

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 OF 233

(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. HAYES, TIMOTHY, , ,

Mailing Address 320 EBB TIDE COURT

City

Ponte Vedra

State

FL

Zip Code

32082-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OS Management

Occupation (for Individual)

Sr. Dir. Operations

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : A094D07490C794C07B3C

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

B. HEALY, WILLIAM, , ,

Mailing Address 9127 TILLINGHAST DRIVE

City

Tampa

State

FL

Zip Code

33626-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OS Management

Occupation (for Individual)

SVP Global SC Officer

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : AD979F2C4513D490B826

Amount of Each Receipt this Period

75.00

☐

Memo Item

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

C. WEISSER, ASHLEE, , ,

Mailing Address 6126 CEZANNE AVENUE

City

Lutz

State

FL

Zip Code

33558-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OS Management

Occupation (for Individual)

VP Finance

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : A44ED7C4B72B64FD197C

Amount of Each Receipt this Period

100.00

☐

Memo Item

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

225.00

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