

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** C00349225  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2010 through 04 30 2010

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 Electronically Filed by Mr. Eric J. Muehlbauer Date 05 18 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		137999.46
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	145189.37									
(c) Total Receipts (from Line 19) .....	13496.57	30286.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	158685.94	168285.94								
7. Total Disbursements (from Line 31) .....	5000.00	14600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	153685.94	153685.94								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Spine PAC of the National Association of Spine Specialists

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	13226.57	27161.48
(ii) Unitemized .....	270.00	3125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13496.57	30286.48
(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) .....	13496.57	30286.48
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 Transfer (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)) .....	13496.57	30286.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13496.57	30286.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	5000.00	14500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	100.00
(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	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	5000.00	14600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	14600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	13496.57	30286.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13496.57	30186.48
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 / 17  
(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

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.**

Full Name (Last, First, Middle Initial) Dr. Robert J. Benz		Date of Receipt MM / DD / YYYY 04 / 19 / 2010
Mailing Address 2500 E Prospect Rd		<b>Transaction ID:</b> SA11AI.5524
City Fort Collins	State CO	Zip Code 80525-9718
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Sarah E. Blake, MD		Date of Receipt MM / DD / YYYY 04 / 19 / 2010
Mailing Address 914 Neil Ave		<b>Transaction ID:</b> SA11AI.5509
City Columbus	State OH	Zip Code 43215-1333
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Robert Byers, MD		Date of Receipt MM / DD / YYYY 04 / 01 / 2010
Mailing Address 166 The Alameda		<b>Transaction ID:</b> SA11AI.5550
City Sam Amselmo	State CA	Zip Code 94960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Mt. Tam Orthopedics, Inc.	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) .....	▶	1625.00
<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 7 / 17

(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.**

Full Name (Last, First, Middle Initial)  
Dr. Robert S. Cowan, MD

Mailing Address 300 Birnie Ave Ste 201

City State Zip Code  
Springfield MA 01107-1121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New England Orthopaedic Surgeon Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5531

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gary A Dix, MD

Mailing Address 2002 Medical Pkwy Ste 430

City State Zip Code  
Annapolis MD 21401-3263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Maryland Brain & Spine Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.5521

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gary A Dix, MD

Mailing Address 2002 Medical Pkwy Ste 430

City State Zip Code  
Annapolis MD 21401-3263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Maryland Brain & Spine Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5542

Amount of Each Receipt this Period  
500.00

**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 8 / 17  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Steven E. Gaede, MD  
 Mailing Address 6802 S Olympia Ave Ste 300  
 City State Zip Code  
 Tulsa OK 74132-1826  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 1 0  
**Transaction ID:** SA11AI.5526  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oklahoma Spine and Brain Insti   Occupation Physician  
 Receipt For:  Primary    General  
 Other (specify) ▼   Aggregate Year-to-Date ▼  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Benjamin J. Hackett, MD  
 Mailing Address 5200 Hummingbird Rd, Ste. 100  
 City State Zip Code  
 Wausua WI 54401  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 1 0  
**Transaction ID:** SA11AI.5523  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bone and Joint Clinic SC   Occupation Physician  
 Receipt For:  Primary    General  
 Other (specify) ▼   Aggregate Year-to-Date ▼  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Perry L. Haney, MD  
 Mailing Address 8500 Park Meadows Dr #200  
 City State Zip Code  
 Lone Tree CO 80124-2742  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 1 0  
**Transaction ID:** SA11AI.5548  
 Amount of Each Receipt this Period  
 416.57  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine One   Occupation Physician  
 Receipt For:  Primary    General  
 Other (specify) ▼   Aggregate Year-to-Date ▼  
 1666.48

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1666.57**  
**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 / 17  
(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.**

Full Name (Last, First, Middle Initial) Dr. Jeffrey K. Kachmann, MD		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2010
Mailing Address 7956 W Jefferson Blvd		<b>Transaction ID:</b> SA11AI.5549
City Fort Wayne	State IN	Zip Code 46804-4140
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Fort Wayne Neurospine & Pain C	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Alexander Klyashorny, MD		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2010
Mailing Address 23 Wisteria Way		<b>Transaction ID:</b> SA11AI.5536
City Basking Ridge	State NJ	Zip Code 07920-2016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Douglas R. Koontz, MD		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2010
Mailing Address 6767 S Yale Ave # A		<b>Transaction ID:</b> SA11AI.5514
City Tulsa	State OK	Zip Code 74136-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Neurosurgery Specialists	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) .....	<b>600.00</b>
<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 10 / 17  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Mark A Lapp, MD

Mailing Address 222 Merrimack St Rm 300

City State Zip Code  
Lowell MA 01852-5900

FEC ID number of contributing federal political committee. **C**

Name of Employer Merrimack Valley Spine Center      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 01 / 2010  
**Transaction ID: SA11AI.5535**  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephane Lavoie, MD

