

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 22

(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. Reckling, W Carlton, , Dr, MD**

Mailing Address 505 Thoroughbred Ln

City  
Cheyenne

State  
WY

Zip Code  
82009-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIBone Inc

Occupation (for Individual)  
Physician Orthopedic Surgeon

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  
02 / 21 / 2020

Transaction ID : A332493F4DCA14A7DA68

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Reckling, W Carlton, , Dr, MD**

Mailing Address 505 Thoroughbred Ln

City  
Cheyenne

State  
WY

Zip Code  
82009-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SIBone Inc

Occupation (for Individual)  
Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2020

Transaction ID : A13D4332579FB4494829

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Reiter, Mitchell, F, Dr, MD PC**

Mailing Address 120 Ravine Lake Rd  
Ste 305

City  
Bernardsville

State  
NJ

Zip Code  
07924-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New Jersey Spine Specialists LLC

Occupation (for Individual)  
Physician Orthopedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2020

Transaction ID : AB6370E8F45D840CB8FA

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

2350.00