

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

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

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. J. Scott Bainbridge MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7800 E Orchard Rd Ste 100  
 City State Zip Code  
 Greenwood Village CO 80111-2584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DenverSpine Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2015  
**Transaction ID : SA11AI.8438**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. William D. Biggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 E. Prospect Rd  
 City State Zip Code  
 Fort Collins CO 80525-9718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Orthopaedic Center of the Rock Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2015  
**Transaction ID : SA11AI.8446**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Giri T. Gireesan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 676 N Saint Clair St Ste 1777  
 City State Zip Code  
 Chicago IL 60611-2974  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2015  
**Transaction ID : SA11AI.8418**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