



**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="2011"/>		64945.94
(b) Cash on Hand at Beginning of Reporting Period.....	61418.94	
(c) Total Receipts (from Line 19) .....	16492.00	66965.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	77910.94	131910.94
7. Total Disbursements (from Line 31).....	12000.00	66000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65910.94	65910.94
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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:  /  /  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).....	16461.00	64230.00
(ii) Unitemized .....	31.00	2735.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16492.00	66965.00
(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) .....	16492.00	66965.00
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))..... ▶	16492.00	66965.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16492.00	66965.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	66000.00
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)) ..	12000.00	66000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	66000.00

**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) .....	16492.00	66965.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16492.00	66965.00
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 35
<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) <b>A. TIMOTHY BECK</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2011 <b>Transaction ID : SA11AI.4746</b>
Mailing Address 9132 CHEROKEE TRAIL		Amount of Each Receipt this Period 100.00
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 ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY BECK</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.4747</b>
Mailing Address 9132 CHEROKEE TRAIL		Amount of Each Receipt this Period 100.00
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY BECK</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : SA11AI.4748</b>
Mailing Address 9132 CHEROKEE TRAIL		Amount of Each Receipt this Period 100.00
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 ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 7 OF 35  
(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 ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : SA11AI.4674**  
 Amount of Each Receipt this Period  
 30.00

**B. 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : SA11AI.4675**  
 Amount of Each Receipt this Period  
 30.00

**C. 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 ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.4676**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**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 35
<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. 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 ▼ 1136.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : SA11AI.4755**

Amount of Each Receipt this Period  
 134.00

**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 ▼ 1236.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011

**Transaction ID : SA11AI.4757**

Amount of Each Receipt this Period  
 100.00

**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 ▼ 1336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011

**Transaction ID : SA11AI.4758**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	334.00
<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 9 OF 35  
(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. AARON CALODNEY**

Mailing Address 17909 CR 132

City State Zip Code  
FLINT TX 75762

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 ▼  
3284.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2011  
**Transaction ID : SA11AI.4677**

Amount of Each Receipt this Period  
386.00

Full Name (Last, First, Middle Initial)  
**B. AARON CALODNEY**

Mailing Address 17909 CR 132

City State Zip Code  
FLINT TX 75762

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 ▼  
3574.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011  
**Transaction ID : SA11AI.4678**

Amount of Each Receipt this Period  
290.00

Full Name (Last, First, Middle Initial)  
**C. AARON CALODNEY**

Mailing Address 17909 CR 132

City State Zip Code  
FLINT TX 75762

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 ▼  
3864.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2011  
**Transaction ID : SA11AI.4679**

Amount of Each Receipt this Period  
290.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 966.00

**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 10 OF 35
<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) <b>A. JOHN CAMP</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 606 CUMBERLAND ROAD		<b>Transaction ID : SA11AI.4740</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 279.00
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 ▼ 2369.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN CAMP</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 606 CUMBERLAND ROAD		<b>Transaction ID : SA11AI.4741</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 209.00
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 ▼ 2578.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN CAMP</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 606 CUMBERLAND ROAD		<b>Transaction ID : SA11AI.4742</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 209.00
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 ▼ 2787.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	697.00
<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 11 OF 35
	<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. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2066 CANBERRA COURT

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 ▼  
3323.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : SA11AI.4680**

Amount of Each Receipt this Period  
391.00

**B. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2066 CANBERRA COURT

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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3616.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : SA11AI.4681**

Amount of Each Receipt this Period  
293.00

**C. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2066 CANBERRA COURT

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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3909.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.4682**

Amount of Each Receipt this Period  
293.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	977.00
<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 12 OF 35  
(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  
 10 / 31 / 2011  
**Transaction ID : SA11AI.4683**  
 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 ▼ 996.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : SA11AI.4684**  
 Amount of Each Receipt this Period  
 83.00

**C. 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 ▼ 1079.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.4685**  
 Amount of Each Receipt this Period  
 83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.00  
**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 13 OF 35  
(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) <b>A. ROBERT DENNIS</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2011 <b>Transaction ID : SA11AI.4686</b>		
Mailing Address 1008 WILDER WOOD			Amount of Each Receipt this Period 358.00		
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 ▼ 3046.00			

