

# 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)

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 07 01 2010 through 09 30 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 10 31 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:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		36614.94
(b) Cash on Hand at Beginning of Reporting Period .....	53557.94	
(c) Total Receipts (from Line 19) .....	16492.00	45135.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	70049.94	81749.94
7. Total Disbursements (from Line 31) .....	5400.00	17100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	64649.94	64649.94
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

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) .....	16461.00	43870.00
(ii) Unitemized .....	31.00	1265.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16492.00	45135.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16492.00	45135.00
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)) .....	16492.00	45135.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16492.00	45135.00

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.....	5400.00	17100.00
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))..	5400.00	17100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5400.00	17100.00

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) .....	16492.00	45135.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16492.00	45135.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) TIMOTHY BECK</p> <p>Mailing Address 9132 CHEROKEE TRAIL</p> <p>City State Zip Code TYLER TX 75703</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">700.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4283</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHNATHAN BLAU</p> <p>Mailing Address 9132 CHEROKEE TRAIL</p> <p>City State Zip Code TYLER TX 75703</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">210.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4260</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">90.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) TROY CALLENDER</p> <p>Mailing Address 3413 GOLDEN ROAD</p> <p>City State Zip Code TYLER TX 75701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">936.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4286</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">334.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">724.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16  
(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)  
AARON CALODNEY

Mailing Address 17909 CR 132

City State Zip Code  
FLINT TX 75762

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2704.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: SA11AI.4261  
Amount of Each Receipt this Period: 966.00

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

Mailing Address 606 CUMBERLAND ROAD

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 ▼ 1951.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: SA11AI.4281  
Amount of Each Receipt this Period: 697.00

**C.** 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 ▼ 2737.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: SA11AI.4262  
Amount of Each Receipt this Period: 977.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2640.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 16  
(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.** Full Name (Last, First, Middle Initial)  
GUY DANIELSON  
 Mailing Address 16950 FM 2661  
 City FLINT State TX Zip Code 75762  
 Date of Receipt 09 / 30 / 2010  
**Transaction ID:** SA11AI.4263  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 747.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT DENNIS  
 Mailing Address 1008 WILDER WOOD  
 City TYLER State TX Zip Code 75703  
 Date of Receipt 09 / 30 / 2010  
**Transaction ID:** SA11AI.4264  
 Amount of Each Receipt this Period 896.00  
 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 ▼ 2150.00

**C.** Full Name (Last, First, Middle Initial)  
PAUL DETWEILER  
 Mailing Address 3635 CANYON CREEK CIRCLE  
 City TYLER State TX Zip Code 75707  
 Date of Receipt 09 / 30 / 2010  
**Transaction ID:** SA11AI.4265  
 Amount of Each Receipt this Period 736.00  
 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 ▼ 2060.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1881.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) KIM FOREMAN</p> <p>Mailing Address 107 BELMEAD LANE</p> <p>City State Zip Code TYLER TX 75701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">884.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4282</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">316.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) HOWARD GARB</p> <p>Mailing Address 3414 GOLDEN ROAD</p> <p>City State Zip Code TYLER TX 75701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">849.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4287</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">303.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) GARY GOODFRIED</p> <p>Mailing Address 19140 FALLS CREEK</p> <p>City State Zip Code FLINT TX 75762</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2259.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4266</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">941.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1560.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHARLES GORDON		Date of Receipt
	Mailing Address 7302 HOLLYTREE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	TYLER	TN	75703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4267
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"/> 1000.00
		<input type="text"/> 2800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS GRAHAM		Date of Receipt
	Mailing Address 533 WILDER WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	TYLER	TN	75703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4268
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"/> 966.00
		<input type="text"/> 2704.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DUANE GRIFFITH		Date of Receipt
	Mailing Address 7113 TURNBERRY CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	TYLER	TX	75703
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4289
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"/> 283.00
		<input type="text"/> 791.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2249.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 16

(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)  
MARK HACKBARTH

Mailing Address 3630 CANYON CREEK CIRCLE

City State Zip Code  
TYLER TX 75707

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1139.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.4269

