

# **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. Sailer, Michael, J., ,**

Mailing Address 816 Lk Sammamish Pkwy SE

City  
Bellevue

State  
WA

Zip Code  
98008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Proliance Surgeons

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2019

**Transaction ID : C4849581**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Sailer, Michael, J., ,**

Mailing Address 816 Lk Sammamish Pkwy SE

City  
Bellevue

State  
WA

Zip Code  
98008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Proliance Surgeons

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2019

**Transaction ID : C4849847**

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 11874 Heron Ln

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 ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2019

**Transaction ID : C4847533**

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