Full Name (Last, First, Middle Initial) <b>B. ROBERT DENNIS</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.4687</b>		
Mailing Address 1008 WILDER WOOD			Amount of Each Receipt this Period 269.00		
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 ▼ 3315.00			

Full Name (Last, First, Middle Initial) <b>C. ROBERT DENNIS</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : SA11AI.4688</b>		
Mailing Address 1008 WILDER WOOD			Amount of Each Receipt this Period 269.00		
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 ▼ 3584.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	896.00
<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 14 OF 35
	<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**

Full Name (Last, First, Middle Initial) <b>A. PAUL DETWEILER</b>		Date of Receipt
Mailing Address 3635 CANYON CREEK CIRCLE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4689</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="294.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2502.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PAUL DETWEILER</b>		Date of Receipt
Mailing Address 3635 CANYON CREEK CIRCLE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4690</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="221.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2723.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PAUL DETWEILER</b>		Date of Receipt
Mailing Address 3635 CANYON CREEK CIRCLE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4691</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="221.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2944.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="736.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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) <b>A. KIM FOREMAN</b>		Date of Receipt
Mailing Address 107 BELMEAD LANE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4743</b>
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="126.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1075.00"/>		

Full Name (Last, First, Middle Initial) <b>B. KIM FOREMAN</b>		Date of Receipt
Mailing Address 107 BELMEAD LANE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4744</b>
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="95.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1170.00"/>		

Full Name (Last, First, Middle Initial) <b>C. KIM FOREMAN</b>		Date of Receipt
Mailing Address 107 BELMEAD LANE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4745</b>
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="95.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1265.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="316.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 35
	<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**

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

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 ▼  
1031.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : SA11AI.4759**

Amount of Each Receipt this Period  
121.00

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

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 ▼  
1122.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : SA11AI.4760**

Amount of Each Receipt this Period  
91.00

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

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 ▼  
1213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.4761**

Amount of Each Receipt this Period  
91.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	303.00
<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 17 OF 35
	<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**

Full Name (Last, First, Middle Initial) <b>A. GARY GOODFRIED</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 19140 FALLS CREEK		<b>Transaction ID : SA11AI.4692</b>
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 377.00	
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 ▼ 3199.00	

Full Name (Last, First, Middle Initial) <b>B. GARY GOODFRIED</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 19140 FALLS CREEK		<b>Transaction ID : SA11AI.4693</b>
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 282.00	
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 ▼ 3481.00	

Full Name (Last, First, Middle Initial) <b>C. GARY GOODFRIED</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 19140 FALLS CREEK		<b>Transaction ID : SA11AI.4694</b>
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 282.00	
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 ▼ 3763.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	941.00
<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 18 OF 35
	<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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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. 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 **3400.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : SA11AI.4695**  
Amount of Each Receipt this Period **400.00**

**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 **3700.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.4696**  
Amount of Each Receipt this Period **300.00**

**C. 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 **4000.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.4697**  
Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**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 19 OF 35  
(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) <b>A. ANTONIO GRAHAM</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 <b>Transaction ID : SA11AI.4698</b>
Mailing Address 533 WILDER WAY		Amount of Each Receipt this Period 386.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Name of Employer Occupation STUDENT	Aggregate Year-to-Date ▼ 386.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ANTONIO GRAHAM</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.4699</b>
Mailing Address 533 WILDER WAY		Amount of Each Receipt this Period 290.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Name of Employer Occupation STUDENT	Aggregate Year-to-Date ▼ 676.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ANTONIO GRAHAM</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : SA11AI.4700</b>
Mailing Address 533 WILDER WAY		Amount of Each Receipt this Period 290.00
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Name of Employer Occupation STUDENT	Aggregate Year-to-Date ▼ 966.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	966.00
<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 20 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. DUANE GRIFFITH</b>		Date of Receipt
Mailing Address 7113 TURNBERRY CIRCLE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4765</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="113.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="961.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DUANE GRIFFITH</b>		Date of Receipt
Mailing Address 7113 TURNBERRY CIRCLE		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4766</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1046.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DUANE GRIFFITH</b>		Date of Receipt
Mailing Address 7113 TURNBERRY CIRCLE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.4767</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1131.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="283.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 OF 35  
(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. MARK HACKBARTH**

