

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 11 23 2010 through 12 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 01 15 2011

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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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	63547.94									
(c) Total Receipts (from Line 19)	6398.00	57931.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69945.94	94545.94								
7. Total Disbursements (from Line 31)	5000.00	29600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64945.94	64945.94								
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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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)	6385.00	56640.00
(ii) Unitemized	13.00	1291.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6398.00	57931.00
(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)	6398.00	57931.00
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))	6398.00	57931.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6398.00	57931.00

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.....	5000.00	29600.00
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))..	5000.00	29600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	29600.00

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)	6398.00	57931.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6398.00	57931.00
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

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

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

Mailing Address 9132 CHEROKEE TRAIL

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) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4365

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOHNATHAN BLAU

Mailing Address 9132 CHEROKEE TRAIL

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) ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4342

Amount of Each Receipt this Period
30.00

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

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1204.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4368

Amount of Each Receipt this Period
134.00

SUBTOTAL of Receipts This Page (optional) ► **264.00**

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 / 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>A. Full Name (Last, First, Middle Initial) AARON CALODNEY</p> <p>Mailing Address 17909 CR 132</p> <p>City State Zip Code FLINT TX 75762</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF EMPLOYED</p> <p>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 ▼ 3476.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4343</p> <p>Amount of Each Receipt this Period 386.00</p>
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<p>B. Full Name (Last, First, Middle Initial) JOHN CAMP</p> <p>Mailing Address 606 CUMBERLAND ROAD</p> <p>City State Zip Code TYLER TX 75703</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF EMPLOYED</p> <p>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 ▼ 2509.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4363</p> <p>Amount of Each Receipt this Period 279.00</p>
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<p>C. Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD</p> <p>Mailing Address 2066 CANBERRA COURT</p> <p>City State Zip Code TYLER TX 75701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF EMPLOYED</p> <p>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 ▼ 3519.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0</p> <p>Transaction ID: SA11AI.4344</p> <p>Amount of Each Receipt this Period 391.00</p>
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SUBTOTAL of Receipts This Page (optional)	1056.00
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 / 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 State Zip Code
 FLINT TX 75762
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.4345
 Amount of Each Receipt this Period
 83.00
 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 ▼ 913.00

B. Full Name (Last, First, Middle Initial)
ROBERT DENNIS
 Mailing Address 1008 WILDER WOOD
 City State Zip Code
 TYLER TX 75703
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.4346
 Amount of Each Receipt this Period
 358.00
 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 ▼ 2866.00

C. Full Name (Last, First, Middle Initial)
PAUL DETWEILER
 Mailing Address 3635 CANYON CREEK CIRCLE
 City State Zip Code
 TYLER TX 75707
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.4347
 Amount of Each Receipt this Period
 294.00
 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 ▼ 2648.00

SUBTOTAL of Receipts This Page (optional) ► 735.00
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 / 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

A.	Full Name (Last, First, Middle Initial) KIM FOREMAN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0		
	Mailing Address 107 BELMEAD LANE		Transaction ID: SA11AI.4364		
	City TYLER	State TX	Zip Code 75701	Amount of Each Receipt this Period 126.00	
	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 ▼ 1136.00			

B.	Full Name (Last, First, Middle Initial) HOWARD GARB		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0		
	Mailing Address 3414 GOLDEN ROAD		Transaction ID: SA11AI.4369		
	City TYLER	State TX	Zip Code 75701	Amount of Each Receipt this Period 121.00	
	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 ▼ 1091.00			

C.	Full Name (Last, First, Middle Initial) GARY GOODFRIED		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0		
	Mailing Address 19140 FALLS CREEK		Transaction ID: SA11AI.4348		
	City FLINT	State TX	Zip Code 75762	Amount of Each Receipt this Period 377.00	
	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 ▼ 3013.00			

SUBTOTAL of Receipts This Page (optional)	▶	624.00
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 / 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

A.	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 Y
	City	State	Zip Code
	TYLER	TN	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4349
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"/>
		<input type="text"/> 3600.00	<input type="text"/> 400.00

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 Y
	City	State	Zip Code
	TYLER	TN	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4350
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"/>
		<input type="text"/> 3476.00	<input type="text"/> 386.00

C.	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 Y
	City	State	Zip Code
	TYLER	TX	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4371
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"/>
		<input type="text"/> 1017.00	<input type="text"/> 113.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 899.00
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 11 / 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

A.	Full Name (Last, First, Middle Initial) MARK HACKBARTH		Date of Receipt
	Mailing Address 3630 CANYON CREEK CIRCLE		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	TYLER	TX	75707
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4351
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" value="171.00"/>
		<input type="text" value="1481.00"/>	

B.	Full Name (Last, First, Middle Initial) JAMES HARRIS		Date of Receipt
	Mailing Address 9243 CHISHOLM TRAIL		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	TYLER	TX	75703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4352
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" value="100.00"/>
		<input type="text" value="900.00"/>	

C.	Full Name (Last, First, Middle Initial) STEUART HEATON		Date of Receipt
	Mailing Address 3413 GOLDEN ROAD		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	TYLERT	TX	75701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4367
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" value="83.00"/>
		<input type="text" value="913.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="354.00"/>
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 / 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)
JEFF HUNTER

Mailing Address 3415 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4370

Amount of Each Receipt this Period
100.00

B.

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

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 ▼ 913.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4366

Amount of Each Receipt this Period
83.00

C.

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

Mailing Address 6166 QUAIL CREEK

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 ▼ 1837.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4353

Amount of Each Receipt this Period
167.00

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: PAGE 13 / 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)
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 ▼ 3492.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4354

Amount of Each Receipt this Period
388.00

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 ▼ 1656.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4362

Amount of Each Receipt this Period
184.00

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 ▼ 3982.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4355

Amount of Each Receipt this Period
498.00

SUBTOTAL of Receipts This Page (optional) ► **1070.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 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 RENFRO

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2788.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4356

Amount of Each Receipt this Period

310.00

B.

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

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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3359.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4357

Amount of Each Receipt this Period

373.00

C.

Full Name (Last, First, Middle Initial)
WILLIAM SCHREIBER

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code
TYLER TN 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 ▼ 747.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

766.00

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 / 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) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4360

Amount of Each Receipt this Period
100.00

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) ▼ 1837.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4361

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional) ► **267.00**

TOTAL This Period (last page this line number only) ► **6385.00**

**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)

PAGE 16 / 16

<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)
NRSC - NONFEDERAL

Mailing Address

City State Zip Code
VA

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.4373

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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