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** 14 / 17

X 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. 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
Southern Bone & Joint Center A

Occupation
Physician

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

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

Aggregate Year-to-Date ▼
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
Verst Spine & Orthopedic Care

Occupation
Physician

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

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

Aggregate Year-to-Date ▼
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
Community Orthopedic Medical G

Occupation
Physician

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

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

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional) .... ▶   2500.00

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

FE6AN026

FEC Schedule A (Form 3X)   (Revised 02/2003)