

# 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.   
TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)  TX

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

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 ANTHONY WAHL [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="35099.94"/>	<input type="text" value="35099.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20332.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4983.00"/>	<input type="text" value="43716.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25315.94"/>	<input type="text" value="78815.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="60500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18315.94"/>	<input type="text" value="18315.94"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4971.00	38956.00
(ii) Unitemized .....	12.00	4760.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4983.00	43716.00
(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) .....	4983.00	43716.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4983.00	43716.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4983.00	43716.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	60500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	60500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	60500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4983.00	43716.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4983.00	43716.00
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 OF 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**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6011**

Amount of Each Receipt this Period  
100.00

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6018**

Amount of Each Receipt this Period  
30.00

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
889.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6014**

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

**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 7 OF 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**

Full Name (Last, First, Middle Initial) <b>A. AARON CALODNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014
Mailing Address 17909 CR 132		<b>Transaction ID : SA11AI.6020</b>
City FLINT	State TX	Zip Code 75762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 294.00	
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 ▼ 2489.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN CAMP</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014
Mailing Address 606 CUMBERLAND ROAD		<b>Transaction ID : SA11AI.6009</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 214.00	
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 ▼ 1813.00	

Full Name (Last, First, Middle Initial) <b>C. STUART CRUTCHFIELD</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014
Mailing Address 2066 CANBERRA COURT		<b>Transaction ID : SA11AI.6021</b>
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 298.00	
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 ▼ 2524.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	806.00
<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 8 OF 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. GUY DANIELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16950 FM 2661  
 City FLINT State TX Zip Code 75762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6022**  
 Amount of Each Receipt this Period  
 830.00

**B. ROBERT DENNIS**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 2296.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6023**  
 Amount of Each Receipt this Period  
 271.00

**C. PAUL DETWEILER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3635 CANYON CREEK CIRCLE  
 City TYLER State TX Zip Code 75707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1906.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6024**  
 Amount of Each Receipt this Period  
 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 579.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 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. KIM FOREMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 BELMEAD LANE

City TYLER State TX Zip Code 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **843.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.6010**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 3414 GOLDEN ROAD

City TYLER State TX Zip Code 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **813.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.6015**

Amount of Each Receipt this Period  
**96.00**

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

Mailing Address 19140 FALLS CREEK

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 ▼ **2429.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11AI.6025**

Amount of Each Receipt this Period  
**287.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>483.00</b>
<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 10 OF 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. CHARLES GORDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7302 HOLLYTREE DRIVE  
 City TYLER State TN Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2577.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6026**  
 Amount of Each Receipt this Period  
 304.00

**B. THOMAS GRAHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 WILDER WAY  
 City TYLER State TN Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2489.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6027**  
 Amount of Each Receipt this Period  
 294.00

**C. DUANE GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7113 TURNBERRY CIRCLE  
 City TYLER State TX Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6017**  
 Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 683.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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**

Full Name (Last, First, Middle Initial)  
**A. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City TYLER	State TX	Zip Code 75703
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2014

**Transaction ID : SA11AI.6028**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3413 GOLDEN ROAD

City TYLERT	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2014

**Transaction ID : SA11AI.6013**

Amount of Each Receipt this Period  
83.00

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

Mailing Address 3415 GOLDEN ROAD

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2014

**Transaction ID : SA11AI.6016**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	258.00
<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: (check only one)	PAGE 12 OF 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**

Full Name (Last, First, Middle Initial) <b>A. MATT JONES</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014
Mailing Address 3414 GOLDEN ROAD		<b>Transaction ID : SA11AI.6012</b>
City TYLER	State TX	Zip Code 75701
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 830.00	
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 ▼ 830.00	

Full Name (Last, First, Middle Initial) <b>B. JON LEDLIE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014
Mailing Address 6166 QUAIL CREEK		<b>Transaction ID : SA11AI.6029</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 167.00	
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 ▼ 1670.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES MICHAELS</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014
Mailing Address 2013 HOLLY CREEK DR.		<b>Transaction ID : SA11AI.6030</b>
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 296.00	
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 ▼ 2504.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	546.00
<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: (check only one)	PAGE 13 OF 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. JOHN PRIDDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 17950 TIMOTHY CT.

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

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

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1168.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2014

**Transaction ID : SA11AI.6008**

Amount of Each Receipt this Period  
138.00

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

Mailing Address 16987 FM 756

City WHITEHOUSE	State TX	Zip Code 75791
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3185.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2014

**Transaction ID : SA11AI.6031**

Amount of Each Receipt this Period  
376.00

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

Mailing Address 2737 OLD BULLARD ROAD

City TYLER	State TX	Zip Code 75701
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2007.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2014

**Transaction ID : SA11AI.6002**

Amount of Each Receipt this Period  
237.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	751.00
<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 14 OF 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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
2372.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6003**

Amount of Each Receipt this Period  
280.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
830.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6005**

Amount of Each Receipt this Period  
83.00

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : SA11AI.6006**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 463.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 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. CLAIRE TIBILETTI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16690 DRIFTWOOD  
City TYLER State TX Zip Code 75707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1670.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2014  
**Transaction ID : SA11AI.6007**  
Amount of Each Receipt this Period  
1670.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	167.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4971.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRENCH HILL FOR ARKANSAS**

Mailing Address PO BOX 7841

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AR District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2014					

Transaction ID : SB23.6032

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. TED CRUZ VICTORY COMMITTEE**

Mailing Address 815 A BRAZOS  
PMB 550

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			15			2014					

Transaction ID : SB23.6034

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

7000.00
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**TOTAL** This Period (last page this line number only)..... ▶

7000.00
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