

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) 1814 ROSELAND BLVD

Check if different than previously reported. (ACC) TYLER TX 75701

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

C C00437525 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 / 06 / 2012 in the State of

5. Covering Period 10 / 01 / 2012 through 11 / 26 / 2012

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

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer ANTHONY WAHL [Electronically Filed] Date 07 / 15 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value=""/>	<input type="text" value="65910.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4242.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10160.00"/>	<input type="text" value="62492.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14402.94"/>	<input type="text" value="128402.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="121500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6902.94"/>	<input type="text" value="6902.94"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	10136.00	54425.00
(ii) Unitemized	24.00	3067.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10160.00	57492.00
(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)	10160.00	57492.00
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10160.00	62492.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10160.00	62492.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	121500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	121500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	121500.00

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)	10160.00	57492.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10160.00	57492.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<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)
TEXAS SPINE AND JOINT HOSPITAL PAC

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

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 ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5107

Amount of Each Receipt this Period
100.00

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

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 ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5136

Amount of Each Receipt this Period
100.00

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

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 26
(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. JOHNATHAN BLAU
 Full Name (Last, First, Middle Initial)
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5114
 Amount of Each Receipt this Period
 300.00

B. TROY CALLENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3413 GOLDEN ROAD
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1088.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5110
 Amount of Each Receipt this Period
 103.00

C. TROY CALLENDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3413 GOLDEN ROAD
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1191.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5139
 Amount of Each Receipt this Period
 103.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 236.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(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. AARON CALODNEY
 Full Name (Last, First, Middle Initial)
 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 ▼ 3106.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5081
 Amount of Each Receipt this Period
 292.00

B. AARON CALODNEY
 Full Name (Last, First, Middle Initial)
 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 ▼ 3398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5116
 Amount of Each Receipt this Period
 292.00

C. JOHN CAMP
 Full Name (Last, First, Middle Initial)
 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 ▼ 2249.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5105
 Amount of Each Receipt this Period
 212.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 796.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JOHN CAMP
Full Name (Last, First, Middle Initial)
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 ▼
2461.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : SA11AI.5134

Amount of Each Receipt this Period
212.00

B. STUART CRUTCHFIELD
Full Name (Last, First, Middle Initial)
Mailing Address 2066 CANBERRA COURT

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3149.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2012

Transaction ID : SA11AI.5083

Amount of Each Receipt this Period
296.00

C. STUART CRUTCHFIELD
Full Name (Last, First, Middle Initial)
Mailing Address 2066 CANBERRA COURT

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

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

Aggregate Year-to-Date ▼
3445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period
296.00

SUBTOTAL of Receipts This Page (optional).....	804.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GUY DANIELSON
Full Name (Last, First, Middle Initial)

Mailing Address 16950 FM 2661

City FLINT State TX Zip Code 75762

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **747.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
83.00

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

Mailing Address 16950 FM 2661

City FLINT State TX Zip Code 75762

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period
83.00

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

Mailing Address 1008 WILDER WOOD

City TYLER State TX Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2866.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period
269.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ROBERT DENNIS

Mailing Address 1008 WILDER WOOD

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 ▼
3135.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5119

Amount of Each Receipt this Period
269.00

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

Mailing Address 3635 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period
223.00

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

Mailing Address 3635 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2593.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
223.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5106

Amount of Each Receipt this Period
97.00

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

Mailing Address 107 BELMEAD LANE

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1127.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5135

Amount of Each Receipt this Period
97.00

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

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
989.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5111

Amount of Each Receipt this Period
93.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 287.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HOWARD GARB
Full Name (Last, First, Middle Initial)
Mailing Address 3414 GOLDEN ROAD
City TYLER State TX Zip Code 75701
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1082.00**

Date of Receipt **10 / 30 / 2012**
Transaction ID : SA11AI.5140
Amount of Each Receipt this Period **93.00**

B. GARY GOODFRIED
Full Name (Last, First, Middle Initial)
Mailing Address 19140 FALLS CREEK
City FLINT State TX Zip Code 75762
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3013.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.5087
Amount of Each Receipt this Period **282.00**

C. GARY GOODFRIED
Full Name (Last, First, Middle Initial)
Mailing Address 19140 FALLS CREEK
City FLINT State TX Zip Code 75762
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3295.00**

Date of Receipt **10 / 30 / 2012**
Transaction ID : SA11AI.5121
Amount of Each Receipt this Period **282.00**

SUBTOTAL of Receipts This Page (optional)..... **657.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 14 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHARLES GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7302 HOLLYTREE DRIVE
 City TYLER State TN Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3216.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.5088
 Amount of Each Receipt this Period 302.00

B. CHARLES GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7302 HOLLYTREE DRIVE
 City TYLER State TN Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3518.00

Date of Receipt 10 / 30 / 2012
Transaction ID : SA11AI.5122
 Amount of Each Receipt this Period 302.00

C. THOMAS GRAHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 WILDER WAY
 City TYLER State TN Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3106.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.5089
 Amount of Each Receipt this Period 292.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 896.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 26
(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. THOMAS GRAHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 WILDER WAY
 City TYLER State TN Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5144
 Amount of Each Receipt this Period
 292.00

B. DUANE GRIFFITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7113 TURNBERRY CIRCLE
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 905.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5113
 Amount of Each Receipt this Period
 85.00

C. DUANE GRIFFITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7113 TURNBERRY CIRCLE
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5142
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 462.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 26
(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. MARK HACKBARTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3630 CANYON CREEK CIRCLE
 City TYLER State TX Zip Code 75707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1367.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.5090
 Amount of Each Receipt this Period 128.00

B. MARK HACKBARTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3630 CANYON CREEK CIRCLE
 City TYLER State TX Zip Code 75707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1495.00

Date of Receipt 10 / 30 / 2012
Transaction ID : SA11AI.5123
 Amount of Each Receipt this Period 128.00

C. JAMES HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9243 CHISHOLM 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 ▼ 900.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.5091
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 356.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5124

Amount of Each Receipt this Period
100.00

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

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
TYLERT TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
747.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.5109

Amount of Each Receipt this Period
83.00

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

Mailing Address 3413 GOLDEN ROAD

City State Zip Code
TYLERT TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
830.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5138

Amount of Each Receipt this Period
83.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3415 GOLDEN ROAD

City TYLER State TX Zip Code 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5112

Amount of Each Receipt this Period
 75.00

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

Mailing Address 3415 GOLDEN ROAD

City TYLER State TX Zip Code 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
 75.00

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

Mailing Address 3414 GOLDEN ROAD

City TYLER State TX Zip Code 75701

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional).....▶	233.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3414 GOLDEN ROAD

City State Zip Code
TYLER TX 75701

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
830.00

Date of Receipt
 / /
Transaction ID : SA11AI.5137

Amount of Each Receipt this Period
830.00

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

Mailing Address 6166 QUAIL CREEK

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1503.00

Date of Receipt
 / /
Transaction ID : SA11AI.5093

Amount of Each Receipt this Period
167.00

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

Mailing Address 6166 QUAIL CREEK

City State Zip Code
TYLER TX 75703

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1670.00

Date of Receipt
 / /
Transaction ID : SA11AI.5143

Amount of Each Receipt this Period
167.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TEXAS SPINE AND JOINT HOSPITAL PAC

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

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3122.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period
294.00

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

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 ▼
3416.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
294.00

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

Mailing Address 17950 TIMOTHY CT.

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1472.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5104

Amount of Each Receipt this Period
138.00

SUBTOTAL of Receipts This Page (optional).....▶	726.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 26
(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. JOHN PRIDDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 17950 TIMOTHY CT.
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1610.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5133
 Amount of Each Receipt this Period
 138.00

B. TODD RAABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16987 FM 756
 City WHITEHOUSE State TX Zip Code 75791
 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 ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012
Transaction ID : SA11AI.5096
 Amount of Each Receipt this Period
 376.00

C. TODD RAABE
 Full Name (Last, First, Middle Initial)
 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 ▼ 4376.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2012
Transaction ID : SA11AI.5126
 Amount of Each Receipt this Period
 376.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 890.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARK RENFRO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2012 Transaction ID : SA11AI.5097
Mailing Address 2737 OLD BULLARD ROAD		Amount of Each Receipt this Period 235.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Full Name (Last, First, Middle Initial) B. MARK RENFRO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2012 Transaction ID : SA11AI.5127
Mailing Address 2737 OLD BULLARD ROAD		Amount of Each Receipt this Period 235.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2731.00	

Full Name (Last, First, Middle Initial) C. MICHAEL RUSSELL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2012 Transaction ID : SA11AI.5098
Mailing Address 5930 BRIKWORTH		Amount of Each Receipt this Period 280.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2985.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 26
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5930 BRIXWORTH

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 ▼ 3265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period
 280.00

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

Mailing Address 6407 HOLLYTREE CIRCLE

City TYLER State TN Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11AI.5100

Amount of Each Receipt this Period
 83.00

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

Mailing Address 6407 HOLLYTREE CIRCLE

City TYLER State TN Zip Code 75703

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period
 83.00

SUBTOTAL of Receipts This Page (optional).....▶	446.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JERRY SCHWARZBACH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012
Mailing Address 8304 COLUMBIA DRIVE		Transaction ID : SA11AI.5102
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. JERRY SCHWARZBACH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 8304 COLUMBIA DRIVE		Transaction ID : SA11AI.5131
City TYLER	State TX	Zip Code 75703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. CLAIRE TIBILETTI		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2012
Mailing Address 16690 DRIFTWOOD		Transaction ID : SA11AI.5103
City TYLER	State TX	Zip Code 75707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 167.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1503.00	

SUBTOTAL of Receipts This Page (optional).....▶	367.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. CLAIRE TIBILETTI
Full Name (Last, First, Middle Initial)
Mailing Address 16690 DRIFTWOOD
City TYLER State TX Zip Code 75707
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1670.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2012
Transaction ID : SA11AI.5132
Amount of Each Receipt this Period
167.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	167.00
TOTAL This Period (last page this line number only).....▶	10136.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BERG FOR SENATE

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2012

Transaction ID : SB23.5076

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TED CRUZ FOR SENATE

Mailing Address 815 A BRAZOS
PMB 550

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : SB23.5078

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

7500.00

7500.00
