

# **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. Miller, Kevin, M., Dr.,**

Mailing Address 300 Stein Plaza, UCLA  
Wasserman Building, 2nd Floor

City  
Los Angeles

State  
CA

Zip Code  
90095-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jules Stein Eye Institute, UCLA

Occupation (for Individual)  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
01 / 19 / 2019

**Transaction ID : AACCD72EC0D57476389C**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Yakubov, Lyn, E., Dr.,**

Mailing Address 10 Dutton Dr

City  
Youngstown

State  
OH

Zip Code  
44502-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eye Care Associates

Occupation (for Individual)  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 21 / 2019

**Transaction ID : A7D74C66EB73F4169B9F**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Nicholson, Brice, R., CDR,**

Mailing Address 34719 6th Ave S

City  
Federal Way

State  
WA

Zip Code  
98003-8714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Evergreen Eye Center

Occupation (for Individual)  
Do

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 21 / 2019

**Transaction ID : A3D49CD7E2B044700A2B**

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)..... ►

2000.00