

# **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)

**ROTHMAN INSTITUTE PAC**

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

**A. Rubin, Jeffrey, , Dr,**

Mailing Address 1310 Rydal Rd

City  
Rydal

State  
PA

Zip Code  
19046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rothman Institute

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2019

**Transaction ID : SA11AI.4905**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
political contribution

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

**B. Salvo, John, , Dr.,**

Mailing Address 29 RADCLIFFE DRIVE

City  
Voorhees

State  
NJ

Zip Code  
08043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rothman Institute

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2019

**Transaction ID : SA11AI.4830**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
political contribution

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

**C. Saxena, Arjun, , Dr.,**

Mailing Address 415 St James Ct

City  
Langhorne

State  
PA

Zip Code  
19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rothman Institute

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 25 / 2019

**Transaction ID : SA11AI.4911**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
political contribution

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

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

8000.00