

**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="2012"/>	<input type="text" value=""/>	<input type="text" value="65910.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4242.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10160.00"/>	<input type="text" value="62492.00"/>
(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="14402.94"/>	<input type="text" value="128402.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="121500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6902.94"/>	<input type="text" value="6902.94"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

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

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).....	10136.00	54425.00
(ii) Unitemized	24.00	3067.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10160.00	57492.00
(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)	10160.00	57492.00
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	5000.00
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))..... ▶	10160.00	62492.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10160.00	62492.00

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.....	7500.00	121500.00
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)) ..	7500.00	121500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	121500.00

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)	10160.00	57492.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10160.00	57492.00
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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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
---------------	-------------	-------------------

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 ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5107

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. TIMOTHY BECK

Mailing Address 9132 CHEROKEE 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 ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5136

Amount of Each Receipt this Period
100.00

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

Mailing Address 9132 CHEROKEE 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 ▼
270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 7 OF 26
(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. JOHNATHAN BLAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 9132 CHEROKEE 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5114
 Amount of Each Receipt this Period
 300.00

B. TROY CALLENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3413 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 ▼ 1088.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5110
 Amount of Each Receipt this Period
 103.00

C. TROY CALLENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3413 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 ▼ 1191.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5139
 Amount of Each Receipt this Period
 103.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 236.00
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 8 OF 26
<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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3106.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2012
Transaction ID : SA11AI.5081

Amount of Each Receipt this Period
292.00

B. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3398.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012
Transaction ID : SA11AI.5116

Amount of Each Receipt this Period
292.00

C. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2249.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2012
Transaction ID : SA11AI.5105

Amount of Each Receipt this Period
212.00

SUBTOTAL of Receipts This Page (optional).....▶	796.00
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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. JOHN CAMP		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 Transaction ID : SA11AI.5134
Mailing Address 606 CUMBERLAND ROAD		Amount of Each Receipt this Period 212.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2461.00	

Full Name (Last, First, Middle Initial) B. STUART CRUTCHFIELD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012 Transaction ID : SA11AI.5083
Mailing Address 2066 CANBERRA COURT		Amount of Each Receipt this Period 296.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3149.00	

Full Name (Last, First, Middle Initial) C. STUART CRUTCHFIELD		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 Transaction ID : SA11AI.5117
Mailing Address 2066 CANBERRA COURT		Amount of Each Receipt this Period 296.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3445.00	

SUBTOTAL of Receipts This Page (optional).....▶	804.00
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 10 OF 26
(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 ▼ 747.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5084
 Amount of Each Receipt this Period
 83.00

B. 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 ▼ 830.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5118
 Amount of Each Receipt this Period
 83.00

C. 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 ▼ 2866.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5085
 Amount of Each Receipt this Period
 269.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 435.00
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 26
(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. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

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 ▼
3135.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5119

Amount of Each Receipt this Period
269.00

Full Name (Last, First, Middle Initial)
B. PAUL DETWEILER

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
TYLER TX 75707

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 ▼
2370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5086

Amount of Each Receipt this Period
223.00

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

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
TYLER TX 75707

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 ▼
2593.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
223.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00

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 12 OF 26
(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. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

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 ▼
1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5106

Amount of Each Receipt this Period
97.00

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

Mailing Address 107 BELMEAD LANE

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 ▼
1127.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5135

Amount of Each Receipt this Period
97.00

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

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 ▼
989.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5111

Amount of Each Receipt this Period
93.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 287.00

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 13 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. 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 ▼ 1082.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5140
 Amount of Each Receipt this Period
 93.00

B. 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 ▼ 3013.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5087
 Amount of Each Receipt this Period
 282.00

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 ▼ 3295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5121
 Amount of Each Receipt this Period
 282.00

SUBTOTAL of Receipts This Page (optional).....▶	657.00
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 14 OF 26
	<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. CHARLES GORDON
Full Name (Last, First, Middle Initial)

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 ▼ 3216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period
 302.00

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

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 ▼ 3518.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period
 302.00

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

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 ▼ 3106.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5089

Amount of Each Receipt this Period
 292.00

SUBTOTAL of Receipts This Page (optional).....▶	896.00
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 15 OF 26
(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. THOMAS GRAHAM

Mailing Address 533 WILDER WAY

City State Zip Code
TYLER TN 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 ▼
3398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5144

Amount of Each Receipt this Period
292.00

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

Mailing Address 7113 TURNBERRY CIRCLE

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 ▼
905.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5113

