

**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

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 (Last, First, Middle Initial)

A. MANAN TRIVEDI

Mailing Address PO BOX 2442

City State Zip Code
BALA CYNWYD PA 19004

Purpose of Disbursement

011

Candidate Name
TRIVEDI FOR CONGRESS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : **SB23.6726**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FREDERICK STEPHEN UPTON

Mailing Address 285 Ridgeway
P O BOX 900

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Candidate Name
UPTON FOR ALL OF US

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 05 / 2012

Transaction ID : **SB23.6727**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

7500.00

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

7500.00