

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
US Oncology Inc. Good Government Committee

ADDRESS (number and street) 16825 Northchase Drive
Suite 1300
 Check if different than previously reported. (ACC)
Houston TX 77060

2. **FEC IDENTIFICATION NUMBER** C00339655
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2007 through 08 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Leo Sands

Signature of Treasurer Electronically Filed by Leo Sands Date 09 19 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
US Oncology Inc. Good Government Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		260661.90
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	358996.33									
(c) Total Receipts (from Line 19)	59020.50	348981.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	418016.83	609643.18								
7. Total Disbursements (from Line 31)	12673.31	204299.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	405343.52	405343.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
US Oncology Inc. Good Government Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	56354.02	319059.06
(i) Itemized (use Schedule A)	2236.08	27295.87
(ii) Unitemized	58590.10	346354.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	58590.10	346354.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	430.40	2626.35
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59020.50	348981.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59020.50	348981.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	523.31	3849.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	523.31	3849.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12150.00	200450.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12673.31	204299.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12673.31	204299.66

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	58590.10	346354.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58590.10	346354.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	523.31	3849.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	430.40	2626.35
38. Net Operating Expenditures (subtract Line 37 from Line 36)	92.91	1223.31

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Michael Boxer, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2007	
Mailing Address 8451 E. Brookwood Drive		Transaction ID: 26376843	
City Tucson	State AZ	Amount of Each Receipt this Period 1000.00	
Zip Code 85750			
FEC ID number of contributing federal political committee. C			
Name of Employer AZ-Arizona Oncology Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Carl Chakmakjian, M.D.		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2007	
Mailing Address 2021 Rustic Trail		Transaction ID: 26376844	
City McGregor	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 76657			
FEC ID number of contributing federal political committee. C			
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Errin M. Bullard		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2007	
Mailing Address 6607 Glenhill Drive		Transaction ID: 26376845	
City Spring	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 77389			
FEC ID number of contributing federal political committee. C			
Name of Employer US Oncology, Inc.	Occupation Regional Finance Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Russell J. Hoverman, M.D.

Mailing Address 12221 Merit Drive #500

City Dallas State TX Zip Code 75251-2202

FEC ID number of contributing federal political committee. **C**

Name of Employer TX-TOPA & New Mexico Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2007

Transaction ID: 26376856

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Carolyn M. Matthews, M.D.

Mailing Address 7100 Lakeshore Drive

City Dallas State TX Zip Code 75214

FEC ID number of contributing federal political committee. **C**

Name of Employer TX-TOPA & New Mexico Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2007

Transaction ID: 26404502

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Robert J. Brooks, M.D.

Mailing Address 6350 North Whaleback Place

City Tucson State AZ Zip Code 85750

FEC ID number of contributing federal political committee. **C**

Name of Employer AZ-Arizona Oncology Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 26404512

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Ellen E. Bellairs, M.D.

Mailing Address 2231 West 21st Street

City State Zip Code
Minneapolis MN 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Minnesota Oncology Hematology Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2007

Transaction ID: 26404615

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mark Yoffe, M.D.

Mailing Address 4317 Johnston Busbee Wynd

City State Zip Code
Raleigh NC 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cancer Centers of North Carolina - Ral Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2007

Transaction ID: 26410927

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Deborah Lindquist, M.D.

Mailing Address 2400 N. Kramer St.

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AZ-Arizona Oncology Associates Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: 26445467

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Frederick R. Zivnuska, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address 4 Cricklewood Place		Transaction ID: 26445468
City State Zip Code St. Louis MO 63131	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MO-ARCH Medical Services	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. John R. Howard, Jr., MD		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 3720 Farnsworth Drive		Transaction ID: 26469860
City State Zip Code Chesapeake VA 23321	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer VA-Virginia Oncology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Raul T. Meoz, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 9280 West Sunset Road #100		Transaction ID: 26469861
City State Zip Code Las Vegas NV 89148	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NV-Comprehensive Cancer Centers of Nev	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Jonathan E. Schwartz, M.D.

