

Date of Receipt
11 / 24 / 2008

Amount of Each Receipt this Period
977.00

Full Name (Last, First, Middle Initial)
B. Gordon, Charles R., MD

Mailing Address
PO BOX 6605

City State Zip Code
Tyler TX 75711

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2266.00

Date of Receipt
11 / 24 / 2008

Amount of Each Receipt this Period
1001.00

Full Name (Last, First, Middle Initial)
C. Graham, Thomas W., MD

Mailing Address
700 Olympic Plaza Suite 850

City State Zip Code
Tyler TX 75701

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2114.00

Date of Receipt
11 / 24 / 2008

Amount of Each Receipt this Period
935.00

SUBTOTAL of Receipts This Page (optional).....▶ **2913.00**

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

28039952330

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 3 OF 6

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. 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

Date of Receipt

11 / 24 / 2008

Amount of Each Receipt this Period

501.00

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,837.00

Full Name (Last, First, Middle Initial)

B. Michaels, James P. MD

Mailing Address

8116 S. Fleishel

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Date of Receipt

11 / 24 / 2008

Amount of Each Receipt this Period

941.00

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,126.00

Full Name (Last, First, Middle Initial)

C. Rentro, Mark B. MD

Mailing Address

700 Olympic Plaza Suite 850

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Date of Receipt

11 / 24 / 2008

Amount of Each Receipt this Period

744.00

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,681.00

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

2,186.00

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

28039952331

**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 <u>4</u> OF <u>6</u> |
| <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 |

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

A. Full Name (Last, First, Middle Initial)
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) ▼

Aggregate Year-to-Date ▼
2114.00

Date of Receipt
11 / 24 / 2008

Amount of Each Receipt this Period
935.00

B. Full Name (Last, First, Middle Initial)
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) ▼

Aggregate Year-to-Date ▼
1831.00

Date of Receipt
11 / 24 / 2008

Amount of Each Receipt this Period
501.00

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

Aggregate Year-to-Date ▼
965.00

Date of Receipt
11 / 24 / 2008

Amount of Each Receipt this Period
429.00

SUBTOTAL of Receipts This Page (optional).....▶ 1865.00

TOTAL This Period (last page this line number only).....▶ 1865.00

28039952332

**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)
Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)
A. Foreman, Kim A MD
Mailing Address
3414 Golden Rd
City State Zip Code
Tyler TX 75701
FEC ID number of contributing federal political committee.
C
Name of Employer Occupation
Self Employed Physician
Receipt For
 Primary General
 Other (specify)
Aggregate Year-to-Date
710.00

Date of Receipt
11 / 24 / 2008
Amount of Each Receipt this Period
319.00

Full Name (Last, First, Middle Initial)
B. Jones, L. matt MD
Mailing Address
3414 Golden Road
City State Zip Code
Tyler TX 75701
FEC ID number of contributing federal political committee.
C
Name of Employer Occupation
Self Employed Physician
Receipt For
 Primary General
 Other (specify)
Aggregate Year-to-Date
913.00

Date of Receipt
11 / 24 / 2008
Amount of Each Receipt this Period
249.00

Full Name (Last, First, Middle Initial)
C. Heaton, Stewart L. MD
Mailing Address
3413 Golden Rd
City State Zip Code
Tyler TX 75701
FEC ID number of contributing federal political committee.
C
Name of Employer Occupation
Self Employed Physician
Receipt For
 Primary General
 Other (specify)
Aggregate Year-to-Date
913.00