Amount of Each Receipt this Period
85.00

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

Mailing Address 7113 TURNBERRY CIRCLE

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 ▼
990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5142

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 462.00

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 16 OF 26
	<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. MARK HACKBARTH
Full Name (Last, First, Middle Initial)

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 ▼ 1367.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period
 128.00

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

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 ▼ 1495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5123

Amount of Each Receipt this Period
 128.00

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

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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5091

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	356.00
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 17 OF 26
(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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5124

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 ▼
747.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5109

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5138

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 18 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. JEFF HUNTER			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012
Mailing Address 3415 GOLDEN ROAD			Transaction ID : SA11AI.5112
City TYLER	State TX	Zip Code 75701	Amount of Each Receipt this Period 75.00
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 ▼ 800.00		

Full Name (Last, First, Middle Initial) B. JEFF HUNTER			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 3415 GOLDEN ROAD			Transaction ID : SA11AI.5141
City TYLER	State TX	Zip Code 75701	Amount of Each Receipt this Period 75.00
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 ▼ 875.00		

Full Name (Last, First, Middle Initial) C. MATT JONES			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012
Mailing Address 3414 GOLDEN ROAD			Transaction ID : SA11AI.5108
City TYLER	State TX	Zip Code 75701	Amount of Each Receipt this Period 83.00
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 ▼ 747.00		

SUBTOTAL of Receipts This Page (optional).....▶	233.00
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 19 OF 26
<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. 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 ▼ 830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5137

Amount of Each Receipt this Period
 830.00

B. JON LEDLIE
Full Name (Last, First, Middle Initial)

Mailing Address 6166 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 ▼ 1503.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period
 167.00

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

Mailing Address 6166 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 ▼ 1670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5143

Amount of Each Receipt this Period
 167.00

SUBTOTAL of Receipts This Page (optional).....▶	417.00
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 20 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼
3122.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period
294.00

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

Mailing Address 2013 HOLLY CREEK DR.

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
294.00

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1472.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5104

Amount of Each Receipt this Period
138.00

SUBTOTAL of Receipts This Page (optional).....▶	726.00
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 21 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. JOHN PRIDDY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 17950 TIMOTHY CT.		Transaction ID : SA11AI.5133
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 138.00	
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 ▼ 1610.00	

Full Name (Last, First, Middle Initial) B. TODD RAABE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 12 / 2012
Mailing Address 16987 FM 756		Transaction ID : SA11AI.5096
City WHITEHOUSE	State TX	Zip Code 75791
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 376.00	
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 ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. TODD RAABE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 16987 FM 756		Transaction ID : SA11AI.5126
City WHITEHOUSE	State TX	Zip Code 75791
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 376.00	
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 ▼ 4376.00	

SUBTOTAL of Receipts This Page (optional).....▶	890.00
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 22 OF 26
	<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. MARK RENFRO
Full Name (Last, First, Middle Initial)

Mailing Address 2737 OLD BULLARD 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 ▼
2496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2012

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period
235.00

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

Mailing Address 2737 OLD BULLARD 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 ▼
2731.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : SA11AI.5127

Amount of Each Receipt this Period
235.00

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

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 ▼
2985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2012

Transaction ID : SA11AI.5098

Amount of Each Receipt this Period
280.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 23 OF 26
(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. MICHAEL RUSSELL

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 ▼
3265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period
280.00

Full Name (Last, First, Middle Initial)
B. WILLIAM SCHREIBER

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 ▼
747.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5100

Amount of Each Receipt this Period
83.00

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

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 ▼
830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 446.00

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 24 OF 26
	<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. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5102

Amount of Each Receipt this Period
 100.00

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5131

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 ▼ 1503.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5103

Amount of Each Receipt this Period
 167.00

SUBTOTAL of Receipts This Page (optional).....▶	367.00
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 25 OF 26
(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

A. 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 ▼ 1670.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2012
Transaction ID : SA11AI.5132
Amount of Each Receipt this Period
167.00

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

SUBTOTAL of Receipts This Page (optional).....▶	167.00
TOTAL This Period (last page this line number only).....▶	10136.00

**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. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2012

Transaction ID : SB23.5076

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TED CRUZ FOR SENATE

Mailing Address 815 A BRAZOS
PMB 550

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : SB23.5078

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

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 Y
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Amount of Each Disbursement this Period

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

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

7500.00

7500.00