Mailing Address 6261 North Craycroft Road

City Tucson State AZ Zip Code 85750

FEC ID number of contributing federal political committee. **C**

Name of Employer AZ-Arizona Oncology Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 22 / 2007

Transaction ID: 26469862

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Susan Freeman, M.D.

Mailing Address 5260 Preserve Parkway South

City Greenwood Village State CO Zip Code 80121

FEC ID number of contributing federal political committee. **C**

Name of Employer CO-Rocky Mountain Cancer Centers Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2007

Transaction ID: 26469863

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Marco Araneda, M.D.

Mailing Address 5822 Acacia

City Harlongen State TX Zip Code 78552

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Oncology Cancer Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2007

Transaction ID: 26473364

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Anuradha Thummala, MD

Mailing Address 12032 Aragon Springs Avenue

City State Zip Code
Las Vegas NV 89138

FEC ID number of contributing federal political committee. **C**

Name of Employer
Comprehensive Cancer Cent-ers of Nevada

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2007

Transaction ID: 26473366

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Manuel A. Santiago, M.D.

Mailing Address 1006 Iron Oak Lane

City State Zip Code
San Antonio TX 78229

FEC ID number of contributing federal political committee. **C**

Name of Employer
TX-Cancer Care Centers of South Texas

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2007

Transaction ID: 26473826

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Fred M. Massey, M.D.

Mailing Address 11010 Javalin Trail

City State Zip Code
Helotes TX 78023-4294

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cancer Care Centers of So-uth Texas

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2007

Transaction ID: 26474211

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Matthew W. Schwartz, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 2761 Rosenheartly Drive		Transaction ID: 26479096
City State Zip Code Henderson NV 89044	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NV-Comprehensive Cancer Centers of Nev	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Leonard Klein, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 2105 Mallard Drive		Transaction ID: 26479135
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer IL-Cancer Care Hematology Specialists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mammo Amare, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 5321 Springmeadow		Transaction ID: 26482423
City State Zip Code Dallas TX 75229	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TX-TOPA & New Mexico	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Lixin Liao, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 4203 Palmer Drive		Transaction ID: 26482424
City State Zip Code Monsfield TX 76063	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TX-TOPA & New Mexico	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Lawrence Hochman, D.O.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 8107 Moonlight Lane		Transaction ID: 26482515
City State Zip Code New Port Richey FL 34654	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer FL-Florida Cancer Institute	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Bruce A. Cutter, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 4902 East 65th Avenue		Transaction ID: 26482516
City State Zip Code Spokane WA 99223-1813	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WA-Cancer Care Northwest	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Kathleen L. Shide, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 4617 Brierhaven Road		Transaction ID: 26482517
City State Zip Code Fort Worth TX 76109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer TX-TOPA & New Mexico	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dan Curtis, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 655 Town Center Drive		Transaction ID: 26482525
City State Zip Code Las Vegas NV 89144	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NV-Comprehensive Cancer Centers of Nev	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. William Larry Gluck, M.D.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 52 Club Forest Lane		Transaction ID: 26482526
City State Zip Code Greenville SC 29605-3152	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SC-Cancer Centers of the Carolinas	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Raymond Taetle, M.D.

Mailing Address 3160 Camino Juan Paisano

City Tucson State AZ Zip Code 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer AZ-Arizona Oncology Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 30 / 2007

Transaction ID: 26482527

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Burton F. Alexander, M.D.

Mailing Address 2804 Forest Hills Ct

City Virginia Beach State VA Zip Code 23454-1236

FEC ID number of contributing federal political committee. **C**

Name of Employer VA-Virginia Oncology Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.72

Date of Receipt

Transaction ID: PR1026364517739

Amount of Each Receipt this Period
83.34

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Thomas C. Anderson, M.D.