Date of Receipt
11 / 24 / 2008
Amount of Each Receipt this Period
249.00

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

815.00

28039952333

**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 1 OF 3

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

| | | |
|---|--|--|
| A. Olson for Congress | | Date of Disbursement |
| Mailing Address 1005 Congress Ave. Ste 910 | | 10 / 06 / 2008 |
| City Austin | State TX | Zip Code 78701 |
| Purpose of Disbursement Contribution | Category/ Type 011 | Amount of Each Disbursement this Period 500.00 |
| Candidate Name Pete Olson | 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: TX | District: 22 | |

| | | |
|--|--|--|
| B. Coleman for Senate | | Date of Disbursement |
| Mailing Address 16714 Fitzhugh Road | | 10 / 28 / 2008 |
| City Dripping Springs | State TX | Zip Code 78620 |
| Purpose of Disbursement Contribution for Senate Run | Category/ Type 011 | Amount of Each Disbursement this Period 1700.00 |
| Candidate Name Norm Coleman | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: MN | District: | |

| | | |
|--|--|--|
| C. Friends of Gordon Smith | | Date of Disbursement |
| Mailing Address 16714 Fitzhugh Road | | 10 / 28 / 2008 |
| City Dripping Springs | State TX | Zip Code 78620 |
| Purpose of Disbursement Contribution for Senate Run | Category/ Type 011 | Amount of Each Disbursement this Period 1100.00 |
| Candidate Name Gordon Smith | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: OR | District: | |

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

3900.00

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

28039952335

**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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
Texas Spine and Joint Hospital PAC

A. **McConnell Senate Committee** Date of Disbursement: 10/28/2008

Mailing Address: 16714 Fitzhugh Road

City: Dripping Springs TX Zip Code: 78620

Purpose of Disbursement: Contribution for Senate Run Amount of Each Disbursement this Period: 1,700.00

Candidate Name: Mitch McConnell Category/Type: 0.1.1

Office Sought: Senate House President Disbursement For: Primary General Other (specify)
 State: KY District: _____

B. **The Elizabeth Dole Committee** Date of Disbursement: 10/28/2008

Mailing Address: 16714 Fitzhugh Road

City: Dripping Springs TX Zip Code: 78620

Purpose of Disbursement: Contribution for Senate Run Amount of Each Disbursement this Period: 1,700.00

Candidate Name: Elizabeth Dole Category/Type: 0.1.1

Office Sought: Senate House President Disbursement For: Primary General Other (specify)
 State: NC District: _____

C. **Team Sununu** Date of Disbursement: 10/28/2008

Mailing Address: 16714 Fitzhugh Road

City: Dripping Springs TX Zip Code: 78620

Purpose of Disbursement: Contribution for Senate Run Amount of Each Disbursement this Period: 1,700.00

Candidate Name: John E Sununu Category/Type: 0.1.1

Office Sought: Senate House President Disbursement For: Primary General Other (specify)
 State: NH District: _____

SUBTOTAL of Disbursements This Page (optional).....▶ 5,100.00

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

28039952336

**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 <u>3</u> OF <u>3</u> |
| | <input type="checkbox"/> 21b <input type="checkbox"/> 27 | <input type="checkbox"/> 22 <input type="checkbox"/> 28a | <input checked="" 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)
Texas Spine and Joint Hospital PAC

A. Chambliss for Senate

Full Name (Last, First, Middle Initial)

Mailing Address: PO Box 12469

City: Atlanta State: GA Zip Code: 30355

Purpose of Disbursement: Senate Runoff Contribution Category/Type: 011

Candidate Name: Saxby Chambliss

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: GA District: _____

Date of Disbursement: 10 / 28 / 2008

Amount of Each Disbursement this Period: 1700.00

B. Texans for Rick Perry

Full Name (Last, First, Middle Initial)

Mailing Address: PO Box 12428

City: Austin State: TX Zip Code: 78711-2428

Purpose of Disbursement: Governor Contribution Category/Type: 011

Candidate Name: RICK PERRY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: TX District: _____

Date of Disbursement: 11 / 18 / 2008

Amount of Each Disbursement this Period: 5000.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... 6700.00

TOTAL This Period (last page this line number only)..... 15700.00

28039952337

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
12/3/08

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jma

PREPARER
(3/2005)

12/10/08

DATE PREPARED

28039952338