

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) 1814 ROSELAND BLVD
 Check if different than previously reported. (ACC)
TYLER TX 75701

2. **FEC IDENTIFICATION NUMBER** C00437525
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY **STATE** **ZIP CODE**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer Electronically Filed by ANTHONY WAHL Date 04 30 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		36614.94
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	36614.94									
(c) Total Receipts (from Line 19)	11576.00	11576.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48190.94	48190.94								
7. Total Disbursements (from Line 31)	9300.00	9300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38890.94	38890.94								
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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	11038.00	11038.00
(ii) Unitemized	538.00	538.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11576.00	11576.00
(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)	11576.00	11576.00
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 Transfer (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))	11576.00	11576.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11576.00	11576.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	9300.00	9300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	9300.00	9300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9300.00	9300.00

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)	11576.00	11576.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11576.00	11576.00
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 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) TROY CALLENDER		Date of Receipt
	Mailing Address 3413 GOLDEN ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	TYLER	TX	75701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4158
Name of Employer SELF EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 268.00

B.	Full Name (Last, First, Middle Initial) AARON CALODNEY		Date of Receipt
	Mailing Address 17909 CR 132		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	FLINT	TX	75762
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4109
Name of Employer SELF EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 772.00

C.	Full Name (Last, First, Middle Initial) JOHN CAMP		Date of Receipt
	Mailing Address 606 CUMBERLAND ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2010
	City	State	Zip Code
	TYLER	TX	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4148
Name of Employer SELF EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 557.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1597.00
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 7 / 15
(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. Full Name (Last, First, Middle Initial)
STUART CRUTCHFIELD

Mailing Address 2066 CANBERRA COURT

City State Zip Code
TYLER TX 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 ▼ 783.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period 783.00

B. Full Name (Last, First, Middle Initial)
GUY DANIELSON

Mailing Address 16950 FM 2661

City State Zip Code
FLINT TX 75762

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period 249.00

C. Full Name (Last, First, Middle Initial)
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 SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 358.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2010

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period 358.00

SUBTOTAL of Receipts This Page (optional) 1390.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 15
	<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.	Full Name (Last, First, Middle Initial) PAUL DETWEILER	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3635 CANYON CREEK CIRCLE	Transaction ID: SA11AI.4117
	City State Zip Code TYLER TX 75707	Amount of Each Receipt this Period 588.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00	

B.	Full Name (Last, First, Middle Initial) KIM FOREMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 107 BELMEAD LANE	Transaction ID: SA11AI.4150
	City State Zip Code TYLER TX 75701	Amount of Each Receipt this Period 252.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

C.	Full Name (Last, First, Middle Initial) HOWARD GARB	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3414 GOLDEN ROAD	Transaction ID: SA11AI.4160
	City State Zip Code TYLER TX 75701	Amount of Each Receipt this Period 243.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.00	

SUBTOTAL of Receipts This Page (optional)	▶	1083.00
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 9 / 15
(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.

Full Name (Last, First, Middle Initial)
GARY GOODFRIED

Mailing Address 19140 FALLS CREEK

City State Zip Code
FLINT TX 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 ▼ 377.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11AI.4119

Amount of Each Receipt this Period
377.00

B.

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

Mailing Address 7302 HOLLYTREE DRIVE

City State Zip Code
TYLER TN 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
03 / 31 / 2010

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period
800.00

C.

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

Mailing Address 533 WILDER WAY

City State Zip Code
TYLER TN 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 772.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11AI.4123

Amount of Each Receipt this Period
772.00

SUBTOTAL of Receipts This Page (optional) ► **1949.00**

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 / 15
(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. Full Name (Last, First, Middle Initial)
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 SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11AI.4164

Amount of Each Receipt this Period
225.00

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

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code
TYLER TX 75707

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11AI.4126

Amount of Each Receipt this Period
285.00

C. Full Name (Last, First, Middle Initial)
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 SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2010

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period
249.00

SUBTOTAL of Receipts This Page (optional) ► **759.00**

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 / 15
	<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.	Full Name (Last, First, Middle Initial) MATT JONES	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3414 GOLDEN ROAD	Transaction ID: SA11AI.4154
	City State Zip Code TYLER TX 75701	Amount of Each Receipt this Period 249.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00

B.	Full Name (Last, First, Middle Initial) JON LEDLIE	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 6166 QUAIL CREEK	Transaction ID: SA11AI.4167
	City State Zip Code TYLER TX 75703	Amount of Each Receipt this Period 501.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00

C.	Full Name (Last, First, Middle Initial) JAMES MICHAELS	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 2013 HOLLY CREEK DR.	Transaction ID: SA11AI.4130
	City State Zip Code TYLER TX 75703	Amount of Each Receipt this Period 776.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 776.00

SUBTOTAL of Receipts This Page (optional)	1526.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 15
	<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.	Full Name (Last, First, Middle Initial) JOHN PRIDDY		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 17950 TIMOTHY CT.		Transaction ID: SA11AI.4146		
	City TYLER	State TX	Zip Code 75703	Amount of Each Receipt this Period 368.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 368.00			

B.	Full Name (Last, First, Middle Initial) TODD RAABE		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 16987 FM 756		Transaction ID: SA11AI.4132		
	City WHITEHOUSE	State TX	Zip Code 75791	Amount of Each Receipt this Period 498.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00			

C.	Full Name (Last, First, Middle Initial) MARK RENFRO		Date of Receipt MM / DD / YYYY 03 / 31 / 2010		
	Mailing Address 2737 OLD BULLARD ROAD		Transaction ID: SA11AI.4134		
	City TYLER	State TX	Zip Code 75701	Amount of Each Receipt this Period 620.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 620.00			

SUBTOTAL of Receipts This Page (optional)	▶	1486.00
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 / 15
	(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.

Full Name (Last, First, Middle Initial) MICHAEL RUSSELL		Date of Receipt
Mailing Address 5930 BRIXWORTH		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2010
City State Zip Code TYLER TX 75703		Transaction ID: SA11AI.4136
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 747.00
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 ▼ <input type="text"/> 747.00	

B.

Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI		Date of Receipt
Mailing Address 16690 DRIFTWOOD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2010
City State Zip Code TYLER TX 75707		Transaction ID: SA11AI.4144
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 501.00
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 ▼ <input type="text"/> 501.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1248.00
TOTAL This Period (last page this line number only)	<input type="text"/> 11038.00

**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

A.	Full Name (Last, First, Middle Initial) MICHELE BACHMANN	Transaction ID: SB23.4173 Date of Disbursement
	Mailing Address PO BOX 25950	<input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WOODBURY State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="2400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 06	

B.	Full Name (Last, First, Middle Initial) RICHARD BURR	Transaction ID: SB23.4169 Date of Disbursement
	Mailing Address POST OFFICE BOX 5928	<input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 00	

C.	Full Name (Last, First, Middle Initial) RICHARD BLAKE CURD	Transaction ID: SB23.4175 Date of Disbursement
	Mailing Address 38 SOUTH RIVERVIEW HEIGHTS	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SIOUX FALLS State SD Zip Code 57105	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="2400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SD District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6800.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 15 / 15

<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

A.

Full Name (Last, First, Middle Initial)
EVA GUZMAN

Transaction ID: SB23.4171

Date of Disbursement

Mailing Address 815-A BRAZOS STREET, PMB 279

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	0

City State Zip Code
AUSTIN TX 78701

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
DONATION

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: TX District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

9300.00
