

2010 JUL 19 PM 1:35

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) 1814 ROSELAND BLVD

Check if different than previously reported. (ACC) TYLER TX 75701-4234

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00437525

3. IS THIS REPORT NEW (N) OR AMENDED (A)  NEW (N)  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 Year-End 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 (12S)
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 04 01 2010 through 06 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 Tony Wahl

Signature of Treasurer [Signature] Date 07 12 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 table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

10030383703

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Texas Spine and Joint Hospital PAC

Report Covering the Period: From:

**04** / **01** / **2010**

To:

**06** / **30** / **2010**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2010</b>		<b>36614.94</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>38890.94</b>	
(c) Total Receipts (from Line 19) .....	<b>16492.00</b>	<b>28068.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<b>55382.94</b>	<b>64682.94</b>
7. Total Disbursements (from Line 31) .....	<b>2400.00</b>	<b>11700.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<b>52982.94</b>	<b>52982.94</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



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

10030383704

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Texas Spine and Joint Hospital PAC

Report Covering the Period: From: 04 ' 01 ' 2010

To: 06 ' 30 ' 2010

**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).....

16,492.00

28,068.00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

16,492.00

28,068.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

16,492.00

28,068.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

16,492.00

28,068.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

16,492.00

28,068.00

10030383705



DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....▶
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

16,492.00
16,492.00

28,068.00
28,068.00

10030383707

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

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

FOR LINE NUMBER:		PAGE	OF	10
<input 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

Full Name (Last, First, Middle Initial)

A. Blau Jonathan MD

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 ▼

120.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Calodney, Aaron, MD

Mailing Address

17909 CR 132

City

Flint

State

TX

Zip Code

75702

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 ▼

1738.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

966.00

Full Name (Last, First, Middle Initial)

C. Crutchfield, Stuart, J., MD

Mailing Address

20106 Canberra Court

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 ▼

1760.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

977.00

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

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

2033.00

10030383708

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

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

FOR LINE NUMBER: PAGE **2** OF **10**

(check only one)

<input 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
**Danielson, Guy O., III MD**

Mailing Address  
**16950 FM 2461**

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 **498.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**249.00**

B. Full Name (Last, First, Middle Initial)  
**Dennis, Robert W, MD**

Mailing Address  
**1008 Wilder Wood**

City  
**Tyler** State **TX** Zip Code **75703**

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

Name of Employer  
**Self employed** Occupation  
**Physician**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **1254.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**896.00**

C. Full Name (Last, First, Middle Initial)  
**Detweiler, Paul, MD**

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 **1,324.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**736.00**

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

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

**1,881.00**

10030383709

**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 **3** OF **10**

<input 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)  
 Goodfried, Gary MD

Mailing Address  
 19140 Falls Creek

City State Zip Code  
 Flint TX 75762

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation  
 self employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1318.00

Date of Receipt  
 06 30 2010

Amount of Each Receipt this Period  
 941.00

B. Full Name (Last, First, Middle Initial)  
 Gordon, Charles R., MD

Mailing Address  
 7302 Hollytree Drive

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 ▼  
 1800.00

Date of Receipt  
 06 30 2010

Amount of Each Receipt this Period  
 1000.00

C. Full Name (Last, First, Middle Initial)  
 Graham, Thomas W., MD

Mailing Address  
 533 Wilder Way

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 ▼  
 1738.00

Date of Receipt  
 06 30 2010

Amount of Each Receipt this Period  
 966.00

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

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

2907.00

10030383710

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **4** OF **10**

<input 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. Hackbarth, Mark MD

Mailing Address

3630 Canyon Creek Circle

City

Tyler

State

TX

Zip Code

75707

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

427.00

Name of Employer

Self employed

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

712.00

Full Name (Last, First, Middle Initial)

B. Harris, James, MD

Mailing Address

9243 Chisholm Trail

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

300.00

Name of Employer

Self employed

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Full Name (Last, First, Middle Initial)

C. Ledlie, Jon T., MD

Mailing Address

10100 Quail Creek

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

501.00

Name of Employer

Self employed

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

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

1228.00

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

10030383711

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **5** OF **10**

(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)  
**Michaels, James P., MD**  
 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 **1,746.00**

Date of Receipt  
**06 30 2010**  
 Amount of Each Receipt this Period  
**970.00**

