

# 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  
Spine PAC of the National Association of Spine Specialists

ADDRESS (number and street) 7075 Veterans Blvd.  
 Check if different than previously reported. (ACC)  
Burr Ridge IL 60527

2. **FEC IDENTIFICATION NUMBER** C00349225  
**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 01 01 2007 through 06 30 2007

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 Mr. Eric Muehlbauer

Signature of Treasurer Electronically Filed by Mr. Eric Muehlbauer Date 07 31 2007

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**

Write or Type Committee Name  
Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">56390.00</td></tr></table>	56390.00
Y	Y	Y	Y									
2	0	0	7									
56390.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">56390.00</td></tr></table>	56390.00										
56390.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">7510.00</td></tr></table>	7510.00	<table border="1" style="width: 100%;"><tr><td align="right">7510.00</td></tr></table>	7510.00								
7510.00												
7510.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">63900.00</td></tr></table>	63900.00	<table border="1" style="width: 100%;"><tr><td align="right">63900.00</td></tr></table>	63900.00								
63900.00												
63900.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">36957.95</td></tr></table>	36957.95	<table border="1" style="width: 100%;"><tr><td align="right">36957.95</td></tr></table>	36957.95								
36957.95												
36957.95												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">26942.05</td></tr></table>	26942.05	<table border="1" style="width: 100%;"><tr><td align="right">26942.05</td></tr></table>	26942.05								
26942.05												
26942.05												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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  
Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	7340.00	7340.00
(i) Itemized (use Schedule A) .....	170.00	170.00
(ii) Unitemized .....	7510.00	7510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7510.00	7510.00
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)) .....	7510.00	7510.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7510.00	7510.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	457.95	457.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	457.95	457.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	36500.00
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))..	36957.95	36957.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36957.95	36957.95

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	7510.00	7510.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7510.00	7510.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	457.95	457.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	457.95	457.95

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<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	

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)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard J. Barry

Mailing Address 2031 Anderson Road

City State Zip Code  
Davis CA 95616

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

Name of Employer Valley Oak Orthopaedics 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 Y  
0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6043

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2500 E. Prospect Rd.

City State Zip Code  
Ft. Collins CO 80525

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.6037

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Timothy A Burd, MD

Mailing Address 11819 Miralle Hills Dr

City State Zip Code  
Omaha NE 68154

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

Name of Employer Texas Back Institute Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.6024

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<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)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr Timothy A Burd, MD

Mailing Address 11819 Miralle Hills Dr

City State Zip Code  
Omaha NE 68154

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

Name of Employer Texas Back Institute Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.6032

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James A. Ghadially

Mailing Address 3710 Wickersham Lane

City State Zip Code  
Houston TX 77027-4014

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

Name of Employer self Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.6025

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James A. Ghadially

Mailing Address 3710 Wickersham Lane

City State Zip Code  
Houston TX 77027-4014

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

Name of Employer self Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.6033

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Jeffrey A. Jacoby		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 3723 Mackert Street		Transaction ID: SA11A1.6041
City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lakeshore Orthopedics	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Kevin A. Rahn		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 4212 Folkstone Drive		Transaction ID: SA11A1.6039
City State Zip Code Fort Wayne IN 46814	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fort Wayne Orthopaedics	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Tim Scannell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 2 Pearl Court		Transaction ID: SA11A1.6045
City State Zip Code Allendale NJ 07401	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Stryker	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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)  
Spine PAC of the National Association of Spine Specialists

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Paul Slosar		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address 2 Ridgcrest Terrace		<b>Transaction ID:</b> SA11A1.6036
City State Zip Code San Mateo CA 94402	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Spine Care Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Steven Speth		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2007
Mailing Address 5350 River Road		<b>Transaction ID:</b> SA11A1.6028
City State Zip Code Bozeman MT 59718-8506	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bridger Orthopedics & Sports	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. John A. Vallin		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 85 Brandon Trail Rd.		<b>Transaction ID:</b> SA11A1.6031
City State Zip Code Bozeman MT 59715-1707	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Bridger Orthopedics & Sports	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<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)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Wong

Mailing Address 2415 Stonecrop Way

City State Zip Code  
Golden CO 80401

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

Name of Employer Occupation  
Denver Orthopedic Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2007

**Transaction ID:** SA11A1.6030

Amount of Each Receipt this Period  
85.00

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

Mailing Address 2415 Stonecrop Way

City State Zip Code  
Golden CO 80401

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

Name of Employer Occupation  
Denver Orthopedic Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2007

