

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 45

(check only one)

☒ 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. Vaccaro, Alexander, R., Dr.,**

Mailing Address 925 Chestnut Street

City  
Philadelphia

State  
PA

Zip Code  
19107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rothman Institute

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

**Transaction ID : SA11AI.4792**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
political contribution

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

**B. Vakil, Jeffrey, , Dr.,**

Mailing Address 740 Lewis Lane

City  
Ambler

State  
PA

Zip Code  
19002

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  
11 / 29 / 2019

**Transaction ID : SA11AI.4886**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
political contribution

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

**c. Wang, Mark, , Dr.,**

Mailing Address 904 Drexel Dr

City  
Bryn Mawr

State  
PA

Zip Code  
19010

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  
11 / 25 / 2019

**Transaction ID : SA11AI.4835**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
political contribution

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

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

12500.00