

**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:

11 / 25 / 2008

To:

12 / 31 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>		8,105.00
(b) Cash on Hand at Beginning of Reporting Period.....	5,858.49	
(c) Total Receipts (from Line 19)	3,986.00	29,700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9,844.49	37,805.00
7. Total Disbursements (from Line 31)	0.00	27,960.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9,844.49	9,844.49
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

29030024737

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:

11 / 25 / 2008

To:

12 / 31 / 2008

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).....	398600	2970000
(ii) Unitemized.....	000	000
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	398600	2970000
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	398600	2970000
12. Transfers From Affiliated/Other Party Committees.....	000	000
13. All Loans Received.....	000	000
14. Loan Repayments Received.....	000	000
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	000	000
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	000	000
17. Other Federal Receipts (Dividends, Interest, etc.).....	000	000
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	000	000
(b) Levin Funds (from Schedule H5).....	000	000
(c) Total Transfers (add 18(a) and 18(b))..	000	000
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	398600	2970000
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	398600	2970000

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**DETAILED SUMMARY PAGE
of Disbursements**

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		0.00	27960.51
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)) ..		0.00	27960.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	▶	0.00	27960.51

29030024739

**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)	398600	2970000
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	398600	2970000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	000

29030024740

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE 1 OF 10

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. Crutchfield, Stuart J, MD

Mailing Address

722 Clinic Drive

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 ▼

2523.00

Date of Receipt

12/31/2008

Amount of Each Receipt this Period

378.00

Full Name (Last, First, Middle Initial)

B. Danielson, Guy O., MD

Mailing Address

P.O. Box 8000

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 ▼

996.00

Date of Receipt

12/31/2008

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Detweiler, Paul, MD

Mailing Address

700 Olympic Plaza suite 850

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 ▼

187.00

Date of Receipt

12/31/2008

Amount of Each Receipt this Period

281.00

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

742.00

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

29030024741

**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 2 OF 6
	<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)
Fletcher, David K., MD

Mailing Address
816 S. Fleishel

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) **2610.00**

Date of Receipt
12 31 2008

Amount of Each Receipt this Period
389.00

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

Mailing Address
P.O. Box 6605

City State Zip Code
Tyler TX 75711

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
self employed physician

Receipt For:
 Primary General
 Other (specify) **2665.00**

Date of Receipt
12 31 2008

Amount of Each Receipt this Period
399.00

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

Mailing Address
100 Olympic Plaza Suite 850

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) **2487.00**

Date of Receipt
12 31 2008

Amount of Each Receipt this Period
373.00

SUBTOTAL of Receipts This Page (optional)..... **1161.00**

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

29030024742

**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 6

<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. Ledlie, Jon T., MD

Mailing Address

700 Olympic Plaza, suite 850

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Date of Receipt

12 / 31 / 2008

Amount of Each Receipt this Period

167.00

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200400

Full Name (Last, First, Middle Initial)

B. Michaels, James P., MD

Mailing Address

816 S. Fleishel

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Date of Receipt

12 / 31 / 2008

Amount of Each Receipt this Period

375.00

Name of Employer

self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2501.00

Full Name (Last, First, Middle Initial)

C. Renfro, Mark B., MD

Mailing Address

700 Olympic Plaza Suite 850

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Date of Receipt

12 / 31 / 2008

Amount of Each Receipt this Period

296.00

Name of Employer

self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1977.00

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

838.00

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

838.00

29030024743

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**

(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"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. **Russel, Michael II, MD**

Mailing Address

1905 Donnybrook

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 ▼

2487.00

Date of Receipt

12 / 31 / 2008

Amount of Each Receipt this Period

373.00

Full Name (Last, First, Middle Initial)

B. **Tibiletti, Claire, MD**

Mailing Address

816 S. Fleishel

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 ▼

2004.00

Date of Receipt

12 / 31 / 2008

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. **Priddy, John, MD**

Mailing Address

3914 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 ▼

1136.00

Date of Receipt

12 / 31 / 2008

Amount of Each Receipt this Period

171.00

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

711.00

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

29030024744

**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 5 OF 6
	<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) Foreman, Kim A., MD		Date of Receipt 12 / 31 / 2008
Mailing Address 3414 Golden Rd.		Amount of Each Receipt this Period 126.00
City Tyler	State Zip Code TX 75701	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 836.00
Name of Employer self employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Jones, Matt L., MD		Date of Receipt 12 / 31 / 2008
Mailing Address 3414 Golden Rd.		Amount of Each Receipt this Period 83.00
City Tyler	State Zip Code TX 75701	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 996.00
Name of Employer self employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Heaton, Stuart L., MD		Date of Receipt 12 / 31 / 2008
Mailing Address 3414 Golden Rd.		Amount of Each Receipt this Period 83.00
City Tyler	State Zip Code TX 75701	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 996.00
Name of Employer self employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	292.00
TOTAL This Period (last page this line number only).....▶	

29030024745

**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)
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 ▼
803.00

Date of Receipt
12 / 31 / 2008

Amount of Each Receipt this Period
121.00

B. Full Name (Last, First, Middle Initial)
Garb, Howard S., MD

Mailing Address
3414 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 ▼
803.00

Date of Receipt
12 / 31 / 2008

Amount of Each Receipt this Period
121.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **242.00**

TOTAL This Period (last page this line number only).....▶ **398.00**

29030024746

**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

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)

<p>A.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>Category/ Type</p>
<p>B.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>Category/ Type</p>
<p>C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>		<p>Amount of Each Disbursement this Period</p> <p>Amount of Each Disbursement this Period</p>

29030024747

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)
1/29/09

USPS Priority Mail Postmarked
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

Es
PREPARER
(3/2005)

2/12/09
DATE PREPARED

29030024748