**Transaction ID:** SA11A1.6034

Amount of Each Receipt this Period  
85.00

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

Mailing Address 2415 Stonecrop Way

City State Zip Code  
Golden CO 80401

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

Name of Employer Occupation  
Denver Orthopedic Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2007

**Transaction ID:** SA11A1.6038

Amount of Each Receipt this Period  
170.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>340.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Michael W Woods		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 2360 Mullan Road Suite C		<b>Transaction ID:</b> SA11A1.6027
City State Zip Code Missoula MT 59808-1811	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael W Woods		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 2360 Mullan Road Suite C		<b>Transaction ID:</b> SA11A1.6035
City State Zip Code Missoula MT 59808-1811	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	7340.00

**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 12 / 21

<input checked="" 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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. JP Morgan Chase Bank</b>		<b>Transaction ID:</b> SB21B.6059 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 260180		Amount of Each Disbursement this Period 32.05
City Baton Rouge State LA Zip Code 70826	Purpose of Disbursement Merchant Service Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. JP Morgan Chase Bank</b>		<b>Transaction ID:</b> SB21B.6060 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 260180		Amount of Each Disbursement this Period 17.20
City Baton Rouge State LA Zip Code 70826	Purpose of Disbursement Merchant Service Discount Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. JP Morgan Chase Bank</b>		<b>Transaction ID:</b> SB21B.6061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 260180		Amount of Each Disbursement this Period 1.17
City Baton Rouge State LA Zip Code 70826	Purpose of Disbursement Merchant Service Interchange Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	50.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<input checked="" 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)  
Spine PAC of the National Association of Spine Specialists

**A.** Full Name (Last, First, Middle Initial)  
JP Morgan Chase Bank

Mailing Address PO Box 260180

City Baton Rouge State LA Zip Code 70826

Purpose of Disbursement Merchant Service Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.6062

Date of Disbursement

/   /

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>32.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>82.42</b>

**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)

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<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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. BEN CARDIN FOR CONGRESS</b>		Transaction ID: SB23.6102 Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address PO BOX 21093 100 E. Pratt Street 26th Floor		Amount of Each Disbursement this Period 1000.00
City Catonsville State MD Zip Code 21228	Category/ Type	
Purpose of Disbursement		
Candidate Name BENJAMIN L CARDIN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BERKLEY FOR CONGRESS</b>		Transaction ID: SB23.6088 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89121	Category/ Type	
Purpose of Disbursement		
Candidate Name SHELLEY BERKLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CHARLES BOUSTANY JR. FOR CONGRESS</b>		Transaction ID: SB23.6091 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address Post Office Box 80126		Amount of Each Disbursement this Period 500.00
City Lafayette State LA Zip Code 70598	Category/ Type	
Purpose of Disbursement		
Candidate Name JR, CHARLES W. BOUSTANY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR ARLEN SPECTER</b>		Transaction ID: SB23.6099 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 426 C STREET NE CARRIAGE HOUSE		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement Category/Type	
Candidate Name ARLEN SPECTER	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. COLLINS FOR SENATOR</b>		Transaction ID: SB23.6103 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO BOX 1096		Amount of Each Disbursement this Period 2500.00
City BANGOR State ME Zip Code 04402	Purpose of Disbursement Category/Type	
Candidate Name SUSAN M COLLINS	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. CONGRESSMAN BART GORDON COMMITTEE</b>		Transaction ID: SB23.6080 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 2500.00
City Murfreesboro State TN Zip Code 37133	Purpose of Disbursement Category/Type	
Candidate Name BARTON JENNINGS GORDON	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DICK DURBIN COMMITTEE</b>		<b>Transaction ID: SB23.6093</b> Date of Disbursement
Mailing Address PO BOX 1949		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City SPRINGFIELD	State IL	Zip Code 62705
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name RICHARD J DURBIN		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District:	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JAY ROCKEFELLER</b>		<b>Transaction ID: SB23.6110</b> Date of Disbursement
Mailing Address PO BOX 1909		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City CHARLESTON	State WV	Zip Code 25327
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name JOHN DAVISON IV ROCKEFELLER		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV	District:	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM CLYBURN</b>		<b>Transaction ID: SB23.6077</b> Date of Disbursement
Mailing Address Post Office Box 12567		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
City Columbia	State SC	Zip Code 29211
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name JAMES E CLYBURN		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. GENE GREEN CONGRESSIONAL CAMPAIGN</b>		<b>Transaction ID:</b> SB23.6106 Date of Disbursement
Mailing Address PO BOX 16128		<input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City HOUSTON	State TX	Zip Code 77222
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name RAYMOND E. 'GENE' GREEN		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: TX	District: 29	

