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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 75701-4234

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000437525

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) X
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 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 04/01/2010 through 06/30/2010

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

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

Table with 10 columns and 1 row for Office Use Only.

FEC FORM 3X Rev. 12/2004

10030403909

**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:

04 01 2010

To:

06 30 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	38890.94	
(c) Total Receipts (from Line 19)	17067.00	28643.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55957.94	65257.94
7. Total Disbursements (from Line 31)	2400.00	11700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53557.94	53557.94
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

10030403910

**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:

04 01 2010

To:

06 30 2010

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).....	1706700	2864300
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1706700	2864300
(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).....▶	1706700	2864300
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)).....▶	1706700	2864300
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1706700	2864300

10030403911

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

10030403912

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.....	2400.00	11700.00
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)) ..	2400.00	11700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2400.00	11700.00

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)	1706700	2864300
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1706700	2864300
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)		

10030403913

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 17

<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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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 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) ▼ 120.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

90.00

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

Mailing Address
17909 C.R 132

City State Zip Code
Flint TX 75762

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) ▼ 1738.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

966.00

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

Mailing Address
2016 Canberra Court

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) ▼ 1760.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

977.00

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

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

2033.00

10030403914

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 17

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital, PAC

Full Name (Last, First, Middle Initial)

A. Danielson, Guy O., III MD

Mailing Address

16950 FM 2661

City
Flint

State
TX

Zip Code
75762

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

249.00

Name of Employer

Self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Full Name (Last, First, Middle Initial)

B. Dennis, Robert W, MD

Mailing Address

1008 Wilder Wood

City
Tyler

State
TX

Zip Code
75703

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

896.00

Name of Employer

Self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,254.00

Full Name (Last, First, Middle Initial)

C. Detweiler, Paul, MD

Mailing Address

3635 Canyon Creek Circle

City
Tyler

State
TX

Zip Code
75707

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

736.00

Name of Employer

Self employed

Occupation

physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,324.00

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

1,881.00

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

10030403915

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 3 OF 17

Grid for line numbers 11a-17

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital, PAC

Full Name (Last, First, Middle Initial)

A. Goodfried, Gary MD

Mailing Address

19140 Falls Creek

City Flint

State TX

Zip Code 75762

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

941.00

Name of Employer

self employed

Occupation

Physician

Receipt For:

Primary/General/Other (specify) selection box

Aggregate Year-to-Date

1318.00

Full Name (Last, First, Middle Initial)

B. Gordon, Charles R., MD

Mailing Address

7302 Hollytree Drive

City Tyler

State TX

Zip Code 75703

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

1,000.00

Name of Employer

Self employed

Occupation

physician

Receipt For:

Primary/General/Other (specify) selection box

Aggregate Year-to-Date

1,800.00

Full Name (Last, First, Middle Initial)

C. Graham, Thomas W., MD

Mailing Address

533 Wilder Way

City Tyler

State TX

Zip Code 75703

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

966.00

Name of Employer

Self employed

Occupation

physician

Receipt For:

Primary/General/Other (specify) selection box

Aggregate Year-to-Date

1,738.00

SUBTOTAL of Receipts This Page (optional)

2,907.00

TOTAL This Period (last page this line number only)

10030403916

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 **17**

<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)
 Hackbarth, 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) ▼ 712.00

Date of Receipt
 06 30 2010

Amount of Each Receipt this Period
 427.00

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) ▼ 400.00

Date of Receipt
 06 30 2010

Amount of Each Receipt this Period
 300.00

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

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1,002.00

Date of Receipt
 06 30 2010

Amount of Each Receipt this Period
 501.00

SUBTOTAL of Receipts This Page (optional) ▶

1,228.00

JTAL This Period (last page this line number only) ▶

10030403917

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 17
	<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)
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 **174600**

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
970.00

B. Full Name (Last, First, Middle Initial)
Raabe, 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 **174200**

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
1,244.00

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 **139400**

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
774.00

SUBTOTAL of Receipts This Page (optional) **298800**

JTAL This Period (last page this line number only)

10030403918

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 7

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital, PAC

Full Name (Last, First, Middle Initial)

A. Russell, Michael, II MD

Mailing Address

5930 Brixworth

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

933.00

Name of Employer

Self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Full Name (Last, First, Middle Initial)

B. Russell Family Limited Partnership

Mailing Address

5930 Brixworth

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

31.00

Name of Employer

Self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

56.00

Full Name (Last, First, Middle Initial)

C. Schreiber, William E., MD

Mailing Address

6407 Hollytree Circle

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

249.00

Name of Employer

Self employed

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

SUBTOTAL of Receipts This Page (optional)

