

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

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

FOR LINE NUMBER: PAGE 22 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. Myers, William, G., Dr.,

Mailing Address 2042 N Cleveland Ave

City
Chicago

State
IL

Zip Code
60614-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Myers Center

Occupation (for Individual)

Md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2019

Transaction ID : A1E9C1412DF144CE7843

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Womack, Larry, W., Dr,

Mailing Address 789 Pompadour Dr

City
Ashland

State
OR

Zip Code
97520-9399

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 16 / 2019

Transaction ID : A012E4FC1523242FF9A8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Katzen, Lawrence, B., Dr.,

Mailing Address 901 N Congress Ave
Ste 104

City
Boynton Beach

State
FL

Zip Code
33426-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Katzen Eye Care & Laser Center

Occupation (for Individual)
Md

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2019

Transaction ID : ABC4EE61086A64206B6F

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