



**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="2015"/>	<input type="text" value="16011.94"/>	<input type="text" value="16011.94"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44938.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14544.00"/>	<input type="text" value="44971.00"/>
(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="59482.94"/>	<input type="text" value="60982.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3000.00"/>	<input type="text" value="4500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56482.94"/>	<input type="text" value="56482.94"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	14508.00	42449.00
(ii) Unitemized .....	36.00	2522.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	14544.00	44971.00
(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) .....	14544.00	44971.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	14544.00	44971.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14544.00	44971.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	3000.00	4500.00
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)) ..	3000.00	4500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	4500.00

**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) .....	14544.00	44971.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14544.00	44971.00
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:	PAGE 6 OF 33
	(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

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

**Transaction ID : SA11AI.6280**

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2015

**Transaction ID : SA11AI.6308**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. 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
09	/	18	/	2015

**Transaction ID : SA11AI.6339**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 33  
(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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6258**  
 Amount of Each Receipt this Period  
 30.00

**B. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6287**  
 Amount of Each Receipt this Period  
 30.00

**C. 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6316**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**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 33  
(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. 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 ▼ 814.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6283**  
 Amount of Each Receipt this Period  
 111.00

**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 ▼ 925.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6311**  
 Amount of Each Receipt this Period  
 111.00

**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 ▼ 1036.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6342**  
 Amount of Each Receipt this Period  
 111.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 333.00  
**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 2156.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.6259**

Amount of Each Receipt this Period  
 294.00

**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 ▼ 2450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6288**

Amount of Each Receipt this Period  
 294.00

**C. 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 ▼ 2744.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.6317**

Amount of Each Receipt this Period  
 294.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	882.00
<b>TOTAL</b> 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 10 OF 33  
(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. JOHN CAMP**

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 ▼  
1569.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6278**

Amount of Each Receipt this Period  
214.00

Full Name (Last, First, Middle Initial)  
**B. JOHN CAMP**

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 ▼  
1783.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6306**

Amount of Each Receipt this Period  
214.00

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

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 ▼  
1997.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6337**

Amount of Each Receipt this Period  
214.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 642.00

**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 11 OF 33
	<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. STUART CRUTCHFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2066 CANBERRA COURT

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 ▼ 2185.00	

Date of Receipt  
07 / 29 / 2015  
Transaction ID : SA11AI.6260

Amount of Each Receipt this Period  
298.00

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

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 ▼ 2483.00	

Date of Receipt  
08 / 11 / 2015  
Transaction ID : SA11AI.6289

Amount of Each Receipt this Period  
298.00

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

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 ▼ 2781.00	

Date of Receipt  
09 / 18 / 2015  
Transaction ID : SA11AI.6320

Amount of Each Receipt this Period  
298.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	894.00
<b>TOTAL</b> 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 12 OF 33
	<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 ▼ 581.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.6261**

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 ▼ 664.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6290**

Amount of Each Receipt this Period  
 83.00

**C. 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  
 09 / 18 / 2015

**Transaction ID : SA11AI.6321**

Amount of Each Receipt this Period  
 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	249.00
<b>TOTAL</b> 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 13 OF 33  
(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. 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 ▼ 1987.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6262**  
 Amount of Each Receipt this Period  
 271.00

**B. 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 ▼ 2258.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6291**  
 Amount of Each Receipt this Period  
 271.00

**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 ▼ 2529.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6322**  
 Amount of Each Receipt this Period  
 271.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 813.00  
**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 14 OF 33
	<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) <b>A. PAUL DETWEILER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2015
Mailing Address 3635 CANYON CREEK CIRCLE			<b>Transaction ID : SA11AI.6263</b>
City TYLER	State TX	Zip Code 75707	Amount of Each Receipt this Period 225.00
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 ▼ 1651.00		

