

2010 APR 19 AM 11:32

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street)

1819 ROSELAND BLVD

Check if different than previously reported. (ACC)

TYLER

TX

75701-4234

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00437525

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 / 2010

through

03 / 31 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Tony Wahl

Signature of Treasurer

Tony Wahl

Date

04 / 11 / 2010

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

10030302857

**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:

01 01 2010

To:

03 31 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

| | | |
|---|----------|----------|
| 6. (a) Cash on Hand January 1, 2010 | 36614.94 | 36614.94 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 36614.94 | |
| (c) Total Receipts (from Line 19) | 11576.00 | 11576.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 48190.94 | 48190.94 |
| 7. Total Disbursements (from Line 31)..... | 9300.00 | 9300.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 38890.94 | 38890.94 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | |



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

For further information contact:

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

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

10030302858

**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: / / 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).....

11,576.00

11,576.00

(ii) Unitemized.....

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

11,576.00

11,576.00

(b) Political Party Committees.....

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

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

11,576.00

11,576.00

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

11,576.00

11,576.00

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

11,576.00

11,576.00

10030302859

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

10030302860

| 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 | | |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating Expenditures | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 9300.00 | 93000.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs) | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | | |
| 29. Other Disbursements | | |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 9300.00 | 9300.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 9300.00 | 9300.00 |

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) | 11,576.00 | 11,576.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11,576.00 | 11,576.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | | |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | | |

10030302861

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 | OF | 10 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | | | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Texas Spine and Joint Hospital PAC

A. Full Name (Last, First, Middle Initial)
Blau, Jonathan, MD

Mailing Address
9132 Cherokee Trail

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

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

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

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

Aggregate Year-to-Date **30.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Calodney, Aaron, MD

Mailing Address
17909 CR 132

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 **772.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
772.00

C. Full Name (Last, First, Middle Initial)
Crutchfield, Stuart, J, MD

Mailing Address
2066 Canberra Court

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

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

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

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

Aggregate Year-to-Date **783.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
783.00

SUBTOTAL of Receipts This Page (optional).....▶ **1585.00**

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

10030302862

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

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

FOR LINE NUMBER: PAGE **2** OF **10**
(check only one)
 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. Danielson, Guy O., III MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: **116950 FM 21661**
 City: **Flint** State: **TX** Zip Code: **75762**
 Date of Receipt: **03 / 31 / 2010**
 Amount of Each Receipt this Period: **249.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Self employed** Occupation: **physician**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **249.00**

B. Dennis, Robert W., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1008 Wilder Wood**
 City: **Tyler** State: **TX** Zip Code: **75703**
 Date of Receipt: **03 / 31 / 2010**
 Amount of Each Receipt this Period: **358.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Self employed** Occupation: **physician**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **358.00**

c. Detweiler, Paul, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address: **31635 Canyon Creek Circle**
 City: **Tyler** State: **TX** Zip Code: **75701**
 Date of Receipt: **03 / 31 / 2010**
 Amount of Each Receipt this Period: **588.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Self employed** Occupation: **physician**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **588.00**

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

1,195.00

10030302863

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

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

FOR LINE NUMBER: PAGE **3** 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

A. Full Name (Last, First, Middle Initial)
Goodfried, Gary, MD

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 ▼
377.00

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
377.00

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

Mailing Address
7302 Hollytree Drive

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

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

Name of Employer **Self employed** Occupation **physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
800.00

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

Mailing Address
533 Wilder Way

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 ▼
772.00

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
772.00

SUBTOTAL of Receipts This Page (optional).....▶ **1949.00**

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

10030302864

**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 4 OF 10

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

A. Full Name (Last, First, Middle Initial)
Hackborth, Mark, MD

Mailing Address
3630 Canyon Creek Circle

City State Zip Code
Tyler TX 75707

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Self employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

285.00

B. Full Name (Last, First, Middle Initial)
Harris, James, MD

Mailing Address
9243 Chisholm 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Ledlie, Jon T., MD

Mailing Address
6666 Quail Creek

City State Zip Code
Tyler TX 75703

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Self employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 501.00

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

501.00

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

886.00

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

10030302865

**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 10 | | | | |
| | <input type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 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)
Michaels, James P., MD

Mailing Address
2013 Holly Creek Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **776.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
776.00

B. Full Name (Last, First, Middle Initial)
Roobe, Todd, MD

Mailing Address
16987 FM 756

City **Whitehouse** State **TX** Zip Code **75791**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.00**

Date of Receipt
05 / 31 / 2010

Amount of Each Receipt this Period
498.00

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

Mailing Address
2737 Old Bullard Road

City **Tyler** State **TX** Zip Code **75701**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
620.00

SUBTOTAL of Receipts This Page (optional) ▶ **1,894.00**

TOTAL This Period (last page this line number only) ▶ **1,894.00**

10030302866

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 6 OF 10

| | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

A. Full Name (Last, First, Middle Initial)
 Russell, Michael, II, MD

Mailing Address
 5930 Brixworth

City State Zip Code
 Tyler TX 75703

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 self employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 74700