Mailing Address 511 San Juan

City Southlake State TX Zip Code 76092

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Oncology, Inc. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

Transaction ID: PR1026365017739

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1333.34**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Elizabeth Campbell, MD		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 4217 Glen Laurel Drive		Transaction ID: PR1026369417739	
City Raleigh	State NC	Zip Code 27612-3717	Amount of Each Receipt this Period 90.91
FEC ID number of contributing federal political committee. C			
Name of Employer NC-Raleigh Hematology Oncology Associa	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.37	P/R Deduction (\$90.91 Monthly)	

Full Name (Last, First, Middle Initial) B. Thomas H. Cartwright, M.D		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 433 South West 10th Street		Transaction ID: PR1026370017739	
City Ocala	State FL	Zip Code 34470	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer FL-Ocala Oncology Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$125.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Kathy Christman, M.D		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 75 Woodvale Avenue		Transaction ID: PR1026370817739	
City Greenville	State SC	Zip Code 29605-1130	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SC-Oncology & Hematology Associates of	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$250.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	465.91
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial) Mark Crozier, M.D. Mailing Address 2707 Berenson Lane City Austin State TX Zip Code 78746-1929 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026372017739 Amount of Each Receipt this Period 83.34 P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer TX-TOPA & New Mexico Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72		

B. Full Name (Last, First, Middle Initial) Mark Davidner, M.D. Mailing Address 1000 East 101st Terrace City Kansas City State MO Zip Code 64131-3366 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026372717739 Amount of Each Receipt this Period 125.00 P/R Deduction (\$125.00 Monthly)
Name of Employer MO-Kansas City Cancer Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) John M. Davis, M.D. Mailing Address 2905 W. 112th Street City Leawood State KS Zip Code 66211-3088 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026372817739 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 Monthly)
Name of Employer MO-Kansas City Cancer Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72		

SUBTOTAL of Receipts This Page (optional)	291.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial) Paul A. DeCarolis Mailing Address 5760 Adrienne Ct. City State Zip Code Colorado Springs CO 80906-8257 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026373217739 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
Name of Employer CO-Rocky Mountain Cancer Centers Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		

B. Full Name (Last, First, Middle Initial) Nicholas DiBella Mailing Address 11875 Delbert Road City State Zip Code Parker CO 80138 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026373917739 Amount of Each Receipt this Period 90.91 P/R Deduction (\$90.91 Monthly)
Name of Employer CO-Rocky Mountain Cancer Centers Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 636.37		

C. Full Name (Last, First, Middle Initial) Maha A. Elkordy, MD Mailing Address 4212 City of Oaks Wynd City State Zip Code Raleigh NC 27612-5313 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026374917739 Amount of Each Receipt this Period 90.91 P/R Deduction (\$90.91 Monthly)
Name of Employer NC-Raleigh Hematology Oncology Associa Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 636.37		

SUBTOTAL of Receipts This Page (optional)	431.82
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Maria R. Flores, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9108 Baynard Court		Transaction ID: PR1026376717739	
City State Zip Code Orlando FL 32819-4063	Amount of Each Receipt this Period _____ 214.29		
FEC ID number of contributing federal political committee. C _____			
Name of Employer FL-Cancer Centers of Florida	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 642.87		P/R Deduction (\$214.29 Monthly)

Full Name (Last, First, Middle Initial) B. David C. Fryefield, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2175 Charnelton		Transaction ID: PR1026377517739	
City State Zip Code Eugene OR 97405	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer OR-Oncology Associates of Oregon	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial) C. Timothy K. George, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1913 Fringewood Drive		Transaction ID: PR1026378717739	
City State Zip Code Midland TX 79707-5050	Amount of Each Receipt this Period _____ 270.86		
FEC ID number of contributing federal political committee. C _____			
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1416.80		P/R Deduction (\$135.43 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 585.15
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Jeffrey Giguere, M.D.		Date of Receipt
Mailing Address 16 Club Forest Lake		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Greenville	SC	29605-3152
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Oncology & Hematology Associates of SC	Occupation Physician	Transaction ID: PR1026379317739
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3333.36	
		Amount of Each Receipt this Period <input type="text"/> 416.67
		P/R Deduction (\$416.67 Monthly)

