

**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="26555.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16277.00"/>	<input type="text" value="38733.00"/>
(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="42832.94"/>	<input type="text" value="73832.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22500.00"/>	<input type="text" value="53500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20332.94"/>	<input type="text" value="20332.94"/>
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).....	16237.00	33985.00
(ii) Unitemized	40.00	4748.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16277.00	38733.00
(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)	16277.00	38733.00
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))..... ▶	16277.00	38733.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16277.00	38733.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	53500.00
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)) ..	22500.00	53500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22500.00	53500.00

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)	16277.00	38733.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16277.00	38733.00
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 9132 CHEROKEE TRAIL

City TYLER	State TX	Zip Code 75703
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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 ▼
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5919

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 ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5973

Amount of Each Receipt this Period
100.00

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

Mailing Address 9132 CHEROKEE TRAIL

City TYLER	State TX	Zip Code 75703
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5974

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 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 ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5897
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5927
 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 ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5929
 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: PAGE 8 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. 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 ▼ 539.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5922
 Amount of Each Receipt this Period
 105.00

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 ▼ 644.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5979
 Amount of Each Receipt this Period
 105.00

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 ▼ 784.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5980
 Amount of Each Receipt this Period
 140.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 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. AARON CALODNEY
Full Name (Last, First, Middle Initial)

Mailing Address 17909 CR 132

City FLINT State TX Zip Code 75762

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1509.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period
 294.00

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

Mailing Address 17909 CR 132

City FLINT State TX Zip Code 75762

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1803.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5928

Amount of Each Receipt this Period
 294.00

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

Mailing Address 17909 CR 132

City FLINT State TX Zip Code 75762

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2195.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period
 392.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
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"/> 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. JOHN CAMP
Full Name (Last, First, Middle Initial)

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5917

Amount of Each Receipt this Period
 214.00

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

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1314.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period
 214.00

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

Mailing Address 606 CUMBERLAND ROAD

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1599.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5970

Amount of Each Receipt this Period
 285.00

SUBTOTAL of Receipts This Page (optional).....▶	713.00
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 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

Full Name (Last, First, Middle Initial) A. STUART CRUTCHFIELD		Date of Receipt
Mailing Address 2066 CANBERRA COURT		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
TYLER	TX	75701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5899
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="298.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1531.00"/>	

Full Name (Last, First, Middle Initial) B. STUART CRUTCHFIELD		Date of Receipt
Mailing Address 2066 CANBERRA COURT		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
TYLER	TX	75701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5931
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="298.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1829.00"/>	

Full Name (Last, First, Middle Initial) C. STUART CRUTCHFIELD		Date of Receipt
Mailing Address 2066 CANBERRA COURT		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
TYLER	TX	75701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5932
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="397.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2226.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="993.00"/>
TOTAL 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 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 ▼ 581.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5900
 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 ▼ 664.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5933
 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 ▼ 747.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5934
 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: (check only one)	PAGE 13 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) A. ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WOOD		<input type="text" value="07"/> / <input type="text" value="18"/> / <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.5901
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="271.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1393.00"/>	

Full Name (Last, First, Middle Initial) B. ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WOOD		<input type="text" value="08"/> / <input type="text" value="11"/> / <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.5935
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="271.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1664.00"/>	

Full Name (Last, First, Middle Initial) C. ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WOOD		<input type="text" value="08"/> / <input type="text" value="26"/> / <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.5936
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF EMPLOYED	PHYSICIAN	<input type="text" value="361.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2025.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="903.00"/>
TOTAL 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 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

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 ▼ 1155.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period
 225.00

B. 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 ▼ 1380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5937

Amount of Each Receipt this Period
 225.00

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 ▼ 1681.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5938

Amount of Each Receipt this Period
 301.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 751.00

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 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. KIM FOREMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 BELMEAD LANE
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5918
 Amount of Each Receipt this Period
 100.00