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

74700

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

Mailing Address
 5930 Brixworth

City State Zip Code
 Tyler TX 75703

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 self employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

2500

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

Mailing Address
 6407 Hollytree Circle

City State Zip Code
 Tyler TX 75703

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 self employed physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 8300

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

8300

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

85500

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

10030302867

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

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

FOR LINE NUMBER: PAGE **7** OF **10**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

A. Full Name (Last, First, Middle Initial)
Schwarzbach, Jerry, W., MD

Mailing Address
8304 Columbia Drive

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

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

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

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

Aggregate Year-to-Date **100.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Tibiletti, Claire, MD

Mailing Address
16690 Driftwood Drive

City **Tyler** State **TX** Zip Code **75707**

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

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

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

Aggregate Year-to-Date **501.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
501.00

C. Full Name (Last, First, Middle Initial)
Priddy, John, MD

Mailing Address
17950 Timothy Ct.

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

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

Name of Employer **self employed** Occupation **physician**

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

Aggregate Year-to-Date **368.00**

Date of Receipt
03 / 31 / 2010

Amount of Each Receipt this Period
368.00

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

969.00

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

969.00

10030302868

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

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

FOR LINE NUMBER:
(check only one)

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

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Texas Spine & Joint Hospital PAC

A. Full Name (Last, First, Middle Initial)
Camp, John, T., MD

Mailing Address
606 Cumberland Road

City
Tyler State
TX Zip Code
75703

FEC ID number of contributing federal political committee.
C

Name of Employer
self employed Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
557.00

Date of Receipt

03 / **31** / **2010**

Amount of Each Receipt this Period

557.00

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

Mailing Address
107 Belmead Lane

City
Tyler State
TX Zip Code
75701

FEC ID number of contributing federal political committee.
C

Name of Employer
self employed Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

03 / **31** / **2010**

Amount of Each Receipt this Period

252.00

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

Mailing Address
9132 Cherokee Trail

City
Tyler State
TX Zip Code
75703

FEC ID number of contributing federal political committee.
C

Name of Employer
Self employed Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

03 / **31** / **2010**

Amount of Each Receipt this Period

100.00

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

909.00

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

909.00

10030302869

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 9 OF 10

| | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Texas Spine & Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Jones, Matt, L., 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 ▼

249.00

Date of Receipt

03 / 21 / 2010

Amount of Each Receipt this Period

249.00

Full Name (Last, First, Middle Initial)

B. Heaton, Stewart, L., MD

Mailing Address

3413 Golden Rd.

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

03 / 21 / 2010

Amount of Each Receipt this Period

249.00

Full Name (Last, First, Middle Initial)

C. Callender, Troy, A., MD

Mailing Address

3413 Golden Rd.

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

03 / 31 / 2010

Amount of Each Receipt this Period

268.00

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

766.00

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

10030302870

**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 1 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 & Joint Hospital PAC

A. 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 ▼
24300

Date of Receipt

03 31 2010

Amount of Each Receipt this Period

24300

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

Mailing Address
3415 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 ▼
10000

Date of Receipt

03 31 2010

Amount of Each Receipt this Period

10000

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

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 ▼
22500

Date of Receipt

03 31 2010

Amount of Each Receipt this Period

22500

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

56800

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

1157600

10030302871

**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 1 OF 2

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

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Burr, Richard

Mailing Address

181 South Street, Room 222

City

Gastonia

State

NC

Zip Code

28052

Purpose of Disbursement

Donation

Candidate Name

Richard Burr

Category/
Type

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

200000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: NC

District:

Full Name (Last, First, Middle Initial)

B. Guzman, Eva

Mailing Address

815-A Brazos Street, PMB 279

City

Austin

State

TX

Zip Code

78701

Purpose of Disbursement

Donation

Candidate Name

Eva Guzman

Category/
Type

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

250000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: TX

District:

Full Name (Last, First, Middle Initial)

C. Bachmann, Michele

Mailing Address

PO Box 25950

City

Woodbury

State

MN

Zip Code

55125

Purpose of Disbursement

Donation

Candidate Name

Michele Bachmann

Category/
Type

Date of Disbursement

03 / 08 / 2010

Amount of Each Disbursement this Period

240000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MN

District:

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

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

690000

10030302872

**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 2 OF 2 | | | | |
| | <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 |

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NAME OF COMMITTEE (In Full)
Texas Spine and Joint Hospital PAC

A. Full Name (Last, First, Middle Initial)
Curd, Blake

Mailing Address
PO Box 2464

City **Sioux Falls** State **SD** Zip Code **57101**

Purpose of Disbursement
Donation

Candidate Name
Blake Curd

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **SD** District:

Date of Disbursement
03 / 18 / 2010

Amount of Each Disbursement this Period
2400.00

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

TOTAL This Period (last page this line number only)..... ▶ **9300.00**

10030302873

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)
4/13/10

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

 4/19/10
 PREPARER DATE PREPARED

10030302874