Full Name (Last, First, Middle Initial) B. Arve Gillette, M.D.		Date of Receipt
Mailing Address 7552 Baxtershire Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Dallas	TX	75230-2404
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TX-TOPA & New Mexico	Occupation Physician	Transaction ID: PR1026379517739
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	
		Amount of Each Receipt this Period <input type="text"/> 62.50
		P/R Deduction (\$31.25 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Gregory Guzley, M.D.		Date of Receipt
Mailing Address 2 Regency Row Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
San Antonio	TX	78248-1560
FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TX-Cancer Care Centers of South Texas	Occupation Physician	Transaction ID: PR1026381617739
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 763.70	
		Amount of Each Receipt this Period <input type="text"/> 109.10
		P/R Deduction (\$109.10 Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 588.27
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial) Frankie Holmes, M.D. Mailing Address 4535 Birch Street City State Zip Code Bellaire TX 77401-5507 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026383417739 Amount of Each Receipt this Period 416.68 P/R Deduction (\$208.34 Semi-Monthly)
Name of Employer Occupation Texas Oncology, Inc. Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3333.44		

B. Full Name (Last, First, Middle Initial) John Kessler, M.D. Mailing Address 190 Cedar Road City State Zip Code Pogquoson VA 23662-2110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026387317739 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer Occupation VA-Virginia Oncology Associates Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00		

C. Full Name (Last, First, Middle Initial) Edwin C. Kingsley, M.D. Mailing Address 2321 Caserta Court City State Zip Code Henderson NV 89074-5318 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026387717739 Amount of Each Receipt this Period 142.86 P/R Deduction (\$142.86 Monthly)
Name of Employer Occupation NV-Comprehensive Cancer Centers of Nev Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 428.58		

SUBTOTAL of Receipts This Page (optional)	659.54
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Alan Kritz, M.D.		Date of Receipt
Mailing Address 2717 St. Mary's Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Raleigh	State NC	Zip Code 27609-7640
FEC ID number of contributing federal political committee. C		Transaction ID: PR1026388317739
Name of Employer NC-Raleigh Hematology Oncology Associa		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 109.10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$109.10 Monthly)
	<input type="text"/> 763.70	

Full Name (Last, First, Middle Initial) B. Michael E. Lee, M.D.		Date of Receipt
Mailing Address 5900 Lake Wright Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Norfolk	State VA	Zip Code 23502-1871
FEC ID number of contributing federal political committee. C		Transaction ID: PR1026389517739
Name of Employer VA-Virginia Oncology Associates		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$125.00 Monthly)
	<input type="text"/> 500.00	

Full Name (Last, First, Middle Initial) C. Jose Lopez, M.D.		Date of Receipt
Mailing Address 208 West Schubert Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
City Fredericksburg	State TX	Zip Code 78624-3847
FEC ID number of contributing federal political committee. C		Transaction ID: PR1026390317739
Name of Employer TX-Cancer Care Centers of South Texas		Amount of Each Receipt this Period
Occupation Physician		<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Monthly)
	<input type="text"/> 700.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 334.10
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial) Roger M. Lyons, M.D. Mailing Address 25 Devon Wood City San Antonio State TX Zip Code 78257-1212 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026390717739 Amount of Each Receipt this Period 109.10 P/R Deduction (\$109.10 Monthly)
Name of Employer TX-Cancer Care Centers of South Texas Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 763.70		

B. Full Name (Last, First, Middle Initial) Curtis Mack, M.D. Mailing Address 4020 N. Pontatoc Road City Tucson State AZ Zip Code 85718 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026390917739 Amount of Each Receipt this Period 41.68 P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer AZ-Arizona Oncology Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.44		

