

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

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

FOR LINE NUMBER: PAGE 56 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Bloomin' Brands, Inc. Political Action Committee

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

A. ANDERSON, LISA, , ,

Mailing Address 6638 TERRACE WAY

City
Harrisburg

State
PA

Zip Code
17111-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Field OSRS

Occupation (for Individual)
Joint Venture Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : A20737BB828DC4C7B97A

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. LACELL, KRISTIE, , ,

Mailing Address 2406 IVY AVE

City
Fort Myers

State
FL

Zip Code
33907-4347

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Field OSRS

Occupation (for Individual)
Joint Venture Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : A4ABE8AEDE1DA4E1FA87

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. ALKIRE, GREG, , ,

Mailing Address 3935 LIESFELD PLACE

City
Glen Allen

State
VA

Zip Code
23060-6018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Field OSRS

Occupation (for Individual)
Joint Venture Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2019

Transaction ID : ADDD7B12FB0B443BE90E

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

130.00

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