

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="35099.94"/>	<input type="text" value="35099.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35099.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10962.00"/>	<input type="text" value="10962.00"/>
(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="46061.94"/>	<input type="text" value="46061.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19500.00"/>	<input type="text" value="19500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26561.94"/>	<input type="text" value="26561.94"/>
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).....	6420.00	6420.00
(ii) Unitemized	4542.00	4542.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10962.00	10962.00
(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)	10962.00	10962.00
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))..... ▶	10962.00	10962.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10962.00	10962.00

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.....	19500.00	19500.00
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)) ..	19500.00	19500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19500.00	19500.00

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)	10962.00	10962.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10962.00	10962.00
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 20
	<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)
A. TIMOTHY BECK

Mailing Address 9132 CHEROKEE TRAIL

City TYLER	State TX	Zip Code 75703
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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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
03	/	04	/	2014

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period
100.00

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

Mailing Address 3413 GOLDEN ROAD

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

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2014

Transaction ID : SA11AI.5787

Amount of Each Receipt this Period
70.00

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

Mailing Address 17909 CR 132

City FLINT	State TX	Zip Code 75762
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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 ▼
392.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2014

Transaction ID : SA11AI.5635

Amount of Each Receipt this Period
196.00

SUBTOTAL of Receipts This Page (optional).....▶	366.00
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 20
	<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. STUART CRUTCHFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2066 CANBERRA COURT
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.5636
 Amount of Each Receipt this Period
 199.00

B. STUART CRUTCHFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2066 CANBERRA COURT
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 597.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : SA11AI.5765
 Amount of Each Receipt this Period
 199.00

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 ▼ 249.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : SA11AI.5766
 Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional).....▶	481.00
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 20
	<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. 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 ▼ 362.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.5638

Amount of Each Receipt this Period
 181.00

B. ROBERT DENNIS
Full Name (Last, First, Middle Initial)

Mailing Address 1008 WILDER WOOD

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 543.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.5767

Amount of Each Receipt this Period
 181.00

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

Mailing Address 3635 CANYON CREEK CIRCLE

City TYLER State TX Zip Code 75707

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.5639

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 512.00

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 20
	<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. PAUL DETWEILER
Full Name (Last, First, Middle Initial)

Mailing Address 3635 CANYON CREEK CIRCLE

City TYLER State TX Zip Code 75707

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.5768

Amount of Each Receipt this Period
 150.00

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 ▼ 382.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period
 191.00

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 ▼ 573.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.5769

Amount of Each Receipt this Period
 191.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 532.00

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 20
(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. 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 ▼ 203.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2014
Transaction ID : SA11AI.5603
 Amount of Each Receipt this Period
 203.00

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 ▼ 406.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.5641
 Amount of Each Receipt this Period
 203.00

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 ▼ 609.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : SA11AI.5770
 Amount of Each Receipt this Period
 203.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 609.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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. THOMAS GRAHAM
Full Name (Last, First, Middle Initial)
Mailing Address 533 WILDER WAY

City TYLER	State TN	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 ▼
392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11AI.5642

Amount of Each Receipt this Period
196.00

B. THOMAS GRAHAM
Full Name (Last, First, Middle Initial)
Mailing Address 533 WILDER WAY

City TYLER	State TN	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 ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014
Transaction ID : SA11AI.5771

Amount of Each Receipt this Period
196.00

C. JAMES HARRIS
Full Name (Last, First, Middle Initial)
Mailing Address 9243 CHISHOLM TRAIL

City TYLER	State TX	Zip Code 75703
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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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
 03 / 04 / 2014
Transaction ID : SA11AI.5772

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	492.00
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 20
<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. STEUART HEATON
Full Name (Last, First, Middle Initial)

Mailing Address 3413 GOLDEN ROAD

City TYLERT 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 ▼ 249.00

Date of Receipt
03 / 04 / 2014
Transaction ID : SA11AI.5778

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 ▼ 249.00

Date of Receipt
03 / 04 / 2014
Transaction ID : SA11AI.5786

Amount of Each Receipt this Period
83.00

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 ▼ 334.00

Date of Receipt
02 / 03 / 2014
Transaction ID : SA11AI.5644

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 20
	(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) A. JON LEDLIE		Date of Receipt
Mailing Address 6166 QUAIL CREEK		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5791
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="167.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="501.00"/>	

Full Name (Last, First, Middle Initial) B. JAMES MICHAELS		Date of Receipt
Mailing Address 2013 HOLLY CREEK DR.		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5646
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="197.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="394.00"/>	

Full Name (Last, First, Middle Initial) C. JAMES MICHAELS		Date of Receipt
Mailing Address 2013 HOLLY CREEK DR.		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
TYLER	TX	75703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5773
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="197.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="591.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="561.00"/>
TOTAL 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 15 OF 20
	<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 ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.5785

Amount of Each Receipt this Period
 92.00

B. 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 ▼ 251.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 02 / 2014

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period
 251.00

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 ▼ 502.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.5647

Amount of Each Receipt this Period
 251.00

SUBTOTAL of Receipts This Page (optional).....▶	594.00
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 20
<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 ▼ **753.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.5774

Amount of Each Receipt this Period
251.00

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 ▼ **316.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.5648

Amount of Each Receipt this Period
158.00

C. 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 ▼ **474.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.5775

Amount of Each Receipt this Period
158.00

SUBTOTAL of Receipts This Page (optional).....▶	567.00
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 17 OF 20
	<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. 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 ▼ **374.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : SA11AI.5649

Amount of Each Receipt this Period
187.00

B. 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 ▼ **561.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.5776

Amount of Each Receipt this Period
187.00

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

Mailing Address 6407 HOLLYTREE CIRCLE

City TYLER State TN Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11AI.5782

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **457.00**

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 18 OF 20
	(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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.5781

Amount of Each Receipt this Period
 100.00

B. 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 ▼ 334.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.5653

Amount of Each Receipt this Period
 167.00

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 ▼ 501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : SA11AI.5784

Amount of Each Receipt this Period
 167.00

SUBTOTAL of Receipts This Page (optional).....▶	434.00
TOTAL This Period (last page this line number only).....▶	6420.00

**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. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City State Zip Code
BATON ROUGE LA 70898

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		26		2014

Transaction ID : SB23.5630

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City State Zip Code
GREENSBORO NC 27429

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Transaction ID : SB23.5671

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City State Zip Code
LOUISVILLE KY 40201

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		21		2014

Transaction ID : SB23.5633

Amount of Each Disbursement this Period

5000.00

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

12000.00

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

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**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. SKIP OGLE FOR TEXAS CAMPAIGN

Mailing Address 305 FERRELL PLACE

City TYLER State TX Zip Code 75702

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : SB23.5626

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BARRY SMITHERMAN

Mailing Address PO BOX 160217

City AUSTIN State TX Zip Code 78716

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : SB23.5668

Amount of Each Disbursement this Period

2500.00

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) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

7500.00

19500.00