

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

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

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

A. Dr Mark J Ruoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15-01 Broadway Ste 20
 City Fair Lawn State NJ Zip Code 07410-6003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Physician Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 01 / 2016**
Transaction ID : A20D0D6957EFB487190B
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Dr Paul Saiz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 675 Avenida De Mesilla
 City Las Cruces State NM Zip Code 88005-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Physician Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 23 / 2016**
Transaction ID : A3A8DBE7D300746BC8EB
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Dr David A Wong MD MSc FRC
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 E Orchard Rd Ste 100
 City Greenwood Village State CO Zip Code 80111-2584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Physician Orthopedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **06 / 02 / 2016**
Transaction ID : A371D7EE9BE634043A35
 Amount of Each Receipt this Period **85.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1085.00
TOTAL This Period (last page this line number only).....	