B. Full Name (Last, First, Middle Initial)  
**Raabe, Todd, MD**  
 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 **1,742.00**

Date of Receipt  
**06 30 2010**  
 Amount of Each Receipt this Period  
**1,244.00**

C. Full Name (Last, First, Middle Initial)  
**Renfro, Mark B., MD**  
 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 **1,394.00**

Date of Receipt  
**06 30 2010**  
 Amount of Each Receipt this Period  
**774.00**

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

**2,988.00**

10030383712

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 10

<input 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)  
 Russell, Michael, II MD

Mailing Address  
 5930 Brixworth

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) 1680.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

933.00

B. Full Name (Last, First, Middle Initial)  
 Russell Family Limited Partnership

Mailing Address  
 5930 Brixworth

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) 56.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

31.00

C. Full Name (Last, First, Middle Initial)  
 Schreiber, William E., MD

Mailing Address  
 6407 Hollytree Circle

City State Zip Code  
 Tyler TX 75703

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation  
 Self employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) 332.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

299.00

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

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

1213.00

10030383713

**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 **7** OF **10**

<input 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. Schwarzbach, Jerry, W., MD**

Mailing Address

**8304 Columbia Drive**

City

**Tyler**

State

**TX**

Zip Code

**75703**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Self employed**

Occupation

**Physician**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**B. Tibiletti, Claire, MD**

Mailing Address

**16690 Driftwood Drive**

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 ▼

**1,002.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**501.00**

Full Name (Last, First, Middle Initial)

**c. Priddy, John, MD**

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 ▼

**828.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**460.00**

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

**1,261.00**

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

**1,261.00**

10030383714

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

PAGE **8** OF **10**

<input 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)  
**Camp, John, T., MD**

Mailing Address  
**600 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 **1,254.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**697.00**

B. Full Name (Last, First, Middle Initial)  
**Foreman, Kim, A., MD**

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 **568.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**316.00**

C. Full Name (Last, First, Middle Initial)  
**Beck, Timothy, L., MD**

Mailing Address  
**9132 Cherokee Trail**

City **Tyler** State **TX** Zip Code **75703**

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

Name of Employer **Self employed** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **400.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**300.00**

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

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

**1,313.00**

10030383715

**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 **10**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. **Jones, Matt, L., MD**

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 ▼

**498.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**249.00**

Full Name (Last, First, Middle Initial)

B. **Heaton, Stewart, L., MD**

Mailing Address

**3413 Golden Rd**

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 ▼

**498.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**249.00**

Full Name (Last, First, Middle Initial)

C. **Callender, Troy, A., MD**

Mailing Address

**3413 Golden Rd**

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 ▼

**602.00**

Date of Receipt

**06 30 2010**

Amount of Each Receipt this Period

**334.00**

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

**832.00**

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

10030383716

**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 10

<input 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)  
 Garb, Howard, S., MD

Mailing Address  
 3414 Golden Rd

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 546.00

Date of Receipt  
 06 30 2010

Amount of Each Receipt this Period  
 303.00

B. Full Name (Last, First, Middle Initial)  
 Hunter, Jeff, MD

Mailing Address  
 3415 Golden Rd

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
 06 30 2010

Amount of Each Receipt this Period  
 250.00

C. Full Name (Last, First, Middle Initial)  
 Griffith, Duane, L. MD

Mailing Address  
 7113 Turnberry Circle

City State Zip Code  
 Tyler TX 75703

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation  
 Self-employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 508.00

Date of Receipt  
 06 30 2010

Amount of Each Receipt this Period  
 283.00

SUBTOTAL of Receipts This Page (optional).....	836.00
TOTAL This Period (last page this line number only).....	1,649.00

10030383717

**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	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**Hensarling, Jeb**

Mailing Address  
**4510 Abrams Road Suite 243**

City **Dallas** State **TX** Zip Code **75231**

Purpose of Disbursement  
**Donation**

Candidate Name  
**Jeb Hensarling**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: **TX** District:

Date of Disbursement  
**04 06 2010**

Amount of Each Disbursement this Period  
**2400.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶ **2400.00**

TOTAL This Period (last page this line number only)..... ▶ **2400.00**

10030383718

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
7/14/10  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*QAD*  
 PREPARER  
 (3/2005)

*7/19/10*  
 DATE PREPARED

10030383719