C. Full Name (Last, First, Middle Initial) Michael Manning, M.D. Mailing Address 6731 E. Rosewood Circle City Tucson State AZ Zip Code 85710 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026391317739 Amount of Each Receipt this Period 208.34 P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer Arizona Oncology Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.72		

SUBTOTAL of Receipts This Page (optional)	359.12
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. John Mattern, II, D.O.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3 Madison Circle		Transaction ID: PR1026392317739	
City Newport News	State VA	Zip Code 23606-2818	Amount of Each Receipt this Period _____ 208.34
FEC ID number of contributing federal political committee. C _____			
Name of Employer Virginia Oncology Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1666.72		
		P/R Deduction (\$208.34 Monthly)	

Full Name (Last, First, Middle Initial) B. Paul E. Michael, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 199 Courtney Ann Drive		Transaction ID: PR1026394217739	
City Henderson	State NV	Zip Code 89074-0988	Amount of Each Receipt this Period _____ 142.86
FEC ID number of contributing federal political committee. C _____			
Name of Employer NV-Comprehensive Cancer Centers of Nev	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 428.58		
		P/R Deduction (\$142.86 Monthly)	

Full Name (Last, First, Middle Initial) C. Mark C. Myron, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11712 Manor Road		Transaction ID: PR1026395317739	
City Leawood	State KS	Zip Code 66211-3010	Amount of Each Receipt this Period _____ 83.34
FEC ID number of contributing federal political committee. C _____			
Name of Employer MO-Kansas City Cancer Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 666.72		
		P/R Deduction (\$83.34 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 434.54
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial) Marcus Neubauer, M.D. Mailing Address 11805 Brookwood Avenue City Leawood State KS Zip Code 66211-2905 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026395517739 Amount of Each Receipt this Period 83.34
Name of Employer US Oncology Occupation Medical Dir- Clinical Pathways Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial) Rebecca Orwoll, M.D. Mailing Address 3632 NE Davis Street City Portland State OR Zip Code 97232-3435 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026396417739 Amount of Each Receipt this Period 50.00
Name of Employer OR-Northwest Cancer Specialists Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial) Michael H. Park, M.D. Mailing Address 2790 Lake Vista Drive City Lewisville State TX Zip Code 75067-3884 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026397017739 Amount of Each Receipt this Period 384.62
Name of Employer TX-TOPA & New Mexico Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.55	P/R Deduction (\$192.31 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	517.96
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Robert Pluenneke, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026398317739	
Mailing Address 5915 Southwood		Amount of Each Receipt this Period 90.91	
City Lees Summit	State MO	Zip Code 64064-2431	P/R Deduction (\$90.91 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 636.37	
Name of Employer MO-Kansas City Cancer Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert N. Raju, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026399017739	
Mailing Address 1191 Walnut Valley Lane		Amount of Each Receipt this Period 218.19	
City Dayton	State OH	Zip Code 45458	P/R Deduction (\$218.19 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1527.33	
Name of Employer OH-Dayton Oncology Hematology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mark W. Redrow, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026399117739	
Mailing Address 3824 Bellaire Circle		Amount of Each Receipt this Period 333.34	
City Fort Worth	State TX	Zip Code 76109-2764	P/R Deduction (\$166.67 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1166.69	
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	642.44
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. James D. Sanchez, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026401317739
Mailing Address 1798 Amarone Way		Amount of Each Receipt this Period 1000.00
City Henderson State NV Zip Code 89012	FEC ID number of contributing federal political committee. C	P/R Deduction (\$1000.00 Monthly)
Name of Employer NV-Comprehensive Cancer Centers of Nev Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Leo Sands		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026401417739
Mailing Address 42 Dunlin Meadow Drive		Amount of Each Receipt this Period 416.68
City The Woodlands State TX Zip Code 77381	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.34 Se-mi-Monthly)
Name of Employer US Oncology, Inc. Occupation EVP & Chief Admin Officer	Aggregate Year-to-Date ▼ 3333.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Scot M. Sedlacek, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026402717739
Mailing Address 2223 Montane Drive East		Amount of Each Receipt this Period 125.00
City Golden State CO Zip Code 80401-9124	FEC ID number of contributing federal political committee. C	P/R Deduction (\$125.00 Monthly)
Name of Employer CO-Rocky Mountain Cancer Centers Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1541.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Mark Sitarik, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2131 10th Avenue		Transaction ID: PR1026403817739	
City State Zip Code Longmont CO 80501	Amount of Each Receipt this Period _____ 208.34		
FEC ID number of contributing federal political committee. C _____			
Name of Employer CO-Rocky Mountain Cancer Centers	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1605.64		P/R Deduction (\$208.34 Monthly)

