

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 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

09 / 03 / 2019

Transaction ID : C4848948

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 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

09 / 23 / 2019

Transaction ID : C4849127

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

09 / 26 / 2019

Transaction ID : C4849155

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