Full Name (Last, First, Middle Initial) <b>B. GRASSLEY COMMITTEE</b>		<b>Transaction ID:</b> SB23.6096 Date of Disbursement
Mailing Address PO BOX 1000		<input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City DES MOINES	State IA	Zip Code 50304
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name CHARLES E GRASSLEY		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: IA	District: 00	

Full Name (Last, First, Middle Initial) <b>C. HOOLEY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6081 Date of Disbursement
Mailing Address PO BOX 2050		<input type="text" value="04"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City SALEM	State OR	Zip Code 97308
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name DARLENE HOOLEY		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: OR	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. HOYER FOR CONGRESS</b>		Transaction ID: SB23.6084 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7	
Mailing Address 7905 MALCOLM ROAD SUITE 102		Amount of Each Disbursement this Period 2500.00	
City CLINTON State MD Zip Code 20735	Category/ Type		
Purpose of Disbursement			
Candidate Name STENY HAMILTON HOYER			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JIM RAMSTAD VOLUNTEER COMMITTEE</b>		Transaction ID: SB23.6107 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00	
City Minnetonka State MN Zip Code 55305	Category/ Type		
Purpose of Disbursement			
Candidate Name JIM RAMSTAD			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOHN SHADEGGS FRIENDS</b>		Transaction ID: SB23.6097 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 45444		Amount of Each Disbursement this Period 1000.00	
City Phoenix State AZ Zip Code 85064	Category/ Type		
Purpose of Disbursement			
Candidate Name JOHN B. SHADEGG			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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 19 / 21

<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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. KIND FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.6117 Date of Disbursement																					
Mailing Address 205 South 5th Ave Suite 428		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	7														
City La Crosse	State WI	Zip Code 54601	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name RON KIND		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 03																						

Full Name (Last, First, Middle Initial) <b>B. MICHAEL BURGESS FOR CONGRESS</b>		Transaction ID: SB23.6092 Date of Disbursement																					
Mailing Address P.O. Box 2334		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	7														
City Denton	State TX	Zip Code 76202	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	<input type="text" value="2500.00"/>																				
Candidate Name MICHAEL C DR BURGESS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 26																						

Full Name (Last, First, Middle Initial) <b>C. MIKE THOMPSON FOR CONGRESS</b>		Transaction ID: SB23.6087 Date of Disbursement																					
Mailing Address 5429 Madison Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	1		2	0	0	7														
City Sacramento	State CA	Zip Code 95841	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	<input type="text" value="2500.00"/>																				
Candidate Name MIKE THOMPSON		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 01																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. PALLONE FOR CONGRESS</b>		<b>Transaction ID: SB23.6085</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2500.00
City LONG BRANCH State NJ Zip Code 07740	Category/ Type	
Purpose of Disbursement		
Candidate Name FRANK JR PALLONE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PRICE FOR CONGRESS</b>		<b>Transaction ID: SB23.6120</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO BOX 425		Amount of Each Disbursement this Period 1000.00
City ROSWELL State GA Zip Code 30077	Category/ Type	
Purpose of Disbursement		
Candidate Name THOMAS EDMUNDS MD PRICE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. REED COMMITTEE</b>		<b>Transaction ID: SB23.6114</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO BOX 8628		Amount of Each Disbursement this Period 1000.00
City CRANSTON State RI Zip Code 02920	Category/ Type	
Purpose of Disbursement		
Candidate Name JACK REED		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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 21 / 21

<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)  
Spine PAC of the National Association of Spine Specialists

Full Name (Last, First, Middle Initial) <b>A. SOLIS FOR CONGRESS</b>		Transaction ID: SB23.6086	
Mailing Address 8665 WILSHIRE BLVD #220		Date of Disbursement MM / DD / YYYY 04 / 11 / 2007	
City BEVERLY HILLS	State CA	Zip Code 90211	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/Type	
Candidate Name HILDA SOLIS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 32		

Full Name (Last, First, Middle Initial) <b>B. TAMMY BALDWIN FOR CONGRESS</b>		Transaction ID: SB23.6101	
Mailing Address P.O. Box 696		Date of Disbursement MM / DD / YYYY 06 / 15 / 2007	
City Madison	State WI	Zip Code 53701	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	
Candidate Name TAMMY BALDWIN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI	District: 02		

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

3000.00

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

36500.00