

**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="2013"/>		18423.94
(b) Cash on Hand at Beginning of Reporting Period.....	27524.94	
(c) Total Receipts (from Line 19)	9936.00	26537.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37460.94	44960.94
7. Total Disbursements (from Line 31).....	0.00	7500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37460.94	37460.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

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).....	9852.00	23656.00
(ii) Unitemized	84.00	2881.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9936.00	26537.00
(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)	9936.00	26537.00
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))..... ▶	9936.00	26537.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9936.00	26537.00

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.....	0.00	7500.00
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)) ..	0.00	7500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	7500.00

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)	9936.00	26537.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9936.00	26537.00
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: PAGE 6 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : **SA11AI.5364**

Amount of Each Receipt this Period
100.00

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

Mailing Address 9132 CHEROKEE TRAIL

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : **SA11AI.5365**

Amount of Each Receipt this Period
100.00

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

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 ▼ **446.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : **SA11AI.5372**

Amount of Each Receipt this Period
103.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **303.00**

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

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. TROY CALLENDER

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
551.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5373

Amount of Each Receipt this Period
105.00

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 ▼
1265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5319

Amount of Each Receipt this Period
292.00

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 ▼
1559.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5320

Amount of Each Receipt this Period
294.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 691.00

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 8 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. JOHN CAMP

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **918.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : SA11AI.5360

Amount of Each Receipt this Period
212.00

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

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1132.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period
214.00

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

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 ▼ **1283.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : SA11AI.5321

Amount of Each Receipt this Period
296.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **722.00**

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 23
	<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. STUART CRUTCHFIELD		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.5322
Mailing Address 2066 CANBERRA COURT		Amount of Each Receipt this Period 298.00
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C	Name of Employer SELF EMPLOYED	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 1581.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GUY DANIELSON		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 Transaction ID : SA11AI.5323
Mailing Address 16950 FM 2661		Amount of Each Receipt this Period 83.00
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Name of Employer SELF EMPLOYED	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 332.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GUY DANIELSON		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.5324
Mailing Address 16950 FM 2661		Amount of Each Receipt this Period 83.00
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Name of Employer SELF EMPLOYED	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 415.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	464.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1165.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5325

Amount of Each Receipt this Period
269.00

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

Mailing Address 1008 WILDER WOOD

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1436.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5326

Amount of Each Receipt this Period
271.00

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

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code
TYLER TX 75707

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
967.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5327

Amount of Each Receipt this Period
223.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 763.00

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 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. PAUL DETWEILER

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 ▼
1192.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5328

Amount of Each Receipt this Period
225.00

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

Mailing Address 107 BELMEAD LANE

City TYLER State TX Zip Code 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5362

Amount of Each Receipt this Period
97.00

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

Mailing Address 107 BELMEAD LANE

City TYLER State TX Zip Code 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
521.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5363

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 422.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. HOWARD GARB
 Full Name (Last, First, Middle Initial)
 Mailing Address 3414 GOLDEN ROAD
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5374
 Amount of Each Receipt this Period
 93.00

B. HOWARD GARB
 Full Name (Last, First, Middle Initial)
 Mailing Address 3414 GOLDEN ROAD
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5375
 Amount of Each Receipt this Period
 96.00

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 ▼ 1223.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5329
 Amount of Each Receipt this Period
 282.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 471.00
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 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 1510.00

Date of Receipt 05 / 01 / 2013
Transaction ID : SA11AI.5330
 Amount of Each Receipt this Period 287.00

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 ▼ 1309.00

Date of Receipt 04 / 01 / 2013
Transaction ID : SA11AI.5331
 Amount of Each Receipt this Period 302.00

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 ▼ 1613.00

Date of Receipt 05 / 01 / 2013
Transaction ID : SA11AI.5332
 Amount of Each Receipt this Period 304.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 893.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. THOMAS GRAHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 WILDER WAY
 City TYLER State TN Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5335
 Amount of Each Receipt this Period
 292.00

B. THOMAS GRAHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 WILDER WAY
 City TYLER State TN Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1559.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5334
 Amount of Each Receipt this Period
 294.00

C. DUANE GRIFFITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7113 TURNBERRY CIRCLE
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 368.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5378
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 671.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. DUANE GRIFFITH

Mailing Address 7113 TURNBERRY CIRCLE

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
453.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5379

Amount of Each Receipt this Period
85.00

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

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5336

Amount of Each Receipt this Period
100.00

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

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5337

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.00

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 16 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. STEUART HEATON

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
TYLERT TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5368

Amount of Each Receipt this Period
84.00

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

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
TYLERT TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5371

Amount of Each Receipt this Period
83.00

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

Mailing Address 3415 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5376

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. JEFF HUNTER

Mailing Address 3415 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 ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : SA11AI.5377

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. MATT JONES

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 ▼ **332.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : SA11AI.5366

Amount of Each Receipt this Period
83.00

Full Name (Last, First, Middle Initial)
C. MATT JONES

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 ▼ **415.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2013

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **241.00**

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 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 668.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5338
 Amount of Each Receipt this Period
 167.00

B. JON LEDLIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 6166 QUAIL CREEK
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 835.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5339
 Amount of Each Receipt this Period
 167.00

C. JAMES MICHAELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2013 HOLLY CREEK DR.
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1273.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5341
 Amount of Each Receipt this Period
 294.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 628.00
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 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. JAMES MICHAELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2013 HOLLY CREEK DR.
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1569.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5342
 Amount of Each Receipt this Period
 296.00

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 ▼ 598.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5358
 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 ▼ 736.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5359
 Amount of Each Receipt this Period
 138.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 572.00
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 20 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
WHITEHOUSE TX 75791

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1629.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5343

Amount of Each Receipt this Period
376.00

Full Name (Last, First, Middle Initial)
B. TODD RAABE

Mailing Address 16987 FM 756

City State Zip Code
WHITEHOUSE TX 75791

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2005.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5344

Amount of Each Receipt this Period
376.00

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

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1018.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5345

Amount of Each Receipt this Period
235.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 987.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 23
	<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. MARK RENFRO		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.5346
Mailing Address 2737 OLD BULLARD ROAD		Amount of Each Receipt this Period 237.00
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1255.00	

Full Name (Last, First, Middle Initial) B. MICHAEL RUSSELL		Date of Receipt MM / DD / YYYY 04 / 01 / 2013 Transaction ID : SA11AI.5347
Mailing Address 5930 BRIXWORTH		Amount of Each Receipt this Period 280.00
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 ▼ 1213.00	

Full Name (Last, First, Middle Initial) C. MICHAEL RUSSELL		Date of Receipt MM / DD / YYYY 05 / 01 / 2013 Transaction ID : SA11AI.5348
Mailing Address 5930 BRIXWORTH		Amount of Each Receipt this Period 280.00
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 ▼ 1493.00	

SUBTOTAL of Receipts This Page (optional).....▶	797.00
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 22 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 332.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5351
 Amount of Each Receipt this Period
 83.00

B. 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 ▼ 415.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5352
 Amount of Each Receipt this Period
 83.00

C. 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5353
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 23 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5354
 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 ▼ 668.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2013
Transaction ID : SA11AI.5355
 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 ▼ 835.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2013
Transaction ID : SA11AI.5356
 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).....▶	9852.00