

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00349225 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

(a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)

(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2013 through 04 30 2013

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 Mr. Eric J. Muehlbauer [Electronically Filed] Date 05 08 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="179420.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="122685.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7335.00"/>	<input type="text" value="15600.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="130020.15"/>	<input type="text" value="195020.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9000.00"/>	<input type="text" value="74000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="121020.15"/>	<input type="text" value="121020.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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: 04 / 01 / 2013 To: 04 / 30 / 2013

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).....	4835.00	11420.00
(ii) Unitemized .....	2500.00	4180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7335.00	15600.00
(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) .....	7335.00	15600.00
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 Transfers (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))..... ▶	7335.00	15600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7335.00	15600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	74000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
(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	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	9000.00	74000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	74000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	7335.00	15600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7335.00	15600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
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	0.00

**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 12  
(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. Dr. Claude Borowsky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Becarri Ln  
 City Southampton State MA Zip Code 01073-9569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pioneer Spine and Sport Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2013  
**Transaction ID : SA11AI.7303**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Alan B. Brown**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2013  
**Transaction ID : SA11AI.7348**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Mark R. Drzala MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Overlook Rd., Suite 305  
 City Summit State NJ Zip Code 07901-3563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New Jersey Spine Specialists, Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.7286**  
 Amount of Each Receipt this Period  
 500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kyle C. Girod</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013
Mailing Address 8080 Bluebonnet Blvd. Ste. 1000		<b>Transaction ID : SA11AI.7334</b>
City Baton Rouge	State LA	Zip Code 70810-7827
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Baton Rouge Orthopaedic Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen R. Goll MD</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2013
Mailing Address 100 W Gore St Ste 500		<b>Transaction ID : SA11AI.7331</b>
City Orlando	State FL	Zip Code 32806-1049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Orlando Orthopaedic Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Christopher A. Heck MD</b>		Date of Receipt MM / DD / YYYY 04 / 08 / 2013
Mailing Address 2119 E South Blvd Ste 200		<b>Transaction ID : SA11AI.7313</b>
City Montgomery	State AL	Zip Code 36116-2496
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Southern Orthopaedic Surgeons	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 8 OF 12  
(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. Dr. David R. Hicks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6585 S Yale Ave  
 City State Zip Code  
 Tulsa OK 74136-8384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Central States Orthopedic Spec Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : SA11AI.7289**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Anh X. Le**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2488 N. California St.  
 City State Zip Code  
 Stockton CA 95204-5508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alpine Orthopaedic Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2013  
**Transaction ID : SA11AI.7291**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Kevin A. Rahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7601 W. Jefferson Blvd.  
 City State Zip Code  
 Fort Wayne IN 46804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ft. Wayne Orthopaedics physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : SA11AI.7293**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 9 OF 12  
(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. 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 Orthopaedic Associates Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 26 / 2013  
Transaction ID : SA11AI.7330  
Amount of Each Receipt this Period 250.00

**B. Dr. Philip L. Schneider MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10400 Connecticut Ave  
City Kennsington State MD Zip Code 20895-3910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Montgomery Orthopaedics Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 18 / 2013  
Transaction ID : SA11AI.7319  
Amount of Each Receipt this Period 500.00

**C. Dr. Samuel E. Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1551 Professional Ln. Ste. 200  
City Longmont State CO Zip Code 80501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Front Ridge Orthopedic Center Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 04 / 05 / 2013  
Transaction ID : SA11AI.7317  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... 1000.00  
**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 10 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Constantine A. Toumbis MD</b>		Date of Receipt
Mailing Address 950 N Avalon Way		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lecanto	FL	34461-6004
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7307</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. David A. Wong</b>		Date of Receipt
Mailing Address 2415 Stonecrop Way		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Golden	CO	80401
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7347</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>
Name of Employer	Occupation	
Denver Spine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael W Woods</b>		Date of Receipt
Mailing Address 2360 Mullan Rd.		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Missoula	MT	59808
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7290</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="585.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="4835.00"/>

**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**

Full Name (Last, First, Middle Initial)

**A. LAMAR ALEXANDER**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City State Zip Code

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23.7342**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. KEVIN BRADY**

Mailing Address PO BOX 8277

City State Zip Code  
THE WOODLANDS TX 77387

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23.7340**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City State Zip Code  
BOWLING GREEN KY 42102

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB23.7344**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

**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**

Full Name (Last, First, Middle Initial)

**A. JOSEPH R. PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2013

Transaction ID : SB23.7345

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. RAUL DR RUIZ**

Mailing Address 73373 COUNTRY CLUB DRIVE #1904

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

Transaction ID : SB23.7337

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. SCHOCK FOR CONGRESS**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2013

Transaction ID : SB23.7339

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

9000.00