Full Name (Last, First, Middle Initial) B. Edward Soo, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10014 SW Balmer Circle		Transaction ID: PR1026404817739	
City State Zip Code Portland OR 97219-6373	Amount of Each Receipt this Period _____ 95.24		
FEC ID number of contributing federal political committee. C _____			
Name of Employer OR-Northwest Cancer Specialists	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 619.06		P/R Deduction (\$47.62 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Valiant Tan, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 749 Denham Arch		Transaction ID: PR1026406817739	
City State Zip Code Chesapeake VA 23322-6823	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer VA-Virginia Oncology Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 403.58
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Bernard Taylor, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1200 Mockingbird Lane		Transaction ID: PR1026406917739	
City State Zip Code Longview TX 75601	Amount of Each Receipt this Period _____ 208.34		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Texas Oncology, Inc.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1666.72		P/R Deduction (\$104.17 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) B. David P. Walker, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address P.O. Box 57732		Transaction ID: PR1026409317739	
City State Zip Code Webster TX 77598-7732	Amount of Each Receipt this Period _____ 333.34		
FEC ID number of contributing federal political committee. C _____			
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1166.69		P/R Deduction (\$166.67 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) C. Michael Willen, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 36 Stockbridge Road		Transaction ID: PR1026410917739	
City State Zip Code Slingerlands NY 12159-9421	Amount of Each Receipt this Period _____ 83.34		
FEC ID number of contributing federal political committee. C _____			
Name of Employer NY-New York Oncology Hema- tology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 666.72		P/R Deduction (\$41.67 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 625.02
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Michael Zurenko, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 106 Chatsworth Road		Transaction ID: PR1026412617739
City State Zip Code Greer SC 29651-6800	Amount of Each Receipt this Period _____ 208.34	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$208.34 Monthly)	
Name of Employer Oncology & Hematology Associates of SC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1666.72	

Full Name (Last, First, Middle Initial) B. Alexander Zweibach, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2614 Manor Ridge Court		Transaction ID: PR1026412717739
City State Zip Code San Antonio TX 78258-4525	Amount of Each Receipt this Period _____ 109.10	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$109.10 Monthly)	
Name of Employer TX-Cancer Care Centers of South Texas	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 763.70	