B. KIM FOREMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 BELMEAD LANE
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5971
 Amount of Each Receipt this Period
 100.00

C. KIM FOREMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 BELMEAD LANE
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 743.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5972
 Amount of Each Receipt this Period
 133.00

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 16 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. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
493.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5923

Amount of Each Receipt this Period
96.00

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

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
589.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5981

Amount of Each Receipt this Period
96.00

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

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
717.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5982

Amount of Each Receipt this Period
128.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00

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 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

Full Name (Last, First, Middle Initial) A. GARY GOODFRIED		Date of Receipt MM / DD / YYYY 07 / 18 / 2014
Mailing Address 19140 FALLS CREEK		Transaction ID : SA11AI.5903
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 287.00	
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 ▼ 1472.00	

Full Name (Last, First, Middle Initial) B. GARY GOODFRIED		Date of Receipt MM / DD / YYYY 08 / 11 / 2014
Mailing Address 19140 FALLS CREEK		Transaction ID : SA11AI.5939
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 287.00	
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 ▼ 1759.00	

Full Name (Last, First, Middle Initial) C. GARY GOODFRIED		Date of Receipt MM / DD / YYYY 08 / 26 / 2014
Mailing Address 19140 FALLS CREEK		Transaction ID : SA11AI.5940
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 383.00	
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 ▼ 2142.00	

SUBTOTAL of Receipts This Page (optional).....▶	957.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 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) A. CHARLES GORDON		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : SA11AI.5904
Mailing Address 7302 HOLLYTREE DRIVE		Amount of Each Receipt this Period 304.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1563.00	

Full Name (Last, First, Middle Initial) B. CHARLES GORDON		Date of Receipt MM / DD / YYYY 08 / 11 / 2014 Transaction ID : SA11AI.5941
Mailing Address 7302 HOLLYTREE DRIVE		Amount of Each Receipt this Period 304.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1867.00	

Full Name (Last, First, Middle Initial) C. CHARLES GORDON		Date of Receipt MM / DD / YYYY 08 / 26 / 2014 Transaction ID : SA11AI.5942
Mailing Address 7302 HOLLYTREE DRIVE		Amount of Each Receipt this Period 406.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2273.00	

SUBTOTAL of Receipts This Page (optional).....▶	1014.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 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. 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1509.00	

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11AI.5905

Amount of Each Receipt this Period
294.00

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1803.00	

Date of Receipt
08 / 11 / 2014
Transaction ID : SA11AI.5943

Amount of Each Receipt this Period
294.00

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

City TYLER	State TN	Zip Code 75703
FEC ID number of contributing federal political committee. C		
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2195.00	

Date of Receipt
08 / 26 / 2014
Transaction ID : SA11AI.5944

Amount of Each Receipt this Period
392.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
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 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. 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 ▼ 432.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5926
 Amount of Each Receipt this Period
 85.00

B. 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 ▼ 517.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5985
 Amount of Each Receipt this Period
 85.00

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 ▼ 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5986
 Amount of Each Receipt this Period
 113.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.00
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 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. 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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5906

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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5945

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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 35
(check only one)

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

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

A. 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 ▼ 581.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : SA11AI.5921
Amount of Each Receipt this Period
83.00

B. 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 ▼ 664.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2014
Transaction ID : SA11AI.5977
Amount of Each Receipt this Period
83.00

C. 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 ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2014
Transaction ID : SA11AI.5978
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: (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

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

Full Name (Last, First, Middle Initial) A. JEFF HUNTER		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2014
Mailing Address 3415 GOLDEN ROAD		Transaction ID : SA11AI.5925
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 385.00	

Full Name (Last, First, Middle Initial) B. JEFF HUNTER		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2014
Mailing Address 3415 GOLDEN ROAD		Transaction ID : SA11AI.5983
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 460.00	