1213.00

TOTAL This Period (last page this line number only)

10030403919

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 7 OF 17

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. 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 ▼

400.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1,002.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

828.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

460.00

SUBTOTAL of Receipts This Page (optional)

1,261.00

TOTAL This Period (last page this line number only)

10030403920

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 **17**

<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	

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NAME OF COMMITTEE (in Full)

Texas Spine and Joint Hospital, PAC

Full Name (Last, First, Middle Initial)

A. **Camp, John, T., MD**

Mailing Address

6000 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 ▼

1,254.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

697.00

Full Name (Last, First, Middle Initial)

B. **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 ▼

568.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

316.00

Full Name (Last, First, Middle Initial)

C. **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 ▼

400.00

Date of Receipt

06 30 2010

Amount of Each Receipt this Period

300.00

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

1,313.00

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

10030403921

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 17

<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	

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital, PAC

Full Name (Last, First, Middle Initial) A. Jones, Matt, L., MD		Date of Receipt 06 30 2010
Mailing Address 3414 Golden Road		Amount of Each Receipt this Period 249.00
City Tyler	State TX	
Zip Code 75701		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00

Full Name (Last, First, Middle Initial) B. Heaton, Stewart, L., MD		Date of Receipt 06 30 2010
Mailing Address 3413 Golden Rd		Amount of Each Receipt this Period 249.00
City Tyler	State TX	
Zip Code 75701		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.00

Full Name (Last, First, Middle Initial) c. Callender, Troy, A., MD		Date of Receipt 06 30 2010
Mailing Address 3413 Golden Rd		Amount of Each Receipt this Period 334.00
City Tyler	State TX	
Zip Code 75701		Amount of Each Receipt this Period 334.00
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 ▼ 602.00

SUBTOTAL of Receipts This Page (optional)	832.00
TOTAL This Period (last page this line number only)	

10030403922

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 <u>2</u> OF <u>17</u>
	<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)
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) **SA6001**

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
303.00

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) **350.00**

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
250.00

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) **508.00**

Date of Receipt
06 30 2010

Amount of Each Receipt this Period
283.00

SUBTOTAL of Receipts This Page (optional) **836.00**

TOTAL This Period (last page this line number only)

10030403923

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Pelton, Deborah

Mailing Address

1524 VZ CR 4810

City

Chandler

State

TX

Zip Code

75758

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 12 2010

Amount of Each Receipt this Period

3000

Name of Employer

TSJH

Occupation

Chief Nurse

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000

Full Name (Last, First, Middle Initial)

B. Hembree, Denise

Mailing Address

705 Southwood Dr.

City

Athenisr

State

TX

Zip Code

75751

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 12 2010

Amount of Each Receipt this Period

3000

Name of Employer

TSJH

Occupation

Nurse Managn

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000

Full Name (Last, First, Middle Initial)

c. Kay, Brad

Mailing Address

1717 Kensington Dr.

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing federal political committee.

C

Date of Receipt

04 12 2010

Amount of Each Receipt this Period

1000

Name of Employer

TSJH

Occupation

Pharmacist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000

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

7000

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

10030403924

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17				
	<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)
Carver, Sharon

Mailing Address
3705 Winding Way

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

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

Name of Employer **TSJH** Occupation **Admin. Assistant**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000**

Date of Receipt **04/12/2010**

Amount of Each Receipt this Period **3000**

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

Mailing Address
2338 Balsam Gap

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

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

Name of Employer **TSJH** Occupation **materials management**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **04/12/2010**

Amount of Each Receipt this Period **10.00**

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

Mailing Address
2619 Lake Springs Dr.

City **Jacksonville** State **TX** Zip Code **75766**

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

Name of Employer **TSJH** Occupation **CFO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt **04/12/2010**

Amount of Each Receipt this Period **5000**

SUBTOTAL of Receipts This Page (optional).....▶ **9000**

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

10030403925

**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 17

<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. Echols, Janice
 Full Name (Last, First, Middle Initial)
 Mailing Address: **548 CR 3515**
 City: **Bullard** State: **TX** Zip Code: **75757**
 Name of Employer: **TSJH** Occupation: **HIM Director**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **2500**

Date of Receipt: **04 12 2010**
 Amount of Each Receipt this Period: **2500**

B. Splinter, Debbie
 Full Name (Last, First, Middle Initial)
 Mailing Address: **10256 Fm 344 East**
 City: **Whitehouse** State: **TX** Zip Code: **75791**
 Name of Employer: **TSJH** Occupation: **HR Director**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **2500**

