

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

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

FOR LINE NUMBER: PAGE 10 OF 46

(check only one)

☒ 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. Goosey, John, , Dr.,**

Mailing Address 6545 Rutgers Ave

City  
Houston

State  
TX

Zip Code  
77005-3850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Houston Eye Associates

Occupation (for Individual)  
Md

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 23 / 2019

**Transaction ID : A01CDB14918FE4BD58E9**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. 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

01 / 24 / 2019

**Transaction ID : A3C1D264ED0C44D3397E**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Maxwell, W. Andrew, , Dr.,**

Mailing Address 1360 E Herndon Ave  
Ste 401

City  
Fresno

State  
CA

Zip Code  
93720-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fogg Maxwell Lanier & Remington Eye Ca

Occupation (for Individual)  
Md, Phd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2019

**Transaction ID : AD5C738242CED47F9A9D**

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)..... ►

1300.00