Mailing Address 3630 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 ▼  
1453.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 31 / 2011  
**Transaction ID : SA11AI.4701**

Amount of Each Receipt this Period  
171.00

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

Mailing Address 3630 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 ▼  
1581.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 30 / 2011  
**Transaction ID : SA11AI.4702**

Amount of Each Receipt this Period  
128.00

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

Mailing Address 3630 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 ▼  
1709.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2011  
**Transaction ID : SA11AI.4703**

Amount of Each Receipt this Period  
128.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	427.00
<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 22 OF 35
<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. 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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : SA11AI.4704**

Amount of Each Receipt this Period  
100.00

**B. 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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : SA11AI.4705**

Amount of Each Receipt this Period  
100.00

**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 ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.4706**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 23 OF 35
	<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	

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) <b>A. STEUART HEATON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 3413 GOLDEN ROAD		<b>Transaction ID : SA11AI.4752</b>
City TYLERT	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 913.00	

Full Name (Last, First, Middle Initial) <b>B. STEUART HEATON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 3413 GOLDEN ROAD		<b>Transaction ID : SA11AI.4753</b>
City TYLERT	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 996.00	

Full Name (Last, First, Middle Initial) <b>C. STEUART HEATON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 3413 GOLDEN ROAD		<b>Transaction ID : SA11AI.4754</b>
City TYLERT	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.00
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 ▼ 1079.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.00
<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 24 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. JEFF HUNTER</b>		Date of Receipt
Mailing Address 3415 GOLDEN ROAD		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75701
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.4762</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="850.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JEFF HUNTER</b>		Date of Receipt
Mailing Address 3415 GOLDEN ROAD		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75701
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.4763</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="925.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JEFF HUNTER</b>		Date of Receipt
Mailing Address 3415 GOLDEN ROAD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
TYLER	TX	75701
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.4764</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : SA11AI.4749**

Amount of Each Receipt this Period  
**83.00**

**B. 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 ▼ **996.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2011**

**Transaction ID : SA11AI.4750**

Amount of Each Receipt this Period  
**83.00**

**C. 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 ▼ **1079.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2011**

**Transaction ID : SA11AI.4751**

Amount of Each Receipt this Period  
**83.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>249.00</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: (check only one)	PAGE 26 OF 35
	<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) <b>A. JON LEDLIE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 6166 QUAIL CREEK		<b>Transaction ID : SA11AI.4707</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 167.00	
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 ▼ 1837.00	

Full Name (Last, First, Middle Initial) <b>B. JON LEDLIE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 6166 QUAIL CREEK		<b>Transaction ID : SA11AI.4708</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 167.00	
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 ▼ 2004.00	

Full Name (Last, First, Middle Initial) <b>C. JON LEDLIE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 6166 QUAIL CREEK		<b>Transaction ID : SA11AI.4709</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 167.00	
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 ▼ 2171.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.00
<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 27 OF 35
	<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**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3298.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : SA11AI.4710**

Amount of Each Receipt this Period  
388.00

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

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 ▼  
3589.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : SA11AI.4711**

Amount of Each Receipt this Period  
291.00

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

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 ▼  
3880.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.4712**

Amount of Each Receipt this Period  
291.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	970.00
<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 28 OF 35
	<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. 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 **1564.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : SA11AI.4737**  
Amount of Each Receipt this Period **184.00**

**B. 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 **1702.00**

Date of Receipt **11 / 30 / 2011**  
**Transaction ID : SA11AI.4738**  
Amount of Each Receipt this Period **138.00**

**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 **1840.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.4739**  
Amount of Each Receipt this Period **138.00**

**SUBTOTAL** of Receipts This Page (optional)..... **460.00**  
**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 29 OF 35
<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. TODD RAABE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16987 FM 756

