

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 27

(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

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

A. Blasier, R. Dale, Dale, Dr., MD FRCSC M

Mailing Address 205 Hickory Creek Ln
 Lot 839

City
 Little Rock

State
 AR

Zip Code
 72212-2500

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Arkansas Childrens Hospital

Occupation (for Individual)
 Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 16 / 2019

Transaction ID : A6574C125C33143BA88B

Amount of Each Receipt this Period

550.00

☐ Memo Item

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

B. Bono, Peter, L, Dr., DO

Mailing Address 32949 Bingham Ln
 Ste 601

City

Bingham Farms

State

MI

Zip Code

48025-2419

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Michigan Spine and Brain Surgeons PLLC

Occupation (for Individual)
 Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 01 / 2019

Transaction ID : A32AD661FA3904F27A6A

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Brown, Alan, B, Dr, MD JD

Mailing Address 9830 NE 14th St

City

Bellevue

State

WA

Zip Code

98004-3530

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 BBJ Orthopedics

Occupation (for Individual)
 Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 12 / 2019

Transaction ID : A2105A55D9B9F4BF4B3C

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1550.00