

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 121

☒ 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 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

03 / 21 / 2019

Transaction ID : C4828569

Amount of Each Receipt this Period

25.00

☐ 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

04 / 05 / 2019

Transaction ID : C4828956

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

04 / 22 / 2019

Transaction ID : C4830011

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)..... ►

75.00