

**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"/> 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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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. Constantine A. Toumbis MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 950 N Avalon Way  
City Lecanto State FL Zip Code 34461-6004  
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 Y Y  
04 / 08 / 2013  
**Transaction ID : SA11AI.7307**  
Amount of Each Receipt this Period  
250.00

**B. Dr. David A. Wong**  
Full Name (Last, First, Middle Initial)  
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 ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2013  
**Transaction ID : SA11AI.7347**  
Amount of Each Receipt this Period  
85.00

**C. Dr. Michael W Woods**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2360 Mullan Rd.  
City Missoula State MT Zip Code 59808  
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 Y Y  
04 / 16 / 2013  
**Transaction ID : SA11AI.7290**  
Amount of Each Receipt this Period  
250.00

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