City WHITEHOUSE	State TX	Zip Code 75791
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : SA11AI.4714**

Amount of Each Receipt this Period  
498.00

**B. TODD RAABE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16987 FM 756

City WHITEHOUSE	State TX	Zip Code 75791
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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 ▼  
4603.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : SA11AI.4715**

Amount of Each Receipt this Period  
373.00

**C. TODD RAABE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16987 FM 756

City WHITEHOUSE	State TX	Zip Code 75791
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4976.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.4716**

Amount of Each Receipt this Period  
373.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1244.00
<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 30 OF 35
	<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**

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

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 ▼  
2632.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : SA11AI.4717**

Amount of Each Receipt this Period  
310.00

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

Mailing Address 2737 OLD BULLARD 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 ▼  
2864.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : SA11AI.4718**

Amount of Each Receipt this Period  
232.00

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

Mailing Address 2737 OLD BULLARD 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 ▼  
3096.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.4719**

Amount of Each Receipt this Period  
232.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	774.00
<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 31 OF 35
	<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**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL RUSSELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 5930 BRIXWORTH		<b>Transaction ID : SA11AI.4720</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 373.00
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 ▼ 3204.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL RUSSELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 5930 BRIXWORTH		<b>Transaction ID : SA11AI.4721</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
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 ▼ 3484.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL RUSSELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 5930 BRIXWORTH		<b>Transaction ID : SA11AI.4722</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
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 ▼ 3764.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	933.00
<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 32 OF 35
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM SCHREIBER</b>		Date of Receipt
Mailing Address 6407 HOLLYTREE CIRCLE		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City TYLER State TN Zip Code 75703		<b>Transaction ID : SA11AI.4726</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED Occupation PHYSICIAN		<input type="text" value="83.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="913.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM SCHREIBER</b>		Date of Receipt
Mailing Address 6407 HOLLYTREE CIRCLE		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City TYLER State TN Zip Code 75703		<b>Transaction ID : SA11AI.4728</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED Occupation PHYSICIAN		<input type="text" value="83.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="996.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM SCHREIBER</b>		Date of Receipt
Mailing Address 6407 HOLLYTREE CIRCLE		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City TYLER State TN Zip Code 75703		<b>Transaction ID : SA11AI.4729</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED Occupation PHYSICIAN		<input type="text" value="83.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1079.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="249.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 33 OF 35
	<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) <b>A. JERRY SCHWARZBACH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 8304 COLUMBIA DRIVE		<b>Transaction ID : SA11AI.4730</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. JERRY SCHWARZBACH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 8304 COLUMBIA DRIVE		<b>Transaction ID : SA11AI.4731</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. JERRY SCHWARZBACH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 8304 COLUMBIA DRIVE		<b>Transaction ID : SA11AI.4732</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 34 OF 35  
(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) <b>A. CLAIRE TIBILETTI</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 <b>Transaction ID : SA11AI.4733</b>		
Mailing Address 16690 DRIFTWOOD			Amount of Each Receipt this Period 167.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1837.00			

Full Name (Last, First, Middle Initial) <b>B. CLAIRE TIBILETTI</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 <b>Transaction ID : SA11AI.4735</b>		
Mailing Address 16690 DRIFTWOOD			Amount of Each Receipt this Period 167.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2004.00			

Full Name (Last, First, Middle Initial) <b>C. CLAIRE TIBILETTI</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 <b>Transaction ID : SA11AI.4736</b>		
Mailing Address 16690 DRIFTWOOD			Amount of Each Receipt this Period 167.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2171.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16461.00

**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. GREG BONNEN**

Mailing Address P.O. BOX 1183

City State Zip Code  
FRIENDSWOOD TX 77549

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2011

Transaction ID : SB23.4770

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ORRIN GRANT HATCH**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 780

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011

Transaction ID : SB23.4772

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. THOMAS EDMUNDS PRICE**

Mailing Address P.O. BOX 425

City State Zip Code  
ROSWELL GA 30077

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: GA District: 06

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2011

Transaction ID : SB23.4768

Amount of Each Disbursement this Period

2000.00

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

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

12000.00

12000.00