

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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			

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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

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2019

Transaction ID : C4830102

Amount of Each Receipt this Period

75.00

☐

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2019

Transaction ID : C4844041

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:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2019

Transaction ID : C4845727

Amount of Each Receipt this Period

25.00

☐

Memo Item

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

125.00

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