Amount of Each Receipt this Period

427.00

**B.**

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

Mailing Address 9243 CHISHOLM TRAIL

City State Zip Code  
TYLER TX 75703

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.4270

Amount of Each Receipt this Period

300.00

**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 Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 747.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.4285

Amount of Each Receipt this Period

249.00

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

976.00

**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 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFF HUNTER	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3415 GOLDEN ROAD	<b>Transaction ID:</b> SA11AI.4288
	City State Zip Code TYLER TX 75701	Amount of Each Receipt this Period 250.00
	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 ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MATT JONES	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3414 GOLDEN ROAD	<b>Transaction ID:</b> SA11AI.4284
	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 ▼ 747.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JON LEDLIE	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6166 QUAIL CREEK	<b>Transaction ID:</b> SA11AI.4271
	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 ▼ 1503.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 16  
(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.** Full Name (Last, First, Middle Initial)  
JAMES MICHAELS  
 Mailing Address 2013 HOLLY CREEK DR.  
 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 ▼ 2716.00  
 Date of Receipt 09 / 30 / 2010  
**Transaction ID:** SA11AI.4272  
 Amount of Each Receipt this Period 970.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN PRIDDY  
 Mailing Address 17950 TIMOTHY CT.  
 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 ▼ 1288.00  
 Date of Receipt 09 / 30 / 2010  
**Transaction ID:** SA11AI.4280  
 Amount of Each Receipt this Period 460.00

**C.** Full Name (Last, First, Middle Initial)  
TODD RAABE  
 Mailing Address 16987 FM 756  
 City State Zip Code  
WHITEHOUSE TX 75791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2986.00  
 Date of Receipt 09 / 30 / 2010  
**Transaction ID:** SA11AI.4273  
 Amount of Each Receipt this Period 1244.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2674.00  
**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 14 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK RENFRO		Date of Receipt	
	Mailing Address 2737 OLD BULLARD ROAD		M M / D D / Y Y Y Y Y 09 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4274
	TYLER	TX	75701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		774.00	
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 ▼		
		2168.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL RUSSELL		Date of Receipt	
	Mailing Address 5930 BRIXWORTH		M M / D D / Y Y Y Y Y 09 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4275
	TYLER	TX	75703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		933.00	
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 ▼		
		2613.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM SCHREIBER		Date of Receipt	
	Mailing Address 6407 HOLLYTREE CIRCLE		M M / D D / Y Y Y Y Y 09 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4277
	TYLER	TN	75703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		249.00	
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 ▼		
		581.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1956.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 16  
(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.** Full Name (Last, First, Middle Initial)  
JERRY SCHWARZBACH

Mailing Address 8304 COLUMBIA DRIVE

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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.4278

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
CLAIRE TIBILETTI

Mailing Address 16690 DRIFTWOOD

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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1503.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11AI.4279

Amount of Each Receipt this Period  
501.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **801.00**

**TOTAL** This Period (last page this line number only) ..... ► **16461.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) <b>JOE BARTON</b>	<b>Transaction ID:</b> SB23.4291
	Mailing Address 6001 WEST RONALD REAGAN MEMORIAL H SUITE 200	Date of Disbursement MM / DD / YYYY 07 / 29 / 2010
	City ARLINGTON	State TX
	Zip Code 76017	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	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: District:	

B.	Full Name (Last, First, Middle Initial) <b>KEN CALVERT</b>	<b>Transaction ID:</b> SB23.4293
	Mailing Address 63 W GRAND BLVD	Date of Disbursement MM / DD / YYYY 09 / 07 / 2010
	City CORONA	State CA
	Zip Code 92882	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name	
	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: CA District: 44	

C.	Full Name (Last, First, Middle Initial) <b>JOHN COYERS</b>	<b>Transaction ID:</b> SB23.4295
	Mailing Address 2426 RAYBURN HOB	Date of Disbursement MM / DD / YYYY 09 / 28 / 2010
	City WASHINGTON, DC	State
	Zip Code 20515	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement DONATION	Category/ Type
	Candidate Name	
	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: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5400.00</b>