

# **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)

**eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery**

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

**A. Stahl, Jan, H., Dr., MD**

Mailing Address 13772 Denver West Pkwy  
Ste 100

City  
Lakewood

State  
CO

Zip Code  
80401-3139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Denver Eye Surgeons

Occupation (for Individual)  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
02 / 11 / 2020

**Transaction ID : ABB17D6C14BC240A6A6E**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Innocenzi, Robert, A., Dr.,**

Mailing Address 13197 Central Ave  
Ste 101

City  
Chino

State  
CA

Zip Code  
91710-4178

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Robert A. Innocenzi, Jr, DO, Inc

Occupation (for Individual)  
Do

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 11 / 2020

**Transaction ID : A3527230F20124CECAAF**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Manjoney, Delia, M., Dr.,**

Mailing Address 2720 Main St #1

City  
Bridgeport

State  
CT

Zip Code  
06606-5363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Manjoney & Manjoney, LLC.

Occupation (for Individual)  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 12 / 2020

**Transaction ID : AA60CA620528D4E41B8D**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1050.00