Full Name (Last, First, Middle Initial) <b>B. PAUL DETWEILER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2015
Mailing Address 3635 CANYON CREEK CIRCLE			<b>Transaction ID : SA11AI.6292</b>
City TYLER	State TX	Zip Code 75707	Amount of Each Receipt this Period 225.00
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 ▼ 1876.00		

Full Name (Last, First, Middle Initial) <b>C. PAUL DETWEILER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2015
Mailing Address 3635 CANYON CREEK CIRCLE			<b>Transaction ID : SA11AI.6323</b>
City TYLER	State TX	Zip Code 75707	Amount of Each Receipt this Period 225.00
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 ▼ 2101.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> 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 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. KIM FOREMAN**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 777.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6279**  
 Amount of Each Receipt this Period  
 106.00

**B. KIM FOREMAN**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 883.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6307**  
 Amount of Each Receipt this Period  
 106.00

**C. KIM FOREMAN**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 989.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6338**  
 Amount of Each Receipt this Period  
 106.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 318.00  
**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 33  
(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. 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 ▼ 748.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6284**  
 Amount of Each Receipt this Period  
 102.00

**B. 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 ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6312**  
 Amount of Each Receipt this Period  
 102.00

**C. 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 ▼ 952.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6343**  
 Amount of Each Receipt this Period  
 102.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 306.00  
**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 17 OF 33
	<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. 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 ▼ 2105.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.6264**

Amount of Each Receipt this Period  
 287.00

**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 ▼ 2392.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6293**

Amount of Each Receipt this Period  
 287.00

**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 ▼ 2679.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.6324**

Amount of Each Receipt this Period  
 287.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	861.00
<b>TOTAL</b> 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 33
	<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. 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 ▼ 2230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.6265**

Amount of Each Receipt this Period  
 304.00

**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 ▼ 2534.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6294**

Amount of Each Receipt this Period  
 304.00

**C. 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 ▼ 2838.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.6325**

Amount of Each Receipt this Period  
 304.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	912.00
<b>TOTAL</b> 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 19 OF 33
	<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. 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 ▼ 2156.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.6266**

Amount of Each Receipt this Period  
 294.00

**B. 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 ▼ 2450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6295**

Amount of Each Receipt this Period  
 294.00

**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 ▼ 2744.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.6326**

Amount of Each Receipt this Period  
 294.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	882.00
<b>TOTAL</b> 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 20 OF 33  
(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. 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 ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6286**  
 Amount of Each Receipt this Period  
 85.00

**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 ▼ 710.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6314**  
 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 ▼ 795.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6345**  
 Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 255.00  
**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 33  
(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. 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 ▼ 700.00

Date of Receipt 07 / 29 / 2015  
**Transaction ID : SA11AI.6268**  
 Amount of Each Receipt this Period 100.00

**B. 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 ▼ 800.00

Date of Receipt 08 / 11 / 2015  
**Transaction ID : SA11AI.6296**  
 Amount of Each Receipt this Period 100.00

**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 09 / 18 / 2015  
**Transaction ID : SA11AI.6327**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 22 OF 33  
(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. STEUART HEATON**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 581.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6282**  
 Amount of Each Receipt this Period  
 83.00

**B. STEUART HEATON**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 664.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6310**  
 Amount of Each Receipt this Period  
 83.00

**C. STEUART HEATON**  
 Full Name (Last, First, Middle Initial)  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6341**  
 Amount of Each Receipt this Period  
 83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.00  
**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 33  
(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. 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 ▼ 607.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6285**  
 Amount of Each Receipt this Period  
 83.00

**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 ▼ 690.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6313**  
 Amount of Each Receipt this Period  
 83.00

**C. 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 ▼ 773.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6344**  
 Amount of Each Receipt this Period  
 83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.00  
**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 24 OF 33  
(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 ▼  
581.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6281**

Amount of Each Receipt this Period  
83.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
664.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6309**

Amount of Each Receipt this Period  
83.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
747.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6340**