Full Name (Last, First, Middle Initial) C. Susan Escudier, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5751 Braesheather Drive		Transaction ID: PR1026412917739
City State Zip Code Houston TX 77096	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Semi-Monthly)	
Name of Employer TX-TOPA & New Mexico	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 417.44
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Gary L. Lee, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1026413117739
Mailing Address 3651 Spring Blvd.		Amount of Each Receipt this Period 100.00
City Eugene State OR Zip Code 97405	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer OR-Oncology Associates of Oregon Occupation Physician	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. R Paulson, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1162381517739
Mailing Address 9831 Meadowbrook Drive		Amount of Each Receipt this Period 222.24
City Dallas State TX Zip Code 75220-2139	FEC ID number of contributing federal political committee. C	P/R Deduction (\$111.12 Semi-Monthly)
Name of Employer TX-TOPA & New Mexico Occupation Physician	Aggregate Year-to-Date ▼ 1111.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Claude A. Stringer, Jr., M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1162381917739
Mailing Address 7130 Brookcove Lane		Amount of Each Receipt this Period 333.34
City Dallas State TX Zip Code 75214-1944	FEC ID number of contributing federal political committee. C	P/R Deduction (\$166.67 Semi-Monthly)
Name of Employer TX-TOPA & New Mexico Occupation Physician	Aggregate Year-to-Date ▼ 1166.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	655.58
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Phillip H. Watts		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1604358917739
Mailing Address 5212 Beech Street		Amount of Each Receipt this Period 227.28
City State Zip Code Bellaire TX 77401	FEC ID number of contributing federal political committee. C	P/R Deduction (\$113.64 Semi-Monthly)
Name of Employer USON Vice Presidents and Executive Com	Occupation SVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1590.96	

Full Name (Last, First, Middle Initial) B. Atul Dhir, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1604657317739
Mailing Address 87 N. Hunters Crossing Circle		Amount of Each Receipt this Period 125.00
City State Zip Code The Woodlands TX 77381	FEC ID number of contributing federal political committee. C	P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer USON Vice Presidents and Executive Com	Occupation Pres CIRG & EVP Corp Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Claude A. Denham, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1680016017739
Mailing Address 3535 Worth Street		Amount of Each Receipt this Period 333.34
City State Zip Code Dallas TX 75246-2006	FEC ID number of contributing federal political committee. C	P/R Deduction (\$166.67 Semi-Monthly)
Name of Employer Texas Oncology, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2166.69	

SUBTOTAL of Receipts This Page (optional) ▶	685.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. James A. Corwin, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4516 Robin Lane		Transaction ID: PR1690615917739	
City Midland	State TX	Zip Code 79707	Amount of Each Receipt this Period _____ 208.34
FEC ID number of contributing federal political committee. C _____			
Name of Employer Texas Oncology, Inc.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1666.72		
		P/R Deduction (\$104.17 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. Ralph F. Heaven, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1957 Antilley Drive		Transaction ID: PR1695083517739	
City Abilene	State TX	Zip Code 79606-5208	Amount of Each Receipt this Period _____ 133.34
FEC ID number of contributing federal political committee. C _____			
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 466.69		
		P/R Deduction (\$66.67 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. William Herman		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11714 Winshire Circle		Transaction ID: PR1736558517739	
City Houston	State TX	Zip Code 77024	Amount of Each Receipt this Period _____ 140.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer USON Vice Presidents and Executive Com	Occupation VP&GM of Cancer Center Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1120.00		
		P/R Deduction (\$70.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 481.68
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Jay C. Andersen, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736970817739
Mailing Address 815 NW Albermarle Terrace		Amount of Each Receipt this Period 111.12
City State Zip Code Portland OR 97210	FEC ID number of contributing federal political committee. C	P/R Deduction (\$55.56 Semi-Monthly)
Name of Employer Northwest Cancer Specialists	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.60	

Full Name (Last, First, Middle Initial) B. Dolores Basden, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736972517739
Mailing Address 6168 East Owls Nest Place		Amount of Each Receipt this Period 45.46
City State Zip Code Tucson AZ 85750	FEC ID number of contributing federal political committee. C	P/R Deduction (\$22.73 Semi-Monthly)
Name of Employer AZ-Arizona Oncology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.22	

Full Name (Last, First, Middle Initial) C. Arvind Bhandari, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736973317739
Mailing Address 31 Dupont Circle		Amount of Each Receipt this Period 133.34
City State Zip Code Sugar Land TX 77479-2521	FEC ID number of contributing federal political committee. C	P/R Deduction (\$66.67 Semi-Monthly)
Name of Employer TX-TOPA & New Mexico	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.69	

SUBTOTAL of Receipts This Page (optional) ