

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 8
 (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)

Spine PAC of the National Association of Spine Specialists

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reiter, Mitchell, F, Dr, MD PC

Mailing Address 120 Ravine Lake Rd
Ste 305

City
Bernardsville

State
NJ

Zip Code
07924-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New Jersey Spine Specialists LLC

Occupation (for Individual)

Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 14 / 2019

Transaction ID : A66A5C28715D647418B0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rovner, Aron, D, Dr, MD

Mailing Address 585 Stewart Ave
Ste 412

City
Garden City

State
NY

Zip Code
11530-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NY sports and spine surgery

Occupation (for Individual)

Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2019

Transaction ID : A34B87782B33B4738BAE

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sinkov, Vladimir, , Dr, MD

Mailing Address 2830 Athens Ridge Dr

City
Henderson

State
NV

Zip Code
89052-4297

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nevada Orthopedic and Spine Center

Occupation (for Individual)

Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2019

Transaction ID : A55AB61DFF1B34BA58BB

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1500.00

3750.00