Amount of Each Receipt this Period  
83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.00

**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 25 OF 33
	<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. 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 ▼ 2170.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.6269**

Amount of Each Receipt this Period  
 296.00

**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 ▼ 2466.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6297**

Amount of Each Receipt this Period  
 296.00

**C. 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 ▼ 2762.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.6328**

Amount of Each Receipt this Period  
 296.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	888.00
<b>TOTAL</b> 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 26 OF 33
	(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. 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 **1056.00**

Date of Receipt **07 / 29 / 2015**  
**Transaction ID : SA11AI.6277**  
Amount of Each Receipt this Period **144.00**

**B. 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 **1200.00**

Date of Receipt **08 / 11 / 2015**  
**Transaction ID : SA11AI.6305**  
Amount of Each Receipt this Period **144.00**

**C. 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 **1344.00**

Date of Receipt **09 / 18 / 2015**  
**Transaction ID : SA11AI.6336**  
Amount of Each Receipt this Period **144.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>432.00</b>
<b>TOTAL</b> 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 27 OF 33
	<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) <b>A. TODD RAABE</b>			Date of Receipt
Mailing Address 16987 FM 756			<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.6270</b>
WHITEHOUSE	TX	75791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="376.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2757.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. TODD RAABE</b>			Date of Receipt
Mailing Address 16987 FM 756			<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.6298</b>
WHITEHOUSE	TX	75791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="376.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3133.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TODD RAABE</b>			Date of Receipt
Mailing Address 16987 FM 756			<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.6329</b>
WHITEHOUSE	TX	75791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="376.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3509.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1128.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 28 OF 33  
(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. MARK RENFRO**

Mailing Address 2737 OLD BULLARD 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 ▼  
1738.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6271**

Amount of Each Receipt this Period  
237.00

Full Name (Last, First, Middle Initial)  
**B. MARK RENFRO**

Mailing Address 2737 OLD BULLARD 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 ▼  
1975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6299**

Amount of Each Receipt this Period  
237.00

Full Name (Last, First, Middle Initial)  
**C. MARK RENFRO**

Mailing Address 2737 OLD BULLARD 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 ▼  
2212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6330**

Amount of Each Receipt this Period  
237.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 711.00

**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 29 OF 33
	<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. 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 ▼ 2053.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.6272**

Amount of Each Receipt this Period  
 280.00

**B. 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 ▼ 2333.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.6300**

Amount of Each Receipt this Period  
 280.00

**C. 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 ▼ 2613.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.6331**

Amount of Each Receipt this Period  
 280.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> 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 30 OF 33  
(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. 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 ▼ 581.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6274**  
 Amount of Each Receipt this Period  
 83.00

**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 ▼ 664.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6302**  
 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 ▼ 747.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6333**  
 Amount of Each Receipt this Period  
 83.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.00  
**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 31 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. JERRY SCHWARZBACH</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2015
Mailing Address 8304 COLUMBIA DRIVE		<b>Transaction ID : SA11AI.6275</b>
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 ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. JERRY SCHWARZBACH</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2015
Mailing Address 8304 COLUMBIA DRIVE		<b>Transaction ID : SA11AI.6303</b>
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 ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. JERRY SCHWARZBACH</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2015
Mailing Address 8304 COLUMBIA DRIVE		<b>Transaction ID : SA11AI.6334</b>
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 32 OF 33
	<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. 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 ▼ 1169.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.6276**  
 Amount of Each Receipt this Period  
 167.00

**B. 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 ▼ 1336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.6304**  
 Amount of Each Receipt this Period  
 167.00

**C. 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 ▼ 1503.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.6335**  
 Amount of Each Receipt this Period  
 167.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14508.00

**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) <b>A. JEB HENSARLING</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address		<b>Transaction ID : SB23.6256</b>
City State Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JEB HENSARLING</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address		<b>Transaction ID : SB23.6315</b>
City State Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		
City State Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00