

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Spine PAC of the National Association of Spine Specialists

ADDRESS (number and street) 7075 Veterans Blvd.
 Check if different than previously reported. (ACC)
Burr Ridge IL 60527

2. **FEC IDENTIFICATION NUMBER** C00349225
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 07 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Eric J. Muehlbauer

Signature of Treasurer Electronically Filed by Mr. Eric J. Muehlbauer Date 08 12 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		137999.46
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	146308.58									
(c) Total Receipts (from Line 19)	13622.67	58352.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	159931.25	196351.75								
7. Total Disbursements (from Line 31)	11000.00	47420.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	148931.25	148931.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

Spine PAC of the National Association of Spine Specialists

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)	10122.67	48677.29
(ii) Unitemized	3500.00	9675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13622.67	58352.29
(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)	13622.67	58352.29
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 Transfer (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))	13622.67	58352.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13622.67	58352.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	2820.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2820.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	44500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	100.00
(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	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	11000.00	47420.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	47420.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	13622.67	58352.29
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13622.67	58252.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2820.50
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	2820.50

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

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

FOR LINE NUMBER: PAGE 6 / 17
(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

A. Full Name (Last, First, Middle Initial)
Dr. Samy Abdou, MD
Mailing Address 7790 Doug HI
City San Diego State CA Zip Code 92127-2503
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 ▼ 500.00
Date of Receipt 07 / 08 / 2010
Transaction ID: SA11AI.5801
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. John K. Afshar, MD
Mailing Address 509 SE Riverside Dr Ste 203
City Stuart State FL Zip Code 34994-2579
FEC ID number of contributing federal political committee. **C**
Name of Employer The Center for Cranial/Spinal Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 05 / 2010
Transaction ID: SA11AI.5727
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ray M. Baker, MD
Mailing Address 12301 NE 10th PI Ste 101
City Bellevue State WA Zip Code 98005-2487
FEC ID number of contributing federal political committee. **C**
Name of Employer Washington Interventional Spin Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 26 / 2010
Transaction ID: SA11AI.5804
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 7 / 17
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Sanjay Bakshi, MD

Mailing Address 115 E 57th St

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Manhattan Spine & Pain Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2010
Transaction ID: SA11AI.5793

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Claude Borowsky, MD

Mailing Address 5 Becarri Ln

City State Zip Code
Southampton MA 01073-9569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pioneer Spine and Sport Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 815.00

Date of Receipt 07 / 02 / 2010
Transaction ID: SA11AI.5716

Amount of Each Receipt this Period 45.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Byers, MD

Mailing Address 166 The Alameda

City State Zip Code
Sam Amselmo CA 94960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mt. Tam Orthopedics, Inc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 02 / 2010
Transaction ID: SA11AI.5720

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) 670.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 17
(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. Full Name (Last, First, Middle Initial)
Dr. Devin K. Datta, MD

Mailing Address 2222 S. Harbor City Blvd

City State Zip Code
Melbourne FL 32901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The B.A.C.K. Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
07 / 27 / 2010

Transaction ID: SA11AI.5777

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary A Dix, MD

Mailing Address 2002 Medical Pkwy Ste 430

City State Zip Code
Annapolis MD 21401-3263

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Maryland Brain & Spine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt M M / D D / Y Y Y Y
07 / 02 / 2010

Transaction ID: SA11AI.5719

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark R. Drzala, MD

Mailing Address 33 Overlook Rd., Suite 305

City State Zip Code
Summit NJ 07901-3563

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
New Jersey Spine Specialists Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: SA11AI.5734

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17
(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.

Full Name (Last, First, Middle Initial)
Dr. Donald Hales, MD

Mailing Address 1485 N Turquoise Dr Ste 200

City State Zip Code
Flagstaff AZ 86001-2000

FEC ID number of contributing federal political committee. **C**

Name of Employer Northern Arizona Orthopaedics
Occupation Physician

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: SA11AI.5803

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Perry L. Haney, MD

Mailing Address 8500 Park Meadows Dr #200

City State Zip Code
Lone Tree CO 80124-2742

FEC ID number of contributing federal political committee. **C**

Name of Employer Spine One
Occupation Physician

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 2916.29

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2010

Transaction ID: SA11AI.5717

Amount of Each Receipt this Period

416.67

C.

Full Name (Last, First, Middle Initial)
Dr. Brian J. Ipsen, MD

Mailing Address 444 Four States Dr Ste 1

City State Zip Code
Galena KS 66739

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: SA11AI.5773

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1666.67

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 10 / 17
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Todd S. Jarosz, MD		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 2390 Hemby Lane		Transaction ID: SA11AI.5807
City Greenville	State NC	Zip Code 27834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Center for Scoliosis & Spinal	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. G. Edward Jeffries, MD		Date of Receipt MM / DD / YYYY 07 / 18 / 2010
Mailing Address 2115 Woodmere Lane		Transaction ID: SA11AI.5802
City Knoxville	State TN	Zip Code 37920-2896
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Dr. Jeffrey K. Kachmann, MD		Date of Receipt MM / DD / YYYY 07 / 02 / 2010
Mailing Address 7956 W Jefferson Blvd		Transaction ID: SA11AI.5718
City Fort Wayne	State IN	Zip Code 46804-4140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Fort Wayne Neurospine & Pain C	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. James G. Lindley, MD

