

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Proliance Surgeons PAC**

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

**A. Smith, Stacia, , ,**

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 (for Individual)

Skagit Northwest Ortho

Occupation (for Individual)

Physician

Receipt For: 2019

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
02 / 01 / 2019

**Transaction ID : C4826416**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Smith, Stacia, , ,**

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 (for Individual)

Skagit Northwest Ortho

Occupation (for Individual)

Physician

Receipt For: 2019

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2019

**Transaction ID : C4826469**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Smith, Stacia, , ,**

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 (for Individual)

Skagit Northwest Ortho

Occupation (for Individual)

Physician

Receipt For: 2019

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
03 / 18 / 2019

**Transaction ID : C4828533**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

100.00