

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. Marsh, Robert, , ,

Mailing Address 2641 16th Ave Ct SE

City
Puyallup

State
WA

Zip Code
98372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Proliance Surgeons

Occupation (for Individual)
Physician

Receipt For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

08 / 17 / 2017

Transaction ID : C4756358

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Marsh, Robert, , ,

Mailing Address 2641 16th Ave Ct SE

City
Puyallup

State
WA

Zip Code
98372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Proliance Surgeons

Occupation (for Individual)
Physician

Receipt For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

08 / 28 / 2017

Transaction ID : C4757448

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Marsh, Robert, , ,

Mailing Address 2641 16th Ave Ct SE

City
Puyallup

State
WA

Zip Code
98372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Proliance Surgeons

Occupation (for Individual)
Physician

Receipt For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

09 / 11 / 2017

Transaction ID : C4758230

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

225.00