Mailing Address 17 W Bluff Dr

City Savannah State GA Zip Code 31406-7504

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 ▼ 600.00

Date of Receipt 07 / 12 / 2010

Transaction ID: SA11AI.5812

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Dennis P. McGowan, MD

Mailing Address 1215 1st Ave

City Kearney State NE Zip Code 68847-6825

FEC ID number of contributing federal political committee. **C**

Name of Employer Spine & Orthosurgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010

Transaction ID: SA11AI.5758

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory O. Munson, MD

Mailing Address 1285 Orange Ave

City Winter Park State FL Zip Code 32789-4984

FEC ID number of contributing federal political committee. **C**

Name of Employer Jewett Orthopaedic Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2010

Transaction ID: SA11AI.5723

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Nilesh Patel, MD		Date of Receipt MM / DD / YYYY 07 / 18 / 2010
Mailing Address 21031 Michigan Ave		Transaction ID: SA11AI.5809
City Dearborn	State MI	Zip Code 48124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Michigan Orthopedic Specialist	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Michael L Ramsey, MD		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 2701 Racquet Club Dr		Transaction ID: SA11AI.5811
City Midland	State TX	Zip Code 79705-7432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Dr. Raj Rao, MD		Date of Receipt MM / DD / YYYY 07 / 15 / 2010
Mailing Address 9200 W Wisconsin Ave		Transaction ID: SA11AI.5724
City Milwaukee	State WI	Zip Code 53226-3522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 251.00
Name of Employer Medical College of Wisconsin D	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

SUBTOTAL of Receipts This Page (optional)	1001.00
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 13 / 17

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Mark J. Ruoff, MD		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 15-01 Broadway Ste 20		Transaction ID: SA11AI.5729		
	City Fair Lawn	State NJ	Zip Code 07410-6003	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Orthopaedic Associates	Occupation Physician	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. William O. Shaffer, MD		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 1200 1st Ave E Ste C		Transaction ID: SA11AI.5747		
	City Spencer	State IA	Zip Code 51301-4342	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northwest Iowa Bone, Joint & S	Occupation Physician	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Dr. Reginald Tall, MD		Date of Receipt MM / DD / YYYY 07 / 10 / 2010		
	Mailing Address 1285 Orange Ave		Transaction ID: SA11AI.5721		
	City Winter Park	State FL	Zip Code 32789	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jewett Orthopaedic Clinic	Occupation Physician	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 14 / 17
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Spine PAC of the National Association of Spine Specialists

A. Full Name (Last, First, Middle Initial)
Dr. Alexander R. Vaccaro, MD

Mailing Address 925 Chestnut St Fl 5

City Philadelphia State PA Zip Code 19107

FEC ID number of contributing federal political committee. **C**

Name of Employer Rothman Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 24 / 2010
Transaction ID: SA11AI.5805
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. P. Merrill White, MD

Mailing Address 10321 Kingston Pike

City Knoxville State TN Zip Code 37922-3224

FEC ID number of contributing federal political committee. **C**

Name of Employer SPINEKnoxville Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 26 / 2010
Transaction ID: SA11AI.5755
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. David A. Wong

Mailing Address 2415 Stonecrop Way

City Golden State CO Zip Code 80401

FEC ID number of contributing federal political committee. **C**

Name of Employer Denver Spine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: SA11AI.5715
 Amount of Each Receipt this Period: 85.00

SUBTOTAL of Receipts This Page (optional) ► **835.00**

TOTAL This Period (last page this line number only) ► **10122.67**

**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)
Spine PAC of the National Association of Spine Specialists

A.	Full Name (Last, First, Middle Initial) BERA FOR CONGRESS	Transaction ID: SB23.5823 Date of Disbursement
	Mailing Address Post Office Box 582496	<input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Elk Grove State CA Zip Code 95758	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name AMERISH BERA	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC	Transaction ID: SB23.5834 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: SB23.5826 Date of Disbursement
	Mailing Address 3161 Dixie Highway Suite F	<input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Erlanger State KY Zip Code 41018	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name GEOFFREY C DAVIS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Spine PAC of the National Association of Spine Specialists

A.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS Mailing Address PO Box 37 City Roseville State MI Zip Code 48066 Purpose of Disbursement 011 Candidate Name SANDER M MR LEVIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	Transaction ID: SB23.5828 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P. O. Box 1919 P. O. Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement 011 Candidate Name PAUL D. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Transaction ID: SB23.5829 Date of Disbursement 07 / 21 / 2010 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>
C.	Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Mailing Address PO Box 10555 City Peoria State IL Zip Code 61612 Purpose of Disbursement 011 Candidate Name AARON JON MR. SCHOCK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 18	Transaction ID: SB23.5820 Date of Disbursement 07 / 15 / 2010 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**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)

PAGE 17 / 17

<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)

Spine PAC of the National Association of Spine Specialists

A.

Full Name (Last, First, Middle Initial)

TRIVEDI FOR CONGRESS

Mailing Address PO Box 91

City Chester Springs State PA Zip Code 19425

Purpose of Disbursement

Candidate Name
MANAN TRIVEDI

Office Sought: House
 Senate
 President

State: PA District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5831

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

11000.00