

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
**Proliance Surgeons PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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 Philip Lloyd

Signature of Treasurer Philip Lloyd [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Proliance Surgeons PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="14294.92"/>	<input type="text" value="14294.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37137.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32285.00"/>	<input type="text" value="58375.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="69422.92"/>	<input type="text" value="72669.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26457.00"/>	<input type="text" value="29704.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42965.92"/>	<input type="text" value="42965.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Proliance Surgeons PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31800.00	57555.00
(ii) Unitemized .....	485.00	820.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32285.00	58375.00
(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) .....	32285.00	58375.00
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 Transfers (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))..... ▶	32285.00	58375.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32285.00	58375.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	2907.00	6154.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2907.00	6154.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	50.00	50.00
(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)).....	50.00	50.00
29. Other Disbursements .....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	26457.00	29704.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26457.00	29704.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	32285.00	58375.00
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32235.00	58325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	2907.00	6154.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶	2907.00	6154.00

**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 6 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Craig T. Arntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6940 56th Ave S  
 City Seattle State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614626**  
 Amount of Each Receipt this Period  
 150.00

**B. Craig T. Arntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6940 56th Ave S  
 City Seattle State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615552**  
 Amount of Each Receipt this Period  
 150.00

**C. Craig T. Arntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6940 56th Ave S  
 City Seattle State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616554**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Craig T. Arntz**

Mailing Address 6940 56th Ave S

City State Zip Code  
Seattle WA 98118

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 31 / 2015  
**Transaction ID : C4617167**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Craig T. Arntz**

Mailing Address 6940 56th Ave S

City State Zip Code  
Seattle WA 98118

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 14 / 2015  
**Transaction ID : C4618285**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Craig T. Arntz**

Mailing Address 6940 56th Ave S

City State Zip Code  
Seattle WA 98118

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2015  
**Transaction ID : C4619653**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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: (check only one)	PAGE 8 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Craig T. Arntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6940 56th Ave S  
 City Seattle State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620691**  
 Amount of Each Receipt this Period  
 150.00

**B. Craig T. Arntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6940 56th Ave S  
 City Seattle State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621586**  
 Amount of Each Receipt this Period  
 150.00

**C. Craig T. Arntz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6940 56th Ave S  
 City Seattle State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622477**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 9 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Craig T. Arntz</b>		Date of Receipt 12 / 03 / 2015 <b>Transaction ID : C4623575</b>
Mailing Address 6940 56th Ave S		Amount of Each Receipt this Period 150.00
City Seattle	State WA	Zip Code 98118
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

Full Name (Last, First, Middle Initial) <b>B. Craig T. Arntz</b>		Date of Receipt 12 / 08 / 2015 <b>Transaction ID : C4624741</b>
Mailing Address 6940 56th Ave S		Amount of Each Receipt this Period 150.00
City Seattle	State WA	Zip Code 98118
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

Full Name (Last, First, Middle Initial) <b>C. Craig T. Arntz</b>		Date of Receipt 12 / 21 / 2015 <b>Transaction ID : C4625301</b>
Mailing Address 6940 56th Ave S		Amount of Each Receipt this Period 150.00
City Seattle	State WA	Zip Code 98118
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 10 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Julian S. Arroyo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12701 Ave Dubois SW  
 City Lakewood State WA Zip Code 98498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614631**  
 Amount of Each Receipt this Period  
 50.00

**B. Julian S. Arroyo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12701 Ave Dubois SW  
 City Lakewood State WA Zip Code 98498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615553**  
 Amount of Each Receipt this Period  
 50.00

**c. Julian S. Arroyo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12701 Ave Dubois SW  
 City Lakewood State WA Zip Code 98498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615955**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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: (check only one)	PAGE 11 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Julian S. Arroyo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12701 Ave Dubois SW

City Lakewood	State WA	Zip Code 98498
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	17	/	2015

**Transaction ID : C4616575**

Amount of Each Receipt this Period  
50.00

**B. Julian S. Arroyo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12701 Ave Dubois SW

City Lakewood	State WA	Zip Code 98498
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2015

**Transaction ID : C4617171**

Amount of Each Receipt this Period  
50.00

**C. Julian S. Arroyo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12701 Ave Dubois SW

City Lakewood	State WA	Zip Code 98498
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	14	/	2015

**Transaction ID : C4618286**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 12 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Julian S. Arroyo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015 <b>Transaction ID : C4619654</b>
Mailing Address 12701 Ave Dubois SW		Amount of Each Receipt this Period 50.00
City Lakewood	State WA	Zip Code 98498
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Julian S. Arroyo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2015 <b>Transaction ID : C4620692</b>
Mailing Address 12701 Ave Dubois SW		Amount of Each Receipt this Period 50.00
City Lakewood	State WA	Zip Code 98498
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Julian S. Arroyo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 <b>Transaction ID : C4621591</b>
Mailing Address 12701 Ave Dubois SW		Amount of Each Receipt this Period 50.00
City Lakewood	State WA	Zip Code 98498
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 13 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. Julian S. Arroyo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12701 Ave Dubois SW

City Lakewood State WA Zip Code 98498

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
11 / 09 / 2015  
**Transaction ID : C4622478**

Amount of Each Receipt this Period  
50.00

**B. Julian S. Arroyo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12701 Ave Dubois SW

City Lakewood State WA Zip Code 98498

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
12 / 03 / 2015  
**Transaction ID : C4623576**

Amount of Each Receipt this Period  
50.00

**C. Julian S. Arroyo**  
Full Name (Last, First, Middle Initial)

Mailing Address 12701 Ave Dubois SW

City Lakewood State WA Zip Code 98498

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : C4624746**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 14 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Julian S. Arroyo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12701 Ave Dubois SW  
 City Lakewood State WA Zip Code 98498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625302**  
 Amount of Each Receipt this Period  
 50.00

**B. Thomas Bahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7209 92nd Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation COO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614648**  
 Amount of Each Receipt this Period  
 25.00

**c. Thomas Bahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7209 92nd Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation COO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615574**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<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: (check only one)	PAGE 15 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Thomas Bahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7209 92nd Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation COO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615970**  
 Amount of Each Receipt this Period  
 25.00

**B. Thomas Bahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7209 92nd Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation COO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616604**  
 Amount of Each Receipt this Period  
 25.00

**c. Thomas Bahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7209 92nd Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation COO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617191**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 16 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Thomas Bahn</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2015 <b>Transaction ID : C4618287</b>
Mailing Address 7209 92nd Ave SE		Amount of Each Receipt this Period 25.00
City Mercer Island	State WA	Zip Code 98040
FEC ID number of contributing federal political committee. C	Name of Employer Proliance Surgeons	Occupation COO
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Bahn</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 <b>Transaction ID : C4619657</b>
Mailing Address 7209 92nd Ave SE		Amount of Each Receipt this Period 25.00
City Mercer Island	State WA	Zip Code 98040
FEC ID number of contributing federal political committee. C	Name of Employer Proliance Surgeons	Occupation COO
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Bahn</b>		Date of Receipt MM / DD / YYYY 10 / 13 / 2015 <b>Transaction ID : C4620693</b>
Mailing Address 7209 92nd Ave SE		Amount of Each Receipt this Period 25.00
City Mercer Island	State WA	Zip Code 98040
FEC ID number of contributing federal political committee. C	Name of Employer Proliance Surgeons	Occupation COO
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 17 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Thomas Bahn**

Mailing Address 7209 92nd Ave SE

City Mercer Island      State WA      Zip Code 98040

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

Name of Employer Proliance Surgeons      Occupation COO

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**10 / 26 / 2015**  
**Transaction ID : C4621609**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas Bahn**

Mailing Address 7209 92nd Ave SE

City Mercer Island      State WA      Zip Code 98040

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

Name of Employer Proliance Surgeons      Occupation COO

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**11 / 09 / 2015**  
**Transaction ID : C4622479**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Thomas Bahn**

Mailing Address 7209 92nd Ave SE

City Mercer Island      State WA      Zip Code 98040

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

Name of Employer Proliance Surgeons      Occupation COO

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**12 / 03 / 2015**  
**Transaction ID : C4623597**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 18 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Thomas Bahn</b>		Date of Receipt
Mailing Address 7209 92nd Ave SE		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City State Zip Code Mercer Island WA 98040		<b>Transaction ID : C4624763</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500"/>
Name of Employer Proliance Surgeons	Occupation COO	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Thomas Bahn</b>		Date of Receipt
Mailing Address 7209 92nd Ave SE		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City State Zip Code Mercer Island WA 98040		<b>Transaction ID : C4625303</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500"/>
Name of Employer Proliance Surgeons	Occupation COO	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Howard B. Barker</b>		Date of Receipt
Mailing Address 9510 36th Ave SE		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City State Zip Code Everett WA 98208		<b>Transaction ID : C4615535</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 19 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Howard B. Barker**

Mailing Address 9510 36th Ave SE

City State Zip Code  
Everett WA 98208

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617196**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Howard B. Barker**

Mailing Address 9510 36th Ave SE

City State Zip Code  
Everett WA 98208

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619655**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Howard B. Barker**

Mailing Address 9510 36th Ave SE

City State Zip Code  
Everett WA 98208

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621616**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 20 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Howard B. Barker**

Mailing Address 9510 36th Ave SE

City State Zip Code  
Everett WA 98208

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623557**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Howard B. Barker**

Mailing Address 9510 36th Ave SE

City State Zip Code  
Everett WA 98208

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625304**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Andrew S. Barloon**

Mailing Address 945 NE Elford Dr

City State Zip Code  
Seattle WA 98177

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615576**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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: (check only one)	PAGE 21 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Andrew S. Barloon**  
Full Name (Last, First, Middle Initial)

Mailing Address 945 NE Elford Dr

City Seattle State WA Zip Code 98177

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617211**

Amount of Each Receipt this Period  
 150.00

**B. Andrew S. Barloon**  
Full Name (Last, First, Middle Initial)

Mailing Address 945 NE Elford Dr

City Seattle State WA Zip Code 98177

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619658**

Amount of Each Receipt this Period  
 150.00

**C. Andrew S. Barloon**  
Full Name (Last, First, Middle Initial)

Mailing Address 945 NE Elford Dr

City Seattle State WA Zip Code 98177

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621634**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 22 OF 193
	<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)  
**Proliance Surgeons PAC**

**A. Andrew S. Barloon**  
Full Name (Last, First, Middle Initial)

Mailing Address 945 NE Elford Dr

City Seattle State WA Zip Code 98177

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : C4623599**

Amount of Each Receipt this Period  
 150.00

**B. Andrew S. Barloon**  
Full Name (Last, First, Middle Initial)

Mailing Address 945 NE Elford Dr

City Seattle State WA Zip Code 98177

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : C4625305**

Amount of Each Receipt this Period  
 150.00

**C. William P. Barrett**  
Full Name (Last, First, Middle Initial)

Mailing Address 3820 E McGilvra St

City Seattle State WA Zip Code 98112

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015

**Transaction ID : C4614627**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 23 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615554**  
 Amount of Each Receipt this Period  
 150.00

**B. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616556**  
 Amount of Each Receipt this Period  
 150.00

**C. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617168**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 24 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618288**  
 Amount of Each Receipt this Period  
 150.00

**B. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619656**  
 Amount of Each Receipt this Period  
 150.00

**C. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620694**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 25 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621587**  
 Amount of Each Receipt this Period  
 150.00

**B. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622480**  
 Amount of Each Receipt this Period  
 150.00

**C. William P. Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3820 E McGilvra St  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623577**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 26 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. William P. Barrett</b>		Date of Receipt
Mailing Address 3820 E McGilvra St		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City State Zip Code Seattle WA 98112		<b>Transaction ID : C4624742</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. William P. Barrett</b>		Date of Receipt
Mailing Address 3820 E McGilvra St		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City State Zip Code Seattle WA 98112		<b>Transaction ID : C4625306</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Alan Barronian</b>		Date of Receipt
Mailing Address 705 SW 174th Pl		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City State Zip Code Normandy Park WA 98166		<b>Transaction ID : C4615580</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 27 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Alan Barronian**

Mailing Address 705 SW 174th PI

City Normandy Park      State WA      Zip Code 98166

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617215**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Alan Barronian**

Mailing Address 705 SW 174th PI

City Normandy Park      State WA      Zip Code 98166

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619665**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Alan Barronian**

Mailing Address 705 SW 174th PI

City Normandy Park      State WA      Zip Code 98166

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015  
**Transaction ID : C4621638**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 28 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Alan Barronian**

Mailing Address 705 SW 174th PI

City State Zip Code  
Normandy Park WA 98166

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623602**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Alan Barronian**

Mailing Address 705 SW 174th PI

City State Zip Code  
Normandy Park WA 98166

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625307**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**c. Traci G. Barthel**

Mailing Address 3130 110th Ave SE

City State Zip Code  
Yarrow Point WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614632**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 29 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Proliance Surgeons PAC**

**A. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : C4615555**

Amount of Each Receipt this Period  

100.00
--------

**B. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : C4616564**

Amount of Each Receipt this Period  

100.00
--------

**C. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : C4617172**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 30 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : C4618289**

Amount of Each Receipt this Period  

100.00
--------

**B. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C4619661**

Amount of Each Receipt this Period  

100.00
--------

**C. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : C4620695**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 31 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621592**

Amount of Each Receipt this Period  
 100.00

**B. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622481**

Amount of Each Receipt this Period  
 100.00

**c. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623578**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 32 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : C4624747**

Amount of Each Receipt this Period  

100.00
--------

**B. Traci G. Barthel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3130 110th Ave SE

City Yarrow Point	State WA	Zip Code 98004
----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C4625308**

Amount of Each Receipt this Period  

100.00
--------

**C. Charles D. Birnbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 14718 Edgewater Ln NE

City Lake Forest Park	State WA	Zip Code 98155
--------------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : C4615577**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 33 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Charles D. Birnbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 14718 Edgewater Ln NE

City Lake Forest Park	State WA	Zip Code 98155
--------------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : C4617212**

Amount of Each Receipt this Period  

100.00
--------

**B. Charles D. Birnbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 14718 Edgewater Ln NE

City Lake Forest Park	State WA	Zip Code 98155
--------------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C4619664**

Amount of Each Receipt this Period  

100.00
--------

**C. Charles D. Birnbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 14718 Edgewater Ln NE

City Lake Forest Park	State WA	Zip Code 98155
--------------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : C4621635**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 34 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Charles D. Birnbach**

Mailing Address 14718 Edgewater Ln NE

City State Zip Code  
Lake Forest Park WA 98155

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623600**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Charles D. Birnbach**

Mailing Address 14718 Edgewater Ln NE

City State Zip Code  
Lake Forest Park WA 98155

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625309**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. John M. Blair Jr.**

Mailing Address 9018 Randall Dr NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614639**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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: (check only one)	PAGE 35 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615595**  
 Amount of Each Receipt this Period  
 25.00

**B. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615962**  
 Amount of Each Receipt this Period  
 25.00

**C. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616583**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 36 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617165**  
 Amount of Each Receipt this Period  
 25.00

**B. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618290**  
 Amount of Each Receipt this Period  
 25.00

**C. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619666**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 37 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. John M. Blair Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 9018 Randall Dr NW

City Gig Harbor State WA Zip Code 98332

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620696**

Amount of Each Receipt this Period  
 25.00

**B. John M. Blair Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 9018 Randall Dr NW

City Gig Harbor State WA Zip Code 98332

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621613**

Amount of Each Receipt this Period  
 25.00

**C. John M. Blair Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 9018 Randall Dr NW

City Gig Harbor State WA Zip Code 98332

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622482**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 38 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623616**  
 Amount of Each Receipt this Period  
 25.00

**B. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624766**  
 Amount of Each Receipt this Period  
 25.00

**C. John M. Blair Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9018 Randall Dr NW  
 City Gig Harbor State WA Zip Code 98332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625310**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 39 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Clayton B. Brandes**  
Full Name (Last, First, Middle Initial)

Mailing Address 9536 NE 31st St

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015

**Transaction ID : C4615536**

Amount of Each Receipt this Period  
25.00

**B. Clayton B. Brandes**  
Full Name (Last, First, Middle Initial)

Mailing Address 9536 NE 31st St

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015

**Transaction ID : C4617197**

Amount of Each Receipt this Period  
25.00

**C. Clayton B. Brandes**  
Full Name (Last, First, Middle Initial)

Mailing Address 9536 NE 31st St

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : C4619659**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 40 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Clayton B. Brandes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9536 NE 31st St  
 City State Zip Code  
 Clyde Hill WA 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Proliance Surgeons Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621617**  
 Amount of Each Receipt this Period  
 25.00

**B. Clayton B. Brandes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9536 NE 31st St  
 City State Zip Code  
 Clyde Hill WA 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Proliance Surgeons Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623558**  
 Amount of Each Receipt this Period  
 25.00

**C. Clayton B. Brandes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9536 NE 31st St  
 City State Zip Code  
 Clyde Hill WA 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Proliance Surgeons Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625311**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 41 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Susan R. Cero**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Avalon Dr

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015  
**Transaction ID : C4614628**

Amount of Each Receipt this Period  
150.00

**B. Susan R. Cero**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Avalon Dr

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615556**

Amount of Each Receipt this Period  
150.00

**C. Susan R. Cero**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Avalon Dr

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2015  
**Transaction ID : C4616559**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 42 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Susan R. Cero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 Avalon Dr  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617169**  
 Amount of Each Receipt this Period  
 150.00

**B. Susan R. Cero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 Avalon Dr  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618291**  
 Amount of Each Receipt this Period  
 150.00

**C. Susan R. Cero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 Avalon Dr  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619662**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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: (check only one)	PAGE 43 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Susan R. Cero**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Avalon Dr

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620697**

Amount of Each Receipt this Period  
 150.00

**B. Susan R. Cero**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Avalon Dr

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621588**

Amount of Each Receipt this Period  
 150.00

**C. Susan R. Cero**  
Full Name (Last, First, Middle Initial)

Mailing Address 8300 Avalon Dr

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622483**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 44 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Susan R. Cero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 Avalon Dr  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623579**  
 Amount of Each Receipt this Period  
 150.00

**B. Susan R. Cero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 Avalon Dr  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624743**  
 Amount of Each Receipt this Period  
 150.00

**C. Susan R. Cero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8300 Avalon Dr  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625312**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 45 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Spencer A. Coray**

Mailing Address 1819 41st St NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614633**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Spencer A. Coray**

Mailing Address 1819 41st St NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615557**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Spencer A. Coray**

Mailing Address 1819 41st St NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615954**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 46 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Spencer A. Coray</b>			Date of Receipt 08 / 17 / 2015 <b>Transaction ID : C4616572</b>		
Mailing Address 1819 41st St NW			Amount of Each Receipt this Period 25.00		
City Gig Harbor	State WA	Zip Code 98335			
FEC ID number of contributing federal political committee. C					
Name of Employer Proliance Surgeons		Occupation Physician			
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name (Last, First, Middle Initial) <b>B. Spencer A. Coray</b>			Date of Receipt 08 / 31 / 2015 <b>Transaction ID : C4617173</b>		
Mailing Address 1819 41st St NW			Amount of Each Receipt this Period 25.00		
City Gig Harbor	State WA	Zip Code 98335			
FEC ID number of contributing federal political committee. C					
Name of Employer Proliance Surgeons		Occupation Physician			
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name (Last, First, Middle Initial) <b>C. Spencer A. Coray</b>			Date of Receipt 09 / 14 / 2015 <b>Transaction ID : C4618292</b>		
Mailing Address 1819 41st St NW			Amount of Each Receipt this Period 25.00		
City Gig Harbor	State WA	Zip Code 98335			
FEC ID number of contributing federal political committee. C					
Name of Employer Proliance Surgeons		Occupation Physician			
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 47 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Spencer A. Coray**

Mailing Address 1819 41st St NW

City Gig Harbor	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C4619663**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Spencer A. Coray**

Mailing Address 1819 41st St NW

City Gig Harbor	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : C4620698**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. Spencer A. Coray**

Mailing Address 1819 41st St NW

City Gig Harbor	State WA	Zip Code 98335
--------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : C4621593**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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: (check only one)	PAGE 48 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Spencer A. Coray**

Mailing Address 1819 41st St NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2015  
**Transaction ID : C4622484**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Spencer A. Coray**

Mailing Address 1819 41st St NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2015  
**Transaction ID : C4623580**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Spencer A. Coray**

Mailing Address 1819 41st St NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2015  
**Transaction ID : C4624748**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 49 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Spencer A. Coray**

Mailing Address 1819 41st St NW

City State Zip Code  
Gig Harbor WA 98335

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2015  
**Transaction ID : C4625313**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Carol J. Cornejo**

Mailing Address 21603 Chinook Rd

City State Zip Code  
Woodway WA 98020

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615537**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Carol J. Cornejo**

Mailing Address 21603 Chinook Rd

City State Zip Code  
Woodway WA 98020

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617198**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 50 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Carol J. Cornejo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21603 Chinook Rd  
 City Woodway State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619660**  
 Amount of Each Receipt this Period  
 25.00

**B. Carol J. Cornejo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21603 Chinook Rd  
 City Woodway State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621618**  
 Amount of Each Receipt this Period  
 25.00

**C. Carol J. Cornejo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21603 Chinook Rd  
 City Woodway State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623559**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 51 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Carol J. Cornejo**  
Full Name (Last, First, Middle Initial)

Mailing Address 21603 Chinook Rd

City Woodway State WA Zip Code 98020

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015  
**Transaction ID : C4625314**

Amount of Each Receipt this Period  
25.00

**B. Adel G. El-Ghazzawy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4891 Forest Ave SE

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615538**

Amount of Each Receipt this Period  
25.00

**C. Adel G. El-Ghazzawy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4891 Forest Ave SE

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617180**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 52 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Adel G. El-Ghazzawy**

Mailing Address 4891 Forest Ave SE

City Mercer Island      State WA      Zip Code 98040

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C4619667**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Adel G. El-Ghazzawy**

Mailing Address 4891 Forest Ave SE

City Mercer Island      State WA      Zip Code 98040

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : C4621600**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Adel G. El-Ghazzawy**

Mailing Address 4891 Forest Ave SE

City Mercer Island      State WA      Zip Code 98040

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : C4623560**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 53 OF 193
<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Adel G. El-Ghazzawy</b>		Date of Receipt MM / DD / YYYY 12 / 21 / 2015 <b>Transaction ID : C4625315</b>
Mailing Address 4891 Forest Ave SE		Amount of Each Receipt this Period 300.00
City Mercer Island	State WA	Zip Code 98040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. David G. Fitzgerald</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2015 <b>Transaction ID : C4614625</b>
Mailing Address 9 SW Three Tree Point Ln		Amount of Each Receipt this Period 10.00
City Burien	State WA	Zip Code 98166
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation CEO	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>c. David G. Fitzgerald</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2015 <b>Transaction ID : C4615558</b>
Mailing Address 9 SW Three Tree Point Ln		Amount of Each Receipt this Period 10.00
City Burien	State WA	Zip Code 98166
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation CEO	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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: (check only one)	PAGE 54 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. David G. Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 SW Three Tree Point Ln  
 City Burien State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation CEO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615950**  
 Amount of Each Receipt this Period  
 10.00

**B. David G. Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 SW Three Tree Point Ln  
 City Burien State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation CEO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616553**  
 Amount of Each Receipt this Period  
 10.00

**c. David G. Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 SW Three Tree Point Ln  
 City Burien State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation CEO  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617166**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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: (check only one)	PAGE 55 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. David G. Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : C4618293**

Amount of Each Receipt this Period  

10.00
-------

**B. David G. Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C4619672**

Amount of Each Receipt this Period  

10.00
-------

**c. David G. Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : C4620699**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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: (check only one)	PAGE 56 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. David G. Fitzgerald**

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : C4621585**

Amount of Each Receipt this Period  

10.00
-------

Full Name (Last, First, Middle Initial)  
**B. David G. Fitzgerald**

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

**Transaction ID : C4622485**

Amount of Each Receipt this Period  

10.00
-------

Full Name (Last, First, Middle Initial)  
**c. David G. Fitzgerald**

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : C4623581**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>30.00</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: (check only one)	PAGE 57 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. David G. Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : C4624740**

Amount of Each Receipt this Period  

40.00	10.00
-------	-------

**B. David G. Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 SW Three Tree Point Ln

City Burien	State WA	Zip Code 98166
----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation CEO
--	-------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C4625316**

Amount of Each Receipt this Period  

40.00	10.00
-------	-------

**C. Darcy S. Foral**  
Full Name (Last, First, Middle Initial)

Mailing Address 2303 NW Blue Ridge Dr

City Seattle	State WA	Zip Code 98177
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : C4615539**

Amount of Each Receipt this Period  

40.00	20.00
-------	-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</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: (check only one)	PAGE 58 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Darcy S. Foral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2303 NW Blue Ridge Dr  
 City Seattle State WA Zip Code 98177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617199**  
 Amount of Each Receipt this Period  
 20.00

**B. Darcy S. Foral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2303 NW Blue Ridge Dr  
 City Seattle State WA Zip Code 98177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619668**  
 Amount of Each Receipt this Period  
 20.00

**C. Darcy S. Foral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2303 NW Blue Ridge Dr  
 City Seattle State WA Zip Code 98177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621619**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: (check only one)	PAGE 59 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Darcy S. Foral**

Mailing Address 2303 NW Blue Ridge Dr

City Seattle	State WA	Zip Code 98177
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623561**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Darcy S. Foral**

Mailing Address 2303 NW Blue Ridge Dr

City Seattle	State WA	Zip Code 98177
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625317**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Robert R. Francis**

Mailing Address 919 Sixth St W

City Kirkland	State WA	Zip Code 98033
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615598**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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: (check only one)	PAGE 60 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Robert R. Francis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 Sixth St W  
 City Kirkland State WA Zip Code 98033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617226**  
 Amount of Each Receipt this Period  
 100.00

**B. Robert R. Francis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 Sixth St W  
 City Kirkland State WA Zip Code 98033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619682**  
 Amount of Each Receipt this Period  
 100.00

**C. Robert R. Francis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 Sixth St W  
 City Kirkland State WA Zip Code 98033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621646**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 61 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Robert R. Francis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 Sixth St W  
 City Kirkland State WA Zip Code 98033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623618**  
 Amount of Each Receipt this Period  
 100.00

**B. Robert R. Francis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 Sixth St W  
 City Kirkland State WA Zip Code 98033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625318**  
 Amount of Each Receipt this Period  
 100.00

**C. Mark A. Freeborn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3031 Hunts Point Rd  
 City Yarrow Point State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614640**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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: (check only one)	PAGE 62 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Mark A. Freeborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3031 Hunts Point Rd

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **07 / 20 / 2015**

**Transaction ID : C4615559**

Amount of Each Receipt this Period **50.00**

**B. Mark A. Freeborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3031 Hunts Point Rd

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **08 / 17 / 2015**

**Transaction ID : C4616588**

Amount of Each Receipt this Period **50.00**

**C. Mark A. Freeborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3031 Hunts Point Rd

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt **08 / 31 / 2015**

**Transaction ID : C4617182**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**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: (check only one)	PAGE 63 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Mark A. Freeborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3031 Hunts Point Rd

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt  
**09 / 14 / 2015**

**Transaction ID : C4618294**

Amount of Each Receipt this Period  
**50.00**

**B. Mark A. Freeborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3031 Hunts Point Rd

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt  
**09 / 30 / 2015**

**Transaction ID : C4619673**

Amount of Each Receipt this Period  
**50.00**

**C. Mark A. Freeborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3031 Hunts Point Rd

City Yarrow Point State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt  
**10 / 13 / 2015**

**Transaction ID : C4620700**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**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 64 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Mark A. Freeborn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 <b>Transaction ID : C4621601</b>
Mailing Address 3031 Hunts Point Rd		Amount of Each Receipt this Period 50.00
City Yarrow Point	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B. Mark A. Freeborn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 <b>Transaction ID : C4622486</b>
Mailing Address 3031 Hunts Point Rd		Amount of Each Receipt this Period 50.00
City Yarrow Point	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>C. Mark A. Freeborn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2015 <b>Transaction ID : C4623582</b>
Mailing Address 3031 Hunts Point Rd		Amount of Each Receipt this Period 50.00
City Yarrow Point	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 65 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Mark A. Freeborn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2015 <b>Transaction ID : C4624755</b>
Mailing Address 3031 Hunts Point Rd		Amount of Each Receipt this Period 50.00
City Yarrow Point	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B. Mark A. Freeborn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2015 <b>Transaction ID : C4625319</b>
Mailing Address 3031 Hunts Point Rd		Amount of Each Receipt this Period 50.00
City Yarrow Point	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>C. Robin Fuchs</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2015 <b>Transaction ID : C4614638</b>
Mailing Address 4540 E Mercer Way		Amount of Each Receipt this Period 25.00
City Mercer Island	State WA	Zip Code 98040
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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: (check only one)	PAGE 66 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Robin Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4540 E Mercer Way

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615575**

Amount of Each Receipt this Period  
**25.00**

**B. Robin Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4540 E Mercer Way

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 17 / 2015**

**Transaction ID : C4616568**

Amount of Each Receipt this Period  
**25.00**

**C. Robin Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4540 E Mercer Way

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : C4617178**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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 67 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Robin Fuchs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4540 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618295**  
 Amount of Each Receipt this Period  
 25.00

**B. Robin Fuchs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4540 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619679**  
 Amount of Each Receipt this Period  
 25.00

**C. Robin Fuchs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4540 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620701**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 68 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Robin Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4540 E Mercer Way

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : C4621598**

Amount of Each Receipt this Period  
**25.00**

**B. Robin Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4540 E Mercer Way

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 09 / 2015**

**Transaction ID : C4622487**

Amount of Each Receipt this Period  
**25.00**

**C. Robin Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 4540 E Mercer Way

City Mercer Island State WA Zip Code 98040

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : C4623598**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 69 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Robin Fuchs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4540 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624753**  
 Amount of Each Receipt this Period  
 25.00

**B. Robin Fuchs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4540 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625344**  
 Amount of Each Receipt this Period  
 25.00

**C. Sean D. Ghidella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10818 34th St Ct NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614641**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 70 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Sean D. Ghidella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10818 34th St Ct NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615560**  
 Amount of Each Receipt this Period  
 25.00

**B. Sean D. Ghidella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10818 34th St Ct NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615966**  
 Amount of Each Receipt this Period  
 25.00

**C. Sean D. Ghidella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10818 34th St Ct NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616596**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 71 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : C4617183**

Amount of Each Receipt this Period  
**25.00**

**B. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 14 / 2015**

**Transaction ID : C4618296**

Amount of Each Receipt this Period  
**25.00**

**C. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C4619674**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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: (check only one)	PAGE 72 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : C4620702**

Amount of Each Receipt this Period  
 25.00

**B. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : C4621602**

Amount of Each Receipt this Period  
 25.00

**C. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015

**Transaction ID : C4622488**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 73 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : C4623583**

Amount of Each Receipt this Period  
 25.00

**B. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : C4624756**

Amount of Each Receipt this Period  
 25.00

**C. Sean D. Ghidella**  
Full Name (Last, First, Middle Initial)

Mailing Address 10818 34th St Ct NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : C4625335**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 74 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. David Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 18921 Edgecliff Dr SW

City State Zip Code  
Seattle WA 98166

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

Name of Employer Occupation  
South Seattle Otolaryngology Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615583**

Amount of Each Receipt this Period  
25.00

**B. David Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 18921 Edgecliff Dr SW

City State Zip Code  
Seattle WA 98166

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

Name of Employer Occupation  
South Seattle Otolaryngology Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617218**

Amount of Each Receipt this Period  
25.00

**C. David Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 18921 Edgecliff Dr SW

City State Zip Code  
Seattle WA 98166

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

Name of Employer Occupation  
South Seattle Otolaryngology Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619680**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 75 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. David Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18921 Edgecliff Dr SW  
 City Seattle State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Seattle Otolaryngology Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621641**  
 Amount of Each Receipt this Period  
 25.00

**B. David Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18921 Edgecliff Dr SW  
 City Seattle State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Seattle Otolaryngology Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623605**  
 Amount of Each Receipt this Period  
 25.00

**C. David Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18921 Edgecliff Dr SW  
 City Seattle State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Seattle Otolaryngology Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625347**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 76 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015

**Transaction ID : C4614642**

Amount of Each Receipt this Period  
 50.00

**B. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : C4615561**

Amount of Each Receipt this Period  
 50.00

**c. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue State WA Zip Code 98004

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : C4616580**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 77 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : C4617184**

Amount of Each Receipt this Period  
50.00

**B. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : C4618297**

Amount of Each Receipt this Period  
50.00

**c. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C4619675**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 78 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : C4620703**

Amount of Each Receipt this Period  
50.00

**B. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : C4621603**

Amount of Each Receipt this Period  
50.00

**C. Ronald V. Gregush**  
Full Name (Last, First, Middle Initial)

Mailing Address 9547 NE 1st St

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

**Transaction ID : C4622489**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 79 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Ronald V. Gregush</b>		Date of Receipt 12 / 03 / 2015 <b>Transaction ID : C4623584</b>
Mailing Address 9547 NE 1st St		Amount of Each Receipt this Period 50.00
City Bellevue	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B. Ronald V. Gregush</b>		Date of Receipt 12 / 08 / 2015 <b>Transaction ID : C4624757</b>
Mailing Address 9547 NE 1st St		Amount of Each Receipt this Period 50.00
City Bellevue	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>C. Ronald V. Gregush</b>		Date of Receipt 12 / 21 / 2015 <b>Transaction ID : C4625336</b>
Mailing Address 9547 NE 1st St		Amount of Each Receipt this Period 50.00
City Bellevue	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 80 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. Thomas F. Gumprecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 8301 161st Ave NE # 200

City Redmond State WA Zip Code 98052

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 20 / 2015**

**Transaction ID : C4615540**

Amount of Each Receipt this Period **50.00**

**B. Thomas F. Gumprecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 8301 161st Ave NE # 200

City Redmond State WA Zip Code 98052

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 31 / 2015**

**Transaction ID : C4617200**

Amount of Each Receipt this Period **50.00**

**C. Thomas F. Gumprecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 8301 161st Ave NE # 200

City Redmond State WA Zip Code 98052

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 30 / 2015**

**Transaction ID : C4619669**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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: (check only one)	PAGE 81 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. Thomas F. Gumprecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 8301 161st Ave NE # 200

City Redmond State WA Zip Code 98052

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : C4621620**

Amount of Each Receipt this Period  
**50.00**

**B. Thomas F. Gumprecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 8301 161st Ave NE # 200

City Redmond State WA Zip Code 98052

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : C4623562**

Amount of Each Receipt this Period  
**50.00**

**C. Thomas F. Gumprecht**  
Full Name (Last, First, Middle Initial)

Mailing Address 8301 161st Ave NE # 200

City Redmond State WA Zip Code 98052

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : C4625322**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</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: (check only one)	PAGE 82 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Jonathan Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8912 NE 134th St  
 City Kirkland State WA Zip Code 98034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProOrtho Clinic Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614650**  
 Amount of Each Receipt this Period  
 25.00

**B. Jonathan Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8912 NE 134th St  
 City Kirkland State WA Zip Code 98034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProOrtho Clinic Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615971**  
 Amount of Each Receipt this Period  
 25.00

**C. Jonathan Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8912 NE 134th St  
 City Kirkland State WA Zip Code 98034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProOrtho Clinic Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616605**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 83 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Jonathan Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 8912 NE 134th St

City Kirkland State WA Zip Code 98034

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

Name of Employer ProOrtho Clinic Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618298**

Amount of Each Receipt this Period  
 25.00

**B. Jonathan Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 8912 NE 134th St

City Kirkland State WA Zip Code 98034

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

Name of Employer ProOrtho Clinic Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620704**

Amount of Each Receipt this Period  
 25.00

**C. Jonathan Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 8912 NE 134th St

City Kirkland State WA Zip Code 98034

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

Name of Employer ProOrtho Clinic Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621611**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 84 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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)  
**Proliance Surgeons PAC**

**A. Jonathan Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8912 NE 134th St

City Kirkland	State WA	Zip Code 98034
------------------	-------------	-------------------

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

Name of Employer ProOrtho Clinic	Occupation Physician
-------------------------------------	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

**Transaction ID : C4622490**

Amount of Each Receipt this Period  

25.00
-------

**B. Jonathan Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8912 NE 134th St

City Kirkland	State WA	Zip Code 98034
------------------	-------------	-------------------

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

Name of Employer ProOrtho Clinic	Occupation Physician
-------------------------------------	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : C4623610**

Amount of Each Receipt this Period  

25.00
-------

**C. Jonathan Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8912 NE 134th St

City Kirkland	State WA	Zip Code 98034
------------------	-------------	-------------------

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

Name of Employer ProOrtho Clinic	Occupation Physician
-------------------------------------	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : C4624765**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 85 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Jonathan Hall</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2015 <b>Transaction ID : C4625351</b>
Mailing Address 8912 NE 134th St		Amount of Each Receipt this Period 25.00
City Kirkland	State WA	Zip Code 98034
FEC ID number of contributing federal political committee. C		
Name of Employer ProOrtho Clinic	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Ralph T. Haller</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2015 <b>Transaction ID : C4615541</b>
Mailing Address 716 Niles Ave		Amount of Each Receipt this Period 25.00
City Everett	State WA	Zip Code 98201
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Ralph T. Haller</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2015 <b>Transaction ID : C4617181</b>
Mailing Address 716 Niles Ave		Amount of Each Receipt this Period 25.00
City Everett	State WA	Zip Code 98201
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 86 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Ralph T. Haller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 716 Niles Ave  
 City Everett State WA Zip Code 98201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619670**  
 Amount of Each Receipt this Period  
 25.00

**B. Ralph T. Haller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 716 Niles Ave  
 City Everett State WA Zip Code 98201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621621**  
 Amount of Each Receipt this Period  
 25.00

**C. Ralph T. Haller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 716 Niles Ave  
 City Everett State WA Zip Code 98201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623563**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 87 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Ralph T. Haller**  
Full Name (Last, First, Middle Initial)

Mailing Address 716 Niles Ave

City Everett State WA Zip Code 98201

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : C4625323**

Amount of Each Receipt this Period  
**250.00**

**B. Todd W. Havener**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 35th St

City Everett State WA Zip Code 98201

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615542**

Amount of Each Receipt this Period  
**50.00**

**C. Todd W. Havener**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 35th St

City Everett State WA Zip Code 98201

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : C4617201**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</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: (check only one)	PAGE 88 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Todd W. Havener**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 35th St  
City Everett State WA Zip Code 98201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Proliance Surgeons Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619671**  
Amount of Each Receipt this Period  
50.00

**B. Todd W. Havener**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 35th St  
City Everett State WA Zip Code 98201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Proliance Surgeons Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015  
**Transaction ID : C4621622**  
Amount of Each Receipt this Period  
50.00

**C. Todd W. Havener**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 35th St  
City Everett State WA Zip Code 98201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Proliance Surgeons Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2015  
**Transaction ID : C4623564**  
Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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: (check only one)	PAGE 89 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Todd W. Havener**

Mailing Address 701 35th St

City Everett State WA Zip Code 98201

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : C4625324**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Christopher R. Howe**

Mailing Address 1624 44th Ave SW

City Seattle State WA Zip Code 98116

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 02 / 2015**

**Transaction ID : C4614643**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**c. Christopher R. Howe**

Mailing Address 1624 44th Ave SW

City Seattle State WA Zip Code 98116

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615562**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</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: (check only one)	PAGE 90 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Christopher R. Howe</b>		Date of Receipt MM / DD / YYYY 08 / 17 / 2015 <b>Transaction ID : C4616592</b>
Mailing Address 1624 44th Ave SW		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98116
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher R. Howe</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 <b>Transaction ID : C4617185</b>
Mailing Address 1624 44th Ave SW		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98116
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher R. Howe</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2015 <b>Transaction ID : C4618299</b>
Mailing Address 1624 44th Ave SW		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98116
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 91 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Christopher R. Howe**

Mailing Address 1624 44th Ave SW

City State Zip Code  
Seattle WA 98116

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619676**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Christopher R. Howe**

Mailing Address 1624 44th Ave SW

City State Zip Code  
Seattle WA 98116

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 13 / 2015  
**Transaction ID : C4620705**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**c. Christopher R. Howe**

Mailing Address 1624 44th Ave SW

City State Zip Code  
Seattle WA 98116

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015  
**Transaction ID : C4621604**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 92 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Christopher R. Howe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 44th Ave SW  
 City Seattle State WA Zip Code 98116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622491**  
 Amount of Each Receipt this Period  
 100.00

**B. Christopher R. Howe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 44th Ave SW  
 City Seattle State WA Zip Code 98116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623585**  
 Amount of Each Receipt this Period  
 100.00

**C. Christopher R. Howe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 44th Ave SW  
 City Seattle State WA Zip Code 98116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624758**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 93 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Christopher R. Howe**

Mailing Address 1624 44th Ave SW

City State Zip Code  
Seattle WA 98116

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : C4625337**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Gordon H. Hsieh**

Mailing Address 80 Ridgeview Dr

City State Zip Code  
Pasco WA 99301

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015

**Transaction ID : C4615563**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Gordon H. Hsieh**

Mailing Address 80 Ridgeview Dr

City State Zip Code  
Pasco WA 99301

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

**Transaction ID : C4617210**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 94 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Gordon H. Hsieh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015 <b>Transaction ID : C4619677</b>
Mailing Address 80 Ridgeview Dr		Amount of Each Receipt this Period 100.00
City Pasco	State WA	Zip Code 99301
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Gordon H. Hsieh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2015 <b>Transaction ID : C4621633</b>
Mailing Address 80 Ridgeview Dr		Amount of Each Receipt this Period 100.00
City Pasco	State WA	Zip Code 99301
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Gordon H. Hsieh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2015 <b>Transaction ID : C4623586</b>
Mailing Address 80 Ridgeview Dr		Amount of Each Receipt this Period 100.00
City Pasco	State WA	Zip Code 99301
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 95 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Gordon H. Hsieh**

Mailing Address 80 Ridgeview Dr

City Pasco State WA Zip Code 99301

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625338**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Bill K. Huang**

Mailing Address 1955 Mukilteo Speedway

City Mukilteo State WA Zip Code 98275

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615597**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Bill K. Huang**

Mailing Address 1955 Mukilteo Speedway

City Mukilteo State WA Zip Code 98275

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617225**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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: (check only one)	PAGE 96 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. Bill K. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 1955 Mukilteo Speedway

City Mukilteo State WA Zip Code 98275

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**09 / 30 / 2015**

**Transaction ID : C4619681**

Amount of Each Receipt this Period  
**50.00**

**B. Bill K. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 1955 Mukilteo Speedway

City Mukilteo State WA Zip Code 98275

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**10 / 26 / 2015**

**Transaction ID : C4621623**

Amount of Each Receipt this Period  
**50.00**

**C. Bill K. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 1955 Mukilteo Speedway

City Mukilteo State WA Zip Code 98275

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
**12 / 03 / 2015**

**Transaction ID : C4623565**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**

**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 97 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Bill K. Huang**

Mailing Address 1955 Mukilteo Speedway

City Mukilteo      State WA      Zip Code 98275

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625325**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Fredrick S. Huang**

Mailing Address 4448 138th Ave SE

City Bellevue      State WA      Zip Code 98006

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614629**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Fredrick S. Huang**

Mailing Address 4448 138th Ave SE

City Bellevue      State WA      Zip Code 98006

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615564**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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: (check only one)	PAGE 98 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue	State WA	Zip Code 98006
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		17		2015

**Transaction ID : C4616563**

Amount of Each Receipt this Period  
150.00

**B. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue	State WA	Zip Code 98006
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		31		2015

**Transaction ID : C4617174**

Amount of Each Receipt this Period  
150.00

**C. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue	State WA	Zip Code 98006
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		14		2015

**Transaction ID : C4618300**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 99 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619678**

Amount of Each Receipt this Period  
 150.00

**B. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620706**

Amount of Each Receipt this Period  
 150.00

**C. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621589**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 100 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622492**

Amount of Each Receipt this Period  
 150.00

**B. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623587**

Amount of Each Receipt this Period  
 150.00

**C. Fredrick S. Huang**  
Full Name (Last, First, Middle Initial)

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624744**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 101 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Fredrick S. Huang**

Mailing Address 4448 138th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : C4625339**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas J. Jurich**

Mailing Address 20002 Maplewood Dr

City Edmonds State WA Zip Code 98026

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615543**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Thomas J. Jurich**

Mailing Address 20002 Maplewood Dr

City Edmonds State WA Zip Code 98026

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C4619685**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</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 102 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Thomas J. Jurich**

Mailing Address 20002 Maplewood Dr

City Edmonds State WA Zip Code 98026

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : C4621624**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas J. Jurich**

Mailing Address 20002 Maplewood Dr

City Edmonds State WA Zip Code 98026

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : C4623566**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Thomas J. Jurich**

Mailing Address 20002 Maplewood Dr

City Edmonds State WA Zip Code 98026

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : C4625326**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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 103 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Tyler Kimbrough**

Mailing Address 1140 7th Ave S

City Edmonds State WA Zip Code 98026

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

Name of Employer Puget Sound ENT Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615584**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Tyler Kimbrough**

Mailing Address 1140 7th Ave S

City Edmonds State WA Zip Code 98026

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

Name of Employer Puget Sound ENT Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : C4617219**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Tyler Kimbrough**

Mailing Address 1140 7th Ave S

City Edmonds State WA Zip Code 98026

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

Name of Employer Puget Sound ENT Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C4619704**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 104 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Tyler Kimbrough**

Mailing Address 1140 7th Ave S

City Edmonds State WA Zip Code 98026

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

Name of Employer Puget Sound ENT Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : C4621642**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Tyler Kimbrough**

Mailing Address 1140 7th Ave S

City Edmonds State WA Zip Code 98026

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

Name of Employer Puget Sound ENT Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : C4623606**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Tyler Kimbrough**

Mailing Address 1140 7th Ave S

City Edmonds State WA Zip Code 98026

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

Name of Employer Puget Sound ENT Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : C4625348**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 105 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015  
**Transaction ID : C4614644**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615565**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2015  
**Transaction ID : C4616600**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 106 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617186**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 14 / 2015  
**Transaction ID : C4618301**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619694**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 107 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 13 / 2015

**Transaction ID : C4620707**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : C4621605**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Samuel S. Koo**

Mailing Address 2425 91st PI NE

City State Zip Code  
Clyde Hill WA 98004

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : C4622493**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 108 OF 193
<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Samuel S. Koo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2015 <b>Transaction ID : C4623588</b>
Mailing Address 2425 91st PI NE		Amount of Each Receipt this Period 25.00
City Clyde Hill	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>B. Samuel S. Koo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2015 <b>Transaction ID : C4624759</b>
Mailing Address 2425 91st PI NE		Amount of Each Receipt this Period 25.00
City Clyde Hill	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>C. Samuel S. Koo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015 <b>Transaction ID : C4625340</b>
Mailing Address 2425 91st PI NE		Amount of Each Receipt this Period 25.00
City Clyde Hill	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 109 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Gregory Lambertson**

Mailing Address 2522 N Proctor St #29

City Tacoma State WA Zip Code 98406

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

Name of Employer Proliance Surgeons Occupation Pysician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615591**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Gregory Lambertson**

Mailing Address 2522 N Proctor St #29

City Tacoma State WA Zip Code 98406

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

Name of Employer Proliance Surgeons Occupation Pysician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : C4617227**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Gregory Lambertson**

Mailing Address 2522 N Proctor St #29

City Tacoma State WA Zip Code 98406

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

Name of Employer Proliance Surgeons Occupation Pysician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : C4619711**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**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: (check only one)	PAGE 110 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Gregory Lambertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2522 N Proctor St #29  
 City Tacoma State WA Zip Code 98406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Pysician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621647**  
 Amount of Each Receipt this Period  
 100.00

**B. Gregory Lambertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2522 N Proctor St #29  
 City Tacoma State WA Zip Code 98406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Pysician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623613**  
 Amount of Each Receipt this Period  
 100.00

**C. Gregory Lambertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2522 N Proctor St #29  
 City Tacoma State WA Zip Code 98406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Pysician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625354**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 111 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael B. Lee**

Mailing Address 4024 Woodlawn Ave N

City State Zip Code  
Seattle WA 98103

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

Name of Employer Occupation  
Edmonds Ortho Center Physicians

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615581**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Michael B. Lee**

Mailing Address 4024 Woodlawn Ave N

City State Zip Code  
Seattle WA 98103

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

Name of Employer Occupation  
Edmonds Ortho Center Physicians

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617216**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Michael B. Lee**

Mailing Address 4024 Woodlawn Ave N

City State Zip Code  
Seattle WA 98103

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

Name of Employer Occupation  
Edmonds Ortho Center Physicians

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619702**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 112 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael B. Lee**

Mailing Address 4024 Woodlawn Ave N

City State Zip Code  
Seattle WA 98103

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

Name of Employer Occupation  
Edmonds Ortho Center Physicians

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 26 / 2015  
**Transaction ID : C4621639**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Michael B. Lee**

Mailing Address 4024 Woodlawn Ave N

City State Zip Code  
Seattle WA 98103

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

Name of Employer Occupation  
Edmonds Ortho Center Physicians

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 03 / 2015  
**Transaction ID : C4623603**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Michael B. Lee**

Mailing Address 4024 Woodlawn Ave N

City State Zip Code  
Seattle WA 98103

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

Name of Employer Occupation  
Edmonds Ortho Center Physicians

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 21 / 2015  
**Transaction ID : C4625345**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 113 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**Proliance Surgeons PAC**

**A. Robin Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 4917 119th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615590**

Amount of Each Receipt this Period  
**100.00**

**B. Robin Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 4917 119th Ave SE

City Bellevue State WA Zip Code 98006

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : C4617223**

Amount of Each Receipt this Period  
**100.00**

**C. Robert Marsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 2641 16th Ave Ct SE

City Puyallup State WA Zip Code 98372

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615589**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.00**

**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: (check only one)	PAGE 114 OF 193
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12 <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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Robert Marsh</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2015 <b>Transaction ID : C4617222</b>
Mailing Address 2641 16th Ave Ct SE	Amount of Each Receipt this Period 75.00
City Puyallup State WA Zip Code 98372	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Proliance Surgeons Occupation Physician Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Marsh</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 <b>Transaction ID : C4619710</b>
Mailing Address 2641 16th Ave Ct SE	Amount of Each Receipt this Period 75.00
City Puyallup State WA Zip Code 98372	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Proliance Surgeons Occupation Physician Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Marsh</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015 <b>Transaction ID : C4621645</b>
Mailing Address 2641 16th Ave Ct SE	Amount of Each Receipt this Period 75.00
City Puyallup State WA Zip Code 98372	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Proliance Surgeons Occupation Physician Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 675.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	75.00

**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 115 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Robert Marsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 2641 16th Ave Ct SE

City Puyallup	State WA	Zip Code 98372
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : C4623612**

Amount of Each Receipt this Period  

75.00
-------

**B. Robert Marsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 2641 16th Ave Ct SE

City Puyallup	State WA	Zip Code 98372
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C4625353**

Amount of Each Receipt this Period  

75.00
-------

**C. Michael J. Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 SW 300th PI

City Federal Way	State WA	Zip Code 98023
---------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

**Transaction ID : C4614645**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</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 116 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Michael J. Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 SW 300th PI  
 City Federal Way State WA Zip Code 98023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 20 / 2015**  
**Transaction ID : C4615566**  
 Amount of Each Receipt this Period  
**25.00**

**B. Michael J. Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 SW 300th PI  
 City Federal Way State WA Zip Code 98023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 03 / 2015**  
**Transaction ID : C4615963**  
 Amount of Each Receipt this Period  
**25.00**

**C. Michael J. Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 SW 300th PI  
 City Federal Way State WA Zip Code 98023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 17 / 2015**  
**Transaction ID : C4616584**  
 Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**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 117 OF 193  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City State Zip Code  
Federal Way WA 98023

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617187**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City State Zip Code  
Federal Way WA 98023

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2015  
**Transaction ID : C4618302**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City State Zip Code  
Federal Way WA 98023

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619695**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 118 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City Federal Way	State WA	Zip Code 98023
---------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620708**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City Federal Way	State WA	Zip Code 98023
---------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621606**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City Federal Way	State WA	Zip Code 98023
---------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622494**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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 119 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City Federal Way State WA Zip Code 98023

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623589**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City Federal Way State WA Zip Code 98023

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624760**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Michael J. Martin**

Mailing Address 2800 SW 300th PI

City Federal Way State WA Zip Code 98023

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625341**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 120 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Peter F. Maurice**

Mailing Address 11095 Arroyo Beach Pl

City Seattle	State WA	Zip Code 98146
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615544**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Peter F. Maurice**

Mailing Address 11095 Arroyo Beach Pl

City Seattle	State WA	Zip Code 98146
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617202**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Peter F. Maurice**

Mailing Address 11095 Arroyo Beach Pl

City Seattle	State WA	Zip Code 98146
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619686**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 121 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Peter F. Maurice</b>		Date of Receipt
Mailing Address 11095 Arroyo Beach Pl		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Seattle WA 98146		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4621625</b>
Name of Employer Occupation Proliance Surgeons Physician		Amount of Each Receipt this Period
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Peter F. Maurice</b>		Date of Receipt
Mailing Address 11095 Arroyo Beach Pl		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Seattle WA 98146		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4623567</b>
Name of Employer Occupation Proliance Surgeons Physician		Amount of Each Receipt this Period
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="25.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Peter F. Maurice</b>		Date of Receipt
Mailing Address 11095 Arroyo Beach Pl		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Seattle WA 98146		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4625327</b>
Name of Employer Occupation Proliance Surgeons Physician		Amount of Each Receipt this Period
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="25.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 122 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael K. McAdam**

Mailing Address 2614 39th Ave W

City State Zip Code  
Seattle WA 98199

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615545**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**B. Michael K. McAdam**

Mailing Address 2614 39th Ave W

City State Zip Code  
Seattle WA 98199

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617203**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. Michael K. McAdam**

Mailing Address 2614 39th Ave W

City State Zip Code  
Seattle WA 98199

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619687**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 123 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael K. McAdam**

Mailing Address 2614 39th Ave W

City State Zip Code  
Seattle WA 98199

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621626**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**B. Michael K. McAdam**

Mailing Address 2614 39th Ave W

City State Zip Code  
Seattle WA 98199

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623568**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. Michael K. McAdam**

Mailing Address 2614 39th Ave W

City State Zip Code  
Seattle WA 98199

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625328**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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: (check only one)	PAGE 124 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Wren V. McCallister**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18019 Andover St

City Edmonds	State WA	Zip Code 98026
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

**Transaction ID : C4615546**

Amount of Each Receipt this Period  
150.00

**B. Wren V. McCallister**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18019 Andover St

City Edmonds	State WA	Zip Code 98026
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

**Transaction ID : C4617204**

Amount of Each Receipt this Period  
150.00

**C. Wren V. McCallister**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18019 Andover St

City Edmonds	State WA	Zip Code 98026
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : C4619688**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 125 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Wren V. McCallister**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18019 Andover St

City Edmonds	State WA	Zip Code 98026
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : C4621627**

Amount of Each Receipt this Period  
150.00

**B. Wren V. McCallister**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18019 Andover St

City Edmonds	State WA	Zip Code 98026
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : C4623569**

Amount of Each Receipt this Period  
150.00

**C. Wren V. McCallister**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18019 Andover St

City Edmonds	State WA	Zip Code 98026
-----------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C4625329**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 126 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Patrick H. McClean**  
Full Name (Last, First, Middle Initial)

Mailing Address 18535 Normandy Terrace

City Normandy Park State WA Zip Code 98166

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : C4615547**

Amount of Each Receipt this Period  
 25.00

**B. Patrick H. McClean**  
Full Name (Last, First, Middle Initial)

Mailing Address 18535 Normandy Terrace

City Normandy Park State WA Zip Code 98166

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : C4617205**

Amount of Each Receipt this Period  
 25.00

**C. Patrick H. McClean**  
Full Name (Last, First, Middle Initial)

Mailing Address 18535 Normandy Terrace

City Normandy Park State WA Zip Code 98166

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C4619689**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 127 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Patrick H. McClean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18535 Normandy Terrace  
 City Normandy Park State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621628**  
 Amount of Each Receipt this Period  
 25.00

**B. Patrick H. McClean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18535 Normandy Terrace  
 City Normandy Park State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623570**  
 Amount of Each Receipt this Period  
 25.00

**C. Patrick H. McClean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18535 Normandy Terrace  
 City Normandy Park State WA Zip Code 98166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625330**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 128 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Robert W. Nash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 588 Bell St Unit #S2002  
 City Seattle State WA Zip Code 98121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615578**  
 Amount of Each Receipt this Period  
 50.00

**B. Robert W. Nash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 588 Bell St Unit #S2002  
 City Seattle State WA Zip Code 98121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617213**  
 Amount of Each Receipt this Period  
 50.00

**C. Robert W. Nash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 588 Bell St Unit #S2002  
 City Seattle State WA Zip Code 98121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619701**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 129 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Robert W. Nash**

Mailing Address 588 Bell St Unit #S2002

City State Zip Code  
Seattle WA 98121

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

Name of Employer Occupation  
Proliance Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621636**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Robert W. Nash**

Mailing Address 588 Bell St Unit #S2002

City State Zip Code  
Seattle WA 98121

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

Name of Employer Occupation  
Proliance Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623620**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Robert W. Nash**

Mailing Address 588 Bell St Unit #S2002

City State Zip Code  
Seattle WA 98121

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

Name of Employer Occupation  
Proliance Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625357**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 130 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Erik J. Novak</b>		Date of Receipt MM / DD / YYYY 07 / 02 / 2015 <b>Transaction ID : C4614646</b>
Mailing Address 8049 NE 28th St		Amount of Each Receipt this Period 25.00
City Medina	State WA	Zip Code 98039
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Erik J. Novak</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2015 <b>Transaction ID : C4615567</b>
Mailing Address 8049 NE 28th St		Amount of Each Receipt this Period 25.00
City Medina	State WA	Zip Code 98039
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Erik J. Novak</b>		Date of Receipt MM / DD / YYYY 08 / 17 / 2015 <b>Transaction ID : C4616593</b>
Mailing Address 8049 NE 28th St		Amount of Each Receipt this Period 25.00
City Medina	State WA	Zip Code 98039
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 131 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Erik J. Novak**

Mailing Address 8049 NE 28th St

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 31 / 2015  
**Transaction ID : C4617188**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Erik J. Novak**

Mailing Address 8049 NE 28th St

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 14 / 2015  
**Transaction ID : C4618303**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Erik J. Novak**

Mailing Address 8049 NE 28th St

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2015  
**Transaction ID : C4619696**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 132 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Erik J. Novak**

Mailing Address 8049 NE 28th St

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620709**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Erik J. Novak**

Mailing Address 8049 NE 28th St

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621607**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Erik J. Novak**

Mailing Address 8049 NE 28th St

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622495**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 133 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Erik J. Novak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8049 NE 28th St  
 City Medina State WA Zip Code 98039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623590**  
 Amount of Each Receipt this Period  
 25.00

**B. Erik J. Novak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8049 NE 28th St  
 City Medina State WA Zip Code 98039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624761**  
 Amount of Each Receipt this Period  
 25.00

**C. Erik J. Novak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8049 NE 28th St  
 City Medina State WA Zip Code 98039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625342**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 134 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Douglas D. Nowak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12405 Ironwood Ln  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615534**  
 Amount of Each Receipt this Period  
 100.00

**B. Douglas D. Nowak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12405 Ironwood Ln  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617195**  
 Amount of Each Receipt this Period  
 100.00

**C. Douglas D. Nowak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12405 Ironwood Ln  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619684**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 135 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Douglas D. Nowak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12405 Ironwood Ln  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621615**  
 Amount of Each Receipt this Period  
 100.00

**B. Douglas D. Nowak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12405 Ironwood Ln  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623556**  
 Amount of Each Receipt this Period  
 100.00

**C. Douglas D. Nowak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12405 Ironwood Ln  
 City Mukilteo State WA Zip Code 98275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625321**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 136 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Kenneth Oates**

Mailing Address 4501 Fidalgo Bay Rd  
Apt 702

City Anacortes State WA Zip Code 98221-8354

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

Name of Employer SIO MT Vernon Occupation Physican

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615582**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Kenneth Oates**

Mailing Address 4501 Fidalgo Bay Rd  
Apt 702

City Anacortes State WA Zip Code 98221-8354

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

Name of Employer SIO MT Vernon Occupation Physican

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617217**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Kenneth Oates**

Mailing Address 4501 Fidalgo Bay Rd  
Apt 702

City Anacortes State WA Zip Code 98221-8354

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

Name of Employer SIO MT Vernon Occupation Physican

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619703**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**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: (check only one)	PAGE 137 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Kenneth Oates**  
Full Name (Last, First, Middle Initial)

Mailing Address 4501 Fidalgo Bay Rd  
Apt 702

City Anacortes State WA Zip Code 98221-8354

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

Name of Employer SIO MT Vernon Occupation Physican

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015  
**Transaction ID : C4621640**

Amount of Each Receipt this Period  
50.00

**B. Kenneth Oates**  
Full Name (Last, First, Middle Initial)

Mailing Address 4501 Fidalgo Bay Rd  
Apt 702

City Anacortes State WA Zip Code 98221-8354

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

Name of Employer SIO MT Vernon Occupation Physican

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2015  
**Transaction ID : C4623604**

Amount of Each Receipt this Period  
50.00

**C. Kenneth Oates**  
Full Name (Last, First, Middle Initial)

Mailing Address 4501 Fidalgo Bay Rd  
Apt 702

City Anacortes State WA Zip Code 98221-8354

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

Name of Employer SIO MT Vernon Occupation Physican

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2015  
**Transaction ID : C4625346**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 138 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. John T. Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 Woodhaven Pl  
 City Woodway State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615548**  
 Amount of Each Receipt this Period  
 25.00

**B. John T. Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 Woodhaven Pl  
 City Woodway State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617206**  
 Amount of Each Receipt this Period  
 25.00

**C. John T. Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 Woodhaven Pl  
 City Woodway State WA Zip Code 98020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619690**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 139 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. John T. Parker**

Mailing Address 66 Woodhaven Pl

City Woodway State WA Zip Code 98020

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : C4621629**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. John T. Parker**

Mailing Address 66 Woodhaven Pl

City Woodway State WA Zip Code 98020

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : C4623571**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**c. John T. Parker**

Mailing Address 66 Woodhaven Pl

City Woodway State WA Zip Code 98020

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : C4625331**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 140 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Christopher Petty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1519 3rd St SE Suite 230

City Puyallup	State WA	Zip Code 98372
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : C4615593**

Amount of Each Receipt this Period  

100.00
--------

**B. Christopher Petty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1519 3rd St SE Suite 230

City Puyallup	State WA	Zip Code 98372
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : C4617228**

Amount of Each Receipt this Period  

100.00
--------

**C. Christopher Petty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1519 3rd St SE Suite 230

City Puyallup	State WA	Zip Code 98372
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C4619713**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</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: (check only one)	PAGE 141 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Christopher Petty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1519 3rd St SE Suite 230  
 City Puyallup State WA Zip Code 98372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621649**  
 Amount of Each Receipt this Period  
 100.00

**B. Christopher Petty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1519 3rd St SE Suite 230  
 City Puyallup State WA Zip Code 98372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623615**  
 Amount of Each Receipt this Period  
 100.00

**C. Christopher Petty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1519 3rd St SE Suite 230  
 City Puyallup State WA Zip Code 98372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625356**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 142 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Lora Plaskon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14408 SE 46th St  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Athena Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615588**  
 Amount of Each Receipt this Period  
 25.00

**B. Lora Plaskon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14408 SE 46th St  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Athena Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617193**  
 Amount of Each Receipt this Period  
 25.00

**C. Lora Plaskon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14408 SE 46th St  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Athena Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619709**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 143 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Lora Plaskon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14408 SE 46th St  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Athena Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621612**  
 Amount of Each Receipt this Period  
 25.00

**B. Lora Plaskon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14408 SE 46th St  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Athena Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623611**  
 Amount of Each Receipt this Period  
 25.00

**C. Lora Plaskon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14408 SE 46th St  
 City Bellevue State WA Zip Code 98006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Athena Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625352**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 144 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Matthew J. Robon**

Mailing Address 906 Big Tree Dr NW

City Issaquah      State WA      Zip Code 98027

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615549**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Matthew J. Robon**

Mailing Address 906 Big Tree Dr NW

City Issaquah      State WA      Zip Code 98027

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617207**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Matthew J. Robon**

Mailing Address 906 Big Tree Dr NW

City Issaquah      State WA      Zip Code 98027

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619691**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 145 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Matthew J. Robon**

Mailing Address 906 Big Tree Dr NW

City Issaquah State WA Zip Code 98027

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621630**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Matthew J. Robon**

Mailing Address 906 Big Tree Dr NW

City Issaquah State WA Zip Code 98027

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623572**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Matthew J. Robon**

Mailing Address 906 Big Tree Dr NW

City Issaquah State WA Zip Code 98027

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625332**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 146 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Jeffrey Roh**  
Full Name (Last, First, Middle Initial)

Mailing Address 19660 NE 44th PI

City Sammamish State WA Zip Code 98074

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614649**

Amount of Each Receipt this Period  
 75.00

**B. Jeffrey Roh**  
Full Name (Last, First, Middle Initial)

Mailing Address 19660 NE 44th PI

City Sammamish State WA Zip Code 98074

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615585**

Amount of Each Receipt this Period  
 75.00

**C. Jeffrey Roh**  
Full Name (Last, First, Middle Initial)

Mailing Address 19660 NE 44th PI

City Sammamish State WA Zip Code 98074

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616601**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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: (check only one)	PAGE 147 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Roh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015 <b>Transaction ID : C4617192</b>
Mailing Address 19660 NE 44th PI		Amount of Each Receipt this Period 75.00
City Sammamish	State WA	Zip Code 98074
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Roh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2015 <b>Transaction ID : C4618311</b>
Mailing Address 19660 NE 44th PI		Amount of Each Receipt this Period 75.00
City Sammamish	State WA	Zip Code 98074
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Roh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015 <b>Transaction ID : C4619705</b>
Mailing Address 19660 NE 44th PI		Amount of Each Receipt this Period 75.00
City Sammamish	State WA	Zip Code 98074
FEC ID number of contributing federal political committee. C		
Name of Employer Proliance Surgeons	Occupation Physician	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: (check only one)	PAGE 148 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Roh**

Mailing Address 19660 NE 44th PI

City Sammamish	State WA	Zip Code 98074
-------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2015

**Transaction ID : C4620710**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Roh**

Mailing Address 19660 NE 44th PI

City Sammamish	State WA	Zip Code 98074
-------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2015

**Transaction ID : C4621610**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Roh**

Mailing Address 19660 NE 44th PI

City Sammamish	State WA	Zip Code 98074
-------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2015

**Transaction ID : C4622503**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: (check only one)	PAGE 149 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Jeffrey Roh**  
Full Name (Last, First, Middle Initial)

Mailing Address 19660 NE 44th PI

City Sammamish	State WA	Zip Code 98074
-------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : C4623607**

Amount of Each Receipt this Period  
75.00

**B. Jeffrey Roh**  
Full Name (Last, First, Middle Initial)

Mailing Address 19660 NE 44th PI

City Sammamish	State WA	Zip Code 98074
-------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : C4624764**

Amount of Each Receipt this Period  
75.00

**C. Jeffrey Roh**  
Full Name (Last, First, Middle Initial)

Mailing Address 19660 NE 44th PI

City Sammamish	State WA	Zip Code 98074
-------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C4625349**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 150 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael J. Sailer**

Mailing Address 816 Lk Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615550**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Michael J. Sailer**

Mailing Address 816 Lk Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617208**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Michael J. Sailer**

Mailing Address 816 Lk Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619692**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

**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 151 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael J. Sailer**

Mailing Address 816 Lk Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 26 / 2015  
**Transaction ID : C4621631**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Michael J. Sailer**

Mailing Address 816 Lk Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 03 / 2015  
**Transaction ID : C4623573**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Michael J. Sailer**

Mailing Address 816 Lk Sammamish Pkwy SE

City State Zip Code  
Bellevue WA 98008

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 21 / 2015  
**Transaction ID : C4625333**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶  150.00

**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: (check only one)	PAGE 152 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Kevin B. Sampson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Regent St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615551**

Amount of Each Receipt this Period  
 50.00

**B. Kevin B. Sampson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Regent St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617209**

Amount of Each Receipt this Period  
 50.00

**C. Kevin B. Sampson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Regent St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619693**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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: (check only one)	PAGE 153 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Kevin B. Sampson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3555 Regent St  
 City Richland State WA Zip Code 99352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621632**  
 Amount of Each Receipt this Period  
 50.00

**B. Kevin B. Sampson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3555 Regent St  
 City Richland State WA Zip Code 99352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623574**  
 Amount of Each Receipt this Period  
 50.00

**C. Kevin B. Sampson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3555 Regent St  
 City Richland State WA Zip Code 99352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625334**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 154 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary L. Scovazzo**

Mailing Address 307 Riverwood St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 20 / 2015**

**Transaction ID : C4615533**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Mary L. Scovazzo**

Mailing Address 307 Riverwood St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2015**

**Transaction ID : C4615967**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Mary L. Scovazzo**

Mailing Address 307 Riverwood St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 17 / 2015**

**Transaction ID : C4616597**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 155 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Mary L. Scovazzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 Riverwood St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : C4617179**

Amount of Each Receipt this Period  
 25.00

**B. Mary L. Scovazzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 Riverwood St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : C4618304**

Amount of Each Receipt this Period  
 25.00

**C. Mary L. Scovazzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 Riverwood St

City Richland State WA Zip Code 99352

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C4619683**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 156 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Mary L. Scovazzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Riverwood St  
 City Richland State WA Zip Code 99352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620711**  
 Amount of Each Receipt this Period  
 25.00

**B. Mary L. Scovazzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Riverwood St  
 City Richland State WA Zip Code 99352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621599**  
 Amount of Each Receipt this Period  
 25.00

**C. Mary L. Scovazzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Riverwood St  
 City Richland State WA Zip Code 99352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622496**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 157 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary L. Scovazzo**

Mailing Address 307 Riverwood St

City Richland      State WA      Zip Code 99352

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623555**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Mary L. Scovazzo**

Mailing Address 307 Riverwood St

City Richland      State WA      Zip Code 99352

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624754**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Mary L. Scovazzo**

Mailing Address 307 Riverwood St

City Richland      State WA      Zip Code 99352

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

Name of Employer Proliance Surgeons      Occupation Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625320**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**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: (check only one)	PAGE 158 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

**Transaction ID : C4614647**

Amount of Each Receipt this Period  
75.00

**B. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : C4615568**

Amount of Each Receipt this Period  
75.00

**C. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : C4616587**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: (check only one)	PAGE 159 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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)  
**Proliance Surgeons PAC**

**A. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : C4617189**

Amount of Each Receipt this Period  
75.00

**B. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : C4618305**

Amount of Each Receipt this Period  
75.00

**C. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : C4619708**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 160 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Niket Shrivastava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 105th Ave SE  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620712**  
 Amount of Each Receipt this Period  
 75.00

**B. Niket Shrivastava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 105th Ave SE  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621608**  
 Amount of Each Receipt this Period  
 75.00

**C. Niket Shrivastava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 105th Ave SE  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622497**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**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: (check only one)	PAGE 161 OF 193
<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)  
**Proliance Surgeons PAC**

**A. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : C4623591**

Amount of Each Receipt this Period  
75.00

**B. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : C4624762**

Amount of Each Receipt this Period  
75.00

**C. Niket Shrivastava**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 105th Ave SE

City Bellevue	State WA	Zip Code 98004
------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C4625343**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: (check only one)	PAGE 162 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Stacia Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13905 Bayview Rd  
City Mount Vernon State WA Zip Code 98273  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Skagit Northwest Ortho Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615586**  
Amount of Each Receipt this Period  
25.00

**B. Stacia Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13905 Bayview Rd  
City Mount Vernon State WA Zip Code 98273  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Skagit Northwest Ortho Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2015  
**Transaction ID : C4617220**  
Amount of Each Receipt this Period  
25.00

**C. Stacia Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13905 Bayview Rd  
City Mount Vernon State WA Zip Code 98273  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Skagit Northwest Ortho Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015  
**Transaction ID : C4619706**  
Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 163 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Stacia Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 13905 Bayview Rd

City Mount Vernon State WA Zip Code 98273

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

Name of Employer Skagit Northwest Ortho Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621643**

Amount of Each Receipt this Period  
 25.00

**B. Stacia Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 13905 Bayview Rd

City Mount Vernon State WA Zip Code 98273

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

Name of Employer Skagit Northwest Ortho Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623608**

Amount of Each Receipt this Period  
 25.00

**C. Stacia Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 13905 Bayview Rd

City Mount Vernon State WA Zip Code 98273

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

Name of Employer Skagit Northwest Ortho Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625364**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 164 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614634**  
 Amount of Each Receipt this Period  
 150.00

**B. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615569**  
 Amount of Each Receipt this Period  
 150.00

**C. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615951**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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: (check only one)	PAGE 165 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Jeffrey L. Stickney**  
Full Name (Last, First, Middle Initial)

Mailing Address 4339 Forest Ave SE

City Mercer Island	State WA	Zip Code 98040
-----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : C4616567**

Amount of Each Receipt this Period  
150.00

**B. Jeffrey L. Stickney**  
Full Name (Last, First, Middle Initial)

Mailing Address 4339 Forest Ave SE

City Mercer Island	State WA	Zip Code 98040
-----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : C4617175**

Amount of Each Receipt this Period  
150.00

**C. Jeffrey L. Stickney**  
Full Name (Last, First, Middle Initial)

Mailing Address 4339 Forest Ave SE

City Mercer Island	State WA	Zip Code 98040
-----------------------	-------------	-------------------