Full Name (Last, First, Middle Initial) C. JEFF HUNTER		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 26 / 2014
Mailing Address 3415 GOLDEN ROAD		Transaction ID : SA11AI.5984
City TYLER	State TX	Zip Code 75701
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 ▼ 560.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 24 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. 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 ▼ 581.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5920
 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 ▼ 664.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5975
 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 ▼ 747.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5976
 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: (check only one)	PAGE 25 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. 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 ▼
1169.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5907

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 ▼
1336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5947

Amount of Each Receipt this Period
167.00

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

Mailing Address 6166 QUAIL CREEK

City TYLER	State TX	Zip Code 75703
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1503.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5948

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional).....▶	501.00
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 26 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 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 ▼
1518.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.5908

Amount of Each Receipt this Period
296.00

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

Mailing Address 2013 HOLLY CREEK DR.

City TYLER	State TX	Zip Code 75703
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1814.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2014

Transaction ID : SA11AI.5949

Amount of Each Receipt this Period
296.00

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 ▼
2208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2014

Transaction ID : SA11AI.5950

Amount of Each Receipt this Period
394.00

SUBTOTAL of Receipts This Page (optional).....	986.00
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 27 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. 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 ▼ 708.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5916
 Amount of Each Receipt this Period
 138.00

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 ▼ 846.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5967
 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 ▼ 1030.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5968
 Amount of Each Receipt this Period
 184.00

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: PAGE 28 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. 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 ▼ 1932.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5909
 Amount of Each Receipt this Period
 376.00

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 ▼ 2308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5951
 Amount of Each Receipt this Period
 376.00

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 ▼ 2809.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5952
 Amount of Each Receipt this Period
 501.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1253.00
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"/> 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 ▼ **1217.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.5911

Amount of Each Receipt this Period
237.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **1454.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2014

Transaction ID : SA11AI.5953

Amount of Each Receipt this Period
237.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **1770.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2014

Transaction ID : SA11AI.5955

Amount of Each Receipt this Period
316.00

SUBTOTAL of Receipts This Page (optional).....▶	790.00
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 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

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 ▼ 1439.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5910

Amount of Each Receipt this Period
 280.00

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 ▼ 1719.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period
 280.00

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

Mailing Address 5930 BRIXWORTH

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5957

Amount of Each Receipt this Period
 373.00

SUBTOTAL of Receipts This Page (optional).....▶	933.00
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 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

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 ▼
581.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2014

Transaction ID : SA11AI.5913

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 ▼
664.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

Transaction ID : SA11AI.5960

Amount of Each Receipt this Period
83.00

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 ▼
747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2014

Transaction ID : SA11AI.5961

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 32 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. 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 ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.5914
 Amount of Each Receipt this Period
 100.00

B. JERRY SCHWARZBACH
 Full Name (Last, First, Middle Initial)
 Mailing Address 8304 COLUMBIA DRIVE
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : SA11AI.5962
 Amount of Each Receipt this Period
 100.00

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 ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : SA11AI.5964
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 33 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. 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 ▼ 1169.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.5915

Amount of Each Receipt this Period
 167.00

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 ▼ 1336.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : SA11AI.5965

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 ▼ 1503.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period
 167.00

SUBTOTAL of Receipts This Page (optional).....▶	501.00
TOTAL This Period (last page this line number only).....▶	16237.00

**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. JOE BARTON

Mailing Address 6001 WEST RONALD REAGAN MEMORIAL H
SUITE 200

City ARLINGTON State TX Zip Code 76017

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB23.5994

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement

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
08		26		2014

Transaction ID : SB23.5997

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. CORNYN MAJORITY COMMITTEE

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : SB23.5999

Amount of Each Disbursement this Period

2,500.00

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

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

10,000.00

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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. GREG ABBOTT CAMPAIGN

Mailing Address PO BOX 308

City AUSTIN State TX Zip Code 78767

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Transaction ID : **SB23.6000**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : **SB23.5989**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LOUIE GOHMERT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 8060

City TYLER State TX Zip Code 75711

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: TX District: 01

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : **SB23.5988**

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

22500.00