

# **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)

**BLANK ROME PAC**

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

**A. Roberts, Bill, , ,**

Mailing Address 1806 Delancey St

City  
Philadelphia

State  
PA

Zip Code  
19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blank Rome LLP

Occupation (for Individual)

Partner

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  
05 / 01 / 2020

Transaction ID : SA11AI.6167

Amount of Each Receipt this Period

100.00

☐ Memo Item

Monthly payroll deduction contribution

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

**B. Schrier, Stephen, D., ,**

Mailing Address 7 Loucroft Road

City

Haddon Heights

State

NJ

Zip Code

08035-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blank Rome LLP

Occupation (for Individual)

Attorney

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  
05 / 01 / 2020

Transaction ID : SA11AI.6168

Amount of Each Receipt this Period

100.00

☐ Memo Item

Monthly payroll deduction contribution

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

**C. Siegel, Jeffrey, N., ,**

Mailing Address 975 Park Avenue

Apt. 11 D

City

New York

State

NY

Zip Code

10028-0323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blank Rome

Occupation (for Individual)

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2020

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period

125.00

☐ Memo Item

Monthly payroll deduction contribution

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

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

325.00