Mailing Address 740 W Plymouth Ave

City State Zip Code  
Deland FL 32720-3282

FEC ID number of contributing federal political committee. **C**

Name of Employer Florida Orthopedic Associates      Occupation Self Employed

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID: SA11AI.5532**  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Johnson P. Lawrence, MD

Mailing Address 10 Research Pl Ste 203

City State Zip Code  
North Chlemsford MA 01863-2439

FEC ID number of contributing federal political committee. **C**

Name of Employer Merrimack Valley Ortho Assoc.      Occupation Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 17 / 2010  
**Transaction ID: SA11AI.5517**  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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 11 / 17

(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.**

Full Name (Last, First, Middle Initial)

Dr. James G. Lindley, MD

Mailing Address 17 W Bluff Dr

City State Zip Code  
Savannah GA 31406-7504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5515

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David W. Lowry, MD

Mailing Address 3299 N Wellness Dr Ste 240 Bldg C

City State Zip Code  
Holladn MI 49424-7269

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.5503

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joel M. Press

Mailing Address 1030 N Clark St Ste 500

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rehab. Institute of Chicago Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.5513

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 12 / 17

(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.**

Full Name (Last, First, Middle Initial)  
Dr. K. Daniel Riew, MD

Mailing Address One Barnes-Jewish Hospital Plaza

City State Zip Code  
St. Louis MO 63110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Barnes-Jewish Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.5541

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mark J. Ruoff, MD

Mailing Address 15-01 Broadway Ste 20

City State Zip Code  
Fair Lawn NJ 07410-6003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopaedic Associates Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5530

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Edward H. Saer, MD

Mailing Address 500 S University Ave Ste 815

City State Zip Code  
Little Rock AR 72205-5302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arkansas Specialty Spine Center Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.5511

Amount of Each Receipt this Period

250.00

**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: PAGE 13 / 17  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Thomas C. Schuler, MD

Mailing Address 1831 Wiehle Ave

City Reston State VA Zip Code 20190-5266

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Spine Institute Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 6 / 2 0 1 0

**Transaction ID:** SA11AI.5545

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kanwaldeep S. Sidhu, MD

Mailing Address 23829 Little Mack Ave Ste 100

City St Clair Shores State MI Zip Code 48080-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Clair Orthopaedics 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  
 0 4 / 1 5 / 2 0 1 0

**Transaction ID:** SA11AI.5539

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William J. Sullivan, MD

Mailing Address 12631 E 17th Ave, MS F493

City Aurora State CO Zip Code 80045

FEC ID number of contributing federal political committee. **C**

Name of Employer UCDenver PM&R 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  
 0 4 / 1 7 / 2 0 1 0

**Transaction ID:** SA11AI.5543

Amount of Each Receipt this Period  
250.00

**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: PAGE 14 / 17

(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.**

Full Name (Last, First, Middle Initial)

Dr. Jorge E. Tijmes

Mailing Address PO Box 6209

City State Zip Code  
McAllen TX 78502-6209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southern Bone & Joint Center A Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.5506

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David B. Verst, MD

Mailing Address 15 W Galena St

City State Zip Code  
Hailey ID 83333-8414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Verst Spine & Orthopedic Care Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.5533

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jerald P. Waldman, MD

Mailing Address 26401 Crown Valley Pkwy Ste 101

City State Zip Code  
Mission Viejo CA 92691-6302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Community Orthopedic Medical G Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.5538

Amount of Each Receipt this Period

1000.00

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

2500.00

**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 15 / 17  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Donald M. Whiting, MD  
Mailing Address 208 Summit Cir  
City State Zip Code  
Gibsonia PA 15044-6035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Donald M. Whiting, M.D. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 13 / 2010  
Transaction ID: SA11AI.5505  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David A. Wong  
Mailing Address 2415 Stonecrop Way  
City State Zip Code  
Golden CO 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 04 / 01 / 2010  
Transaction ID: SA11AI.5547  
Amount of Each Receipt this Period 85.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard G. Zogby  
Mailing Address 5719 Widewaters Pkwy  
City State Zip Code  
Syracuse NY 13214-1880  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Syracuse Orthopedic Specialist Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 01 / 2010  
Transaction ID: SA11AI.5519  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 585.00  
**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 16 / 17	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Richard G. Zogby		Date of Receipt		
	Mailing Address 5719 Widewaters Pkwy		M M / D D / Y Y Y Y 04 / 14 / 2010		
	City Syracuse	State NY	Zip Code 13214-1880	<b>Transaction ID:</b> SA11AI.5520	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00		
	Name of Employer Syracuse Orthopedic Specialist	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	13226.57



**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)

PAGE 17 / 17

<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

A.

Full Name (Last, First, Middle Initial)

RYAN FOR CONGRESS

Transaction ID: SB23.5502

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

Mailing Address P. O. Box 1919  
P. O. Box 1919

City State Zip Code  
Janesville WI 53547

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
PAUL D. RYAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

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

5000.00
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TOTAL This Period (last page this line number only) ..... ►

5000.00
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