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

Name of Employer Proliance Surgeons	Occupation Physician
--	-------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : C4618306**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 166 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619697**  
 Amount of Each Receipt this Period  
 150.00

**B. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620713**  
 Amount of Each Receipt this Period  
 150.00

**C. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621594**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 167 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 11 / 09 / 2015  
**Transaction ID : C4622498**  
 Amount of Each Receipt this Period  
 150.00

**B. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 12 / 03 / 2015  
**Transaction ID : C4623592**  
 Amount of Each Receipt this Period  
 150.00

**C. Jeffrey L. Stickney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4339 Forest Ave SE  
 City Mercer Island State WA Zip Code 98040  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 12 / 08 / 2015  
**Transaction ID : C4624749**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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: (check only one)	PAGE 168 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey L. Stickney**

Mailing Address 4339 Forest Ave SE

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2015  
**Transaction ID : C4625358**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Steven M. Teeny**

Mailing Address 9210 Driftwood Cove NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015  
**Transaction ID : C4614635**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Steven M. Teeny**

Mailing Address 9210 Driftwood Cove NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015  
**Transaction ID : C4615570**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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: (check only one)	PAGE 169 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial) <b>A. Steven M. Teeny</b>		Date of Receipt
Mailing Address 9210 Driftwood Cove NW		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City State Zip Code Gig Harbor WA 98332		<b>Transaction ID : C4615958</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Proliance Surgeons Physician		<input type="text" value="25.00"/>
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="600.00"/>

Full Name (Last, First, Middle Initial) <b>B. Steven M. Teeny</b>		Date of Receipt
Mailing Address 9210 Driftwood Cove NW		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City State Zip Code Gig Harbor WA 98332		<b>Transaction ID : C4616576</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Proliance Surgeons Physician		<input type="text" value="25.00"/>
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="600.00"/>

Full Name (Last, First, Middle Initial) <b>C. Steven M. Teeny</b>		Date of Receipt
Mailing Address 9210 Driftwood Cove NW		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Gig Harbor WA 98332		<b>Transaction ID : C4617176</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Proliance Surgeons Physician		<input type="text" value="25.00"/>
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="600.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 170 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Steven M. Teeny**

Mailing Address 9210 Driftwood Cove NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618307**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Steven M. Teeny**

Mailing Address 9210 Driftwood Cove NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619698**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Steven M. Teeny**

Mailing Address 9210 Driftwood Cove NW

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620714**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 171 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Steven M. Teeny**  
Full Name (Last, First, Middle Initial)

Mailing Address 9210 Driftwood Cove NW

City Gig Harbor State WA Zip Code 98332

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621595**

Amount of Each Receipt this Period  
 25.00

**B. Steven M. Teeny**  
Full Name (Last, First, Middle Initial)

Mailing Address 9210 Driftwood Cove NW

City Gig Harbor State WA Zip Code 98332

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622499**

Amount of Each Receipt this Period  
 25.00

**C. Steven M. Teeny**  
Full Name (Last, First, Middle Initial)

Mailing Address 9210 Driftwood Cove NW

City Gig Harbor State WA Zip Code 98332

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623593**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 172 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Steven M. Teeny**

Mailing Address 9210 Driftwood Cove NW

City	State	Zip Code
Gig Harbor	WA	98332

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

Name of Employer	Occupation
Proliance Surgeons	Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

**Transaction ID : C4624750**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Steven M. Teeny**

Mailing Address 9210 Driftwood Cove NW

City	State	Zip Code
Gig Harbor	WA	98332

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

Name of Employer	Occupation
Proliance Surgeons	Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

**Transaction ID : C4625359**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. Alan B. Thomas**

Mailing Address 2808 E Bay Dr NW

City	State	Zip Code
Gig Harbor	WA	98335

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

Name of Employer	Occupation
Proliance Surgeons	Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

**Transaction ID : C4614636**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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 173 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2808 E Bay Dr NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615571**

Amount of Each Receipt this Period  
 25.00

**B. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2808 E Bay Dr NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : C4615959**

Amount of Each Receipt this Period  
 25.00

**C. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2808 E Bay Dr NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616579**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 174 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2808 E Bay Dr NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617190**

Amount of Each Receipt this Period  
 25.00

**B. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2808 E Bay Dr NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618308**

Amount of Each Receipt this Period  
 25.00

**C. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2808 E Bay Dr NW

City Gig Harbor State WA Zip Code 98335

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

Name of Employer Proliance Surgeons Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619699**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 175 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

**A. Alan B. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2808 E Bay Dr NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620715**  
 Amount of Each Receipt this Period  
 25.00

**B. Alan B. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2808 E Bay Dr NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621596**  
 Amount of Each Receipt this Period  
 25.00

**C. Alan B. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2808 E Bay Dr NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622500**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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: (check only one)	PAGE 176 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
**Proliance Surgeons PAC**

**A. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2808 E Bay Dr NW  
City Gig Harbor State WA Zip Code 98335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Proliance Surgeons Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 03 / 2015  
**Transaction ID : C4623594**  
Amount of Each Receipt this Period 25.00

**B. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2808 E Bay Dr NW  
City Gig Harbor State WA Zip Code 98335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Proliance Surgeons Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 08 / 2015  
**Transaction ID : C4624751**  
Amount of Each Receipt this Period 25.00

**C. Alan B. Thomas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2808 E Bay Dr NW  
City Gig Harbor State WA Zip Code 98335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Proliance Surgeons Occupation Physician  
Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 21 / 2015  
**Transaction ID : C4625360**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 177 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614630**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615572**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**c. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616560**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 178 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617170**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : C4618309**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619700**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 179 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620716**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621590**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622501**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 180 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623595**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624745**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Martin S. Tullus**

Mailing Address PO Box 647

City State Zip Code  
Medina WA 98039

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625361**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 181 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2015  
**Transaction ID : C4614637**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615573**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : C4616571**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 182 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 31 / 2015  
**Transaction ID : C4617177**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 14 / 2015  
**Transaction ID : C4618310**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2015  
**Transaction ID : C4619715**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 183 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Wayne M. Weil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7649 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : C4620717**  
 Amount of Each Receipt this Period  
 25.00

**B. Wayne M. Weil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7649 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621597**  
 Amount of Each Receipt this Period  
 25.00

**C. Wayne M. Weil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7649 E Mercer Way  
 City Mercer Island State WA Zip Code 98040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : C4622502**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 184 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)  
**A. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623596**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : C4624752**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Wayne M. Weil**

Mailing Address 7649 E Mercer Way

City State Zip Code  
Mercer Island WA 98040

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

Name of Employer Occupation  
Proliance Surgeons Physician

Receipt For: 2015  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625362**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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: (check only one)	PAGE 185 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)  
**Proliance Surgeons PAC**

**A. Craig G. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9006 NE 20th St  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : C4615579**  
 Amount of Each Receipt this Period  
 100.00

**B. Craig G. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9006 NE 20th St  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : C4617214**  
 Amount of Each Receipt this Period  
 100.00

**c. Craig G. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9006 NE 20th St  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : C4619716**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 186 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Proliance Surgeons PAC**

**A. Craig G. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9006 NE 20th St  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : C4621637**  
 Amount of Each Receipt this Period  
 100.00

**B. Craig G. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9006 NE 20th St  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C4623601**  
 Amount of Each Receipt this Period  
 100.00

**c. Craig G. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9006 NE 20th St  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Proliance Surgeons Occupation Physician  
 Receipt For: 2015  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : C4625363**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31800.00

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)

**A. NGP VAN Inc**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Data Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : **D267047**

Amount of Each Disbursement this Period: 450.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. NGP VAN Inc**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Data Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2015

Transaction ID : **D267048**

Amount of Each Disbursement this Period: 450.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. Project Accounting Services**

Mailing Address 603 Stewart St  
Ste 819

City Seattle State WA Zip Code 98101-1229

Purpose of Disbursement Accounting/Compliance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2015

Transaction ID : **D267043**

Amount of Each Disbursement this Period: 450.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1350.00

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)

**A. Project Accounting Services**

Mailing Address 603 Stewart St  
Ste 819

City Seattle State WA Zip Code 98101-1229

Purpose of Disbursement  
Accounting/Compliance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D267044**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Project Accounting Services**

Mailing Address 603 Stewart St  
Ste 819

City Seattle State WA Zip Code 98101-1229

Purpose of Disbursement  
Accounting/Compliance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D267045**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Project Accounting Services**

Mailing Address 603 Stewart St  
Ste 819

City Seattle State WA Zip Code 98101-1229

Purpose of Disbursement  
Accounting/Compliance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D267046**

Amount of Each Disbursement this Period

Category/  
Type

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

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

**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)

<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

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN MEDICAL GROUP ASSOCIATION PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Mailing Address 1202 MEDICAL CENTER LANE

**Transaction ID : D267041**

City State Zip Code  
WILMINGTON NC 28401

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Mailing Address 1012 Cameron St

**Transaction ID : D267040**

City State Zip Code  
Alexandria VA 22314-2427

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. AMI BERA FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

Mailing Address PO BOX 582496

**Transaction ID : D267035**

City State Zip Code  
ELK GROVE CA 95758

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name

**AMERISH BERA**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

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

11000.00
----------

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

--

**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)

<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

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)

**A. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
Contribution

Candidate Name  
**DEVIN G NUNES**

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2015

**Transaction ID : D267036**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
Contribution

Candidate Name  
**DEVIN G NUNES**

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2015

**Transaction ID : D267034**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SHERROD BROWN**

Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name  
**SHERROD BROWN**

Office Sought:  House  
 Senate  
 President  
State: OH District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2015

**Transaction ID : D267033**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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)

<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

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement  
Contribution

Candidate Name

**BEN R MR. LUJAN**

Office Sought:  House  
 Senate  
 President  
State: NM District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2015

**Transaction ID : D267037**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution

Candidate Name

**RENEE JACISIN ELLMERS**

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2015

**Transaction ID : D267032**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
Contribution

Candidate Name

**VERNON BUCHANAN**

Office Sought:  House  
 Senate  
 President  
State: FL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	23	/	2015

**Transaction ID : D267039**

Amount of Each Disbursement this Period

1000.00
---------

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

3000.00
---------

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

--

**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)

<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

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)

**A. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
Contribution

Candidate Name  
**RONALD L WYDEN**

Office Sought:  House  
 Senate  
 President  
State: OR District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2015

**Transaction ID : D267038**

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

18500.00



**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**Proliance Surgeons PAC**

Full Name (Last, First, Middle Initial)

**A. AAOS PAC**

Mailing Address 317 Massachusetts Ave NE  
FI 1

City Washington State DC Zip Code 20002-5769

Purpose of Disbursement  
Contribution - Non-Federal

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : D267042**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

5000.00
---------

5000.00
---------