

# 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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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:
- 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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on 11 / 24 / 2014 in the State of TX

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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 ANTHONY WAHL

Signature of Treasurer ANTHONY WAHL [Electronically Filed] Date 12 / 04 / 2014

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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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="35099.94"/>	<input type="text" value="35099.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18315.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5848.00"/>	<input type="text" value="49564.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24163.94"/>	<input type="text" value="84663.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13000.00"/>	<input type="text" value="73500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11163.94"/>	<input type="text" value="11163.94"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

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).....	4836.00	43792.00
(ii) Unitemized .....	12.00	4772.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4848.00	48564.00
(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) .....	4848.00	48564.00
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.....	1000.00	1000.00
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))..... ▶	5848.00	49564.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5848.00	49564.00

**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.....	13000.00	73500.00
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)) ..	13000.00	73500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	73500.00

**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) .....	4848.00	48564.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4848.00	48564.00
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

**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 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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. TIMOTHY BECK**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER	State TX	Zip Code 75703
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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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : SA11AI.6080**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. JOHNATHAN BLAU**

Mailing Address 9132 CHEROKEE TRAIL

City TYLER	State TX	Zip Code 75703
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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 ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : SA11AI.6058**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**C. TROY CALLENDER**

Mailing Address 3413 GOLDEN ROAD

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : SA11AI.6083**

Amount of Each Receipt this Period  
111.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. AARON CALODNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 17909 CR 132

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 ▼ 2783.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6059**

Amount of Each Receipt this Period  
 294.00

**B. JOHN CAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 CUMBERLAND ROAD

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 ▼ 2027.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6078**

Amount of Each Receipt this Period  
 214.00

**C. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2066 CANBERRA COURT

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 ▼ 2822.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6060**

Amount of Each Receipt this Period  
 298.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	806.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 18  
(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**

**A. GUY DANIELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16950 FM 2661  
 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 ▼ 913.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6061**  
 Amount of Each Receipt this Period  
 83.00

**B. ROBERT DENNIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1008 WILDER WOOD  
 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 ▼ 2567.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6062**  
 Amount of Each Receipt this Period  
 271.00

**C. PAUL DETWEILER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3635 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 ▼ 2131.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6063**  
 Amount of Each Receipt this Period  
 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 579.00  
**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: (check only one)	PAGE 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

**A. KIM FOREMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 BELMEAD LANE

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 ▼ 949.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6079**

Amount of Each Receipt this Period  
 106.00

**B. HOWARD GARB**  
Full Name (Last, First, Middle Initial)

Mailing Address 3414 GOLDEN ROAD

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 ▼ 915.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6084**

Amount of Each Receipt this Period  
 102.00

**C. GARY GOODFRIED**  
Full Name (Last, First, Middle Initial)

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 ▼ 2716.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6065**

Amount of Each Receipt this Period  
 287.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City TYLER State TN 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 ▼  
2881.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

Transaction ID : SA11AI.6066

Amount of Each Receipt this Period  
304.00

Full Name (Last, First, Middle Initial)  
**B. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City TYLER State TN 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 ▼  
2783.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period  
294.00

Full Name (Last, First, Middle Initial)  
**C. DUANE GRIFFITH**

Mailing Address 7113 TURNBERRY 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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

Transaction ID : SA11AI.6086

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 683.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 18  
(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. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code  
TYLER TX 75703

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 ▼  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6068**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. STEUART HEATON**

Mailing Address 3413 GOLDEN ROAD

City State Zip Code  
TYLERT 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  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6082**

Amount of Each Receipt this Period  
83.00

Full Name (Last, First, Middle Initial)  
**C. JEFF HUNTER**

Mailing Address 3415 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 ▼  
718.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6085**

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 266.00

**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: (check only one)	PAGE 12 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. MATT JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3414 GOLDEN ROAD

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 ▼ **913.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6081**

Amount of Each Receipt this Period  
**83.00**

**B. JAMES MICHAELS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2013 HOLLY CREEK 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 ▼ **2800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6069**

Amount of Each Receipt this Period  
**296.00**

**C. JOHN PRIDDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 17950 TIMOTHY CT.

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 ▼ **1312.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : SA11AI.6077**

Amount of Each Receipt this Period  
**144.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>523.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 18  
(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. TODD RAABE**

Mailing Address 16987 FM 756

City State Zip Code  
WHITEHOUSE TX 75791

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 ▼  
3561.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6070**

Amount of Each Receipt this Period  
376.00

Full Name (Last, First, Middle Initial)  
**B. MARK RENFRO**

Mailing Address 2737 OLD BULLARD 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 ▼  
2244.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6071**

Amount of Each Receipt this Period  
237.00

Full Name (Last, First, Middle Initial)  
**C. MICHAEL RUSSELL**

Mailing Address 5930 BRIXWORTH

City State Zip Code  
TYLER TX 75703

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 ▼  
2652.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6072**

Amount of Each Receipt this Period  
280.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 893.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 18  
(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**

**A. WILLIAM SCHREIBER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6407 HOLLYTREE CIRCLE  
 City TYLER State TN 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 ▼ 913.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6074**  
 Amount of Each Receipt this Period  
 83.00

**B. JERRY SCHWARZBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8304 COLUMBIA DRIVE  
 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6075**  
 Amount of Each Receipt this Period  
 100.00

**C. CLAIRE TIBILETTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16690 DRIFTWOOD  
 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 ▼ 1837.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.6076**  
 Amount of Each Receipt this Period  
 167.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4836.00

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

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

FOR LINE NUMBER: PAGE 15 OF 18  
(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**

**A. LOUIE GOHMERT FOR CONGRESS COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 8060  
 City TYLER State TX Zip Code 75711  
 FEC ID number of contributing federal political committee. **C** C00386532  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA16.6057**  
 Amount of Each Receipt this Period  
 1000.00

**B.**  
 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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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**

Full Name (Last, First, Middle Initial)

**A. CASSIDY FOR SENATE VICTORY COMMITTEE**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: LA District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB23.6087

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CORY GARDNER FOR SENATE**

Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CO District: 04

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB23.6043

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. COTTON FOR SENATE**

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AR District: 04

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB23.6041

Amount of Each Disbursement this Period

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

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

**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**

Full Name (Last, First, Middle Initial)

**A. HUGHES FOR CONGRESS**

Mailing Address PO BOX 102

City NORTHFIELD State NJ Zip Code 08225

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NJ District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SB23.6051

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JONI FOR IOWA**

Mailing Address PO BOX 93441

City DES MOINES State IA Zip Code 50393

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IA District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SB23.6047

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PERDUE FOR SENATE**

Mailing Address 3110 MAPLE DRIVE NE  
SUITE 400

City ATLANTA State GA Zip Code 30305

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 11

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SB23.6045

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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**

Full Name (Last, First, Middle Initial)

**A. AL SCHAEFER**

Mailing Address 3031 NORTHEAST 137TH STREET  
BOX 112

City SEATTLE State WA Zip Code 98125

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 07

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB23.6049

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DAVID GUYTON SIMPSON**

Mailing Address 65571 MULBERRY STREET

City MANDEVILLE State LA Zip Code 70448

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB23.6053

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. SULLIVAN FOR US SENATE**

Mailing Address 3705 ARCTIC BLVD #447

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AK District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB23.6039

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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13000.00
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