

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 9
 (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

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

A. Dimick, Robert, M, Dr, MD

Mailing Address 4581 Soundside Dr
Ste 500

City
Gulf Breeze

State
FL

Zip Code
32563-9249

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SRMG Orthopaedics

Occupation (for Individual)

Physician Orthopedic Surgeon

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
12 / 27 / 2019

Transaction ID : AC9C7E8A23C8345E0A6D

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hullinger, Heidi, Martin, Dr, MD

Mailing Address 10 W End Ave
Apt 18A

City
New York

State
NY

Zip Code
10023-7841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New Jersey Spine Specialists Summit NJ

Occupation (for Individual)

Physician Orthopedic Surgeon

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
12 / 11 / 2019

Transaction ID : A0136ACA5DD544B6E80C

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Norheim, Elizabeth, P, Dr, MD

Mailing Address 4535 Homer St

City
Los Angeles

State
CA

Zip Code
90031-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Physician Orthopedic Surgeon

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
12 / 27 / 2019

Transaction ID : AB16170BCC826478BA16

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00