Date of Receipt: **04 12 2010**
 Amount of Each Receipt this Period: **2500**

C. Fleet, Aaron
 Full Name (Last, First, Middle Initial)
 Mailing Address: **10609 CR 214**
 City: **Tyler** State: **TX** Zip Code: **75707**
 Name of Employer: **TSJH** Occupation: **OR Manager**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500**

Date of Receipt: **04 12 2010**
 Amount of Each Receipt this Period: **500**

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

5500

10030403926

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 17
	<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 PAE

A. Full Name (Last, First, Middle Initial)
 ROSS, Shanna

Mailing Address
 1530 Fm 314

City State Zip Code
 Van TX 75790

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 TSJH Pain management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 30.00

Date of Receipt
 04 12 2010

Amount of Each Receipt this Period
 30.00

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

Mailing Address
 204 Collins St.

City State Zip Code
 Henderson TX 75654

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 TSJH Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 10.00

Date of Receipt
 04 12 2010

Amount of Each Receipt this Period
 10.00

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

Mailing Address
 P.O. Box 187

City State Zip Code
 Flint TX 75762

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 TSJH BD manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 30.00

Date of Receipt
 04 12 2010

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶ 70.00

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

10030403927

**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 15 OF 17

<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	

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NAME OF COMMITTEE (In Full)

Texas Spine and Joint Hospital PAC

Full Name (Last, First, Middle Initial)

A. Wahl, Anthony

Mailing Address

1400 Brandywine Dr.

City
Tyler

State
TX

Zip Code
75703

FEC ID number of contributing federal political committee.

C

Name of Employer

TSJH

Occupation

CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

04 12 2010

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Shull, Poland

Mailing Address

103 Watercrest Dr.

City

Whitehouse

State
TX

Zip Code
75791

FEC ID number of contributing federal political committee.

C

Name of Employer

TSJH

Occupation

Pre/Post Manager RN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

04 12 2010

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Kelly, Cindy

Mailing Address

19580 NORfolk Dr.

City

Flint

State
TX

Zip Code
75762

FEC ID number of contributing federal political committee.

C

Name of Employer

TSJH

Occupation

lab manager

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

04 12 2010

Amount of Each Receipt this Period

10.00

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

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

90.00

10030403928

**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 7	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Graham, Antonio		Date of Receipt 04/12/2010
Mailing Address 533 Wilder Way		Amount of Each Receipt this Period 3300
City Tyler	State Zip Code TX 75703	
FEC ID number of contributing federal political committee. C		
Name of Employer Student	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300	

Full Name (Last, First, Middle Initial) B. Graham, Carlos		Date of Receipt 04/12/2010
Mailing Address 533 Wilder Way		Amount of Each Receipt this Period 3300
City Tyler	State Zip Code TX 75703	
FEC ID number of contributing federal political committee. C		
Name of Employer Student	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300	

Full Name (Last, First, Middle Initial) c. Nasche, Veronica		Date of Receipt 04/12/2010
Mailing Address 1100 Yosemite Dr.		Amount of Each Receipt this Period 3300
City Tyler	State Zip Code TX 75703	
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300	

SUBTOTAL of Receipts This Page (optional).....▶	9900
TOTAL This Period (last page this line number only).....▶	

10030403929

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

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

A. **Nasche, John**
 Full Name (Last, First, Middle Initial)
 Mailing Address
1600 Yosemite Dr.
 City State Zip Code
Tyler TX 75703
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
Self employed Farm manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date
3300

Date of Receipt
04 12 2010
 Amount of Each Receipt this Period
3300

B. **Graham, Margaretta De La Garza**
 Full Name (Last, First, Middle Initial)
 Mailing Address
533 Wilder way
 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
3300

Date of Receipt
04 12 2010
 Amount of Each Receipt this Period
3300

C. **Olsson, Alexandria**
 Full Name (Last, First, Middle Initial)
 Mailing Address
3035 Canyon Creek Circle
 City State Zip Code
Tyler TX 75702
 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
3500

Date of Receipt
04 12 2010
 Amount of Each Receipt this Period
3500

SUBTOTAL of Receipts This Page (optional).....▶ **10100**
 TOTAL This Period (last page this line number only).....▶ **17067.00**

10030403930

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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

A. Full Name (Last, First, Middle Initial) **Hensarling, Jeb**

Mailing Address **6510 Abrams Road Suite 243**

City **Dallas** State **TX** Zip Code **75231**

Purpose of Disbursement **Donation**

Candidate Name **Jeb Hensarling**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **TX** District:

Date of Disbursement **04 / 06 / 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) **2400.00**

10030403931

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)
8/4/10

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


 PREPARER

8/10/10
 DATE PREPARED

10030403932