

# **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 13

(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. Bae, Hyun, W, Dr, MD

Mailing Address 444 S San Vicente Blvd Ste 900  
 Cedars Spine Center

City  
 Los Angeles

State  
 CA

Zip Code  
 90048-4169

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Spine Institute St Johns Health Centre

Occupation (for Individual)  
 Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 27 / 2019

Transaction ID : A35452ACFA60048478A8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Bash, Jeffrey, A, Dr, MD

Mailing Address 5 Stonegate

City  
 Unionville

State  
 CT

Zip Code  
 06085-1469

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Middlesex Orthopedic Surgeons PC

Occupation (for Individual)  
 Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2019

Transaction ID : AF76579A3E40A4641BE1

Amount of Each Receipt this Period

1026.00

☐ 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2019

Transaction ID : A679BFD402DC443979C1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2526.00

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