

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

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

FOR LINE NUMBER: PAGE 36 OF 134

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Bloomin' Brands, Inc. Political Action Committee**

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

**A. CORNWELL MCMICKLE, NICOLE, , ,**

Mailing Address 16535 HUTCHISON RD

City  
Odessa

State  
FL

Zip Code  
33556-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corp OSRS

Occupation (for Individual)

Sr. Dir Strat Int &amp; Trng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2019

Transaction ID : AED5D068128C345C094D

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. DAVIS, TRACY HARMAN, , ,**

Mailing Address 3275 SAND ROAD

City

Cape Coral

State

FL

Zip Code

33993-9002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corp OSRS

Occupation (for Individual)

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2019

Transaction ID : AD59A9BA062B043F2AB8

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. READ, WILLIAM, , ,**

Mailing Address 178 KOLLINOVA DRIVE

City

Clayton

State

NC

Zip Code

27527-4272

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corp OSRS

Occupation (for Individual)

Dir Ops Excellence

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2019

Transaction ID : A963F57036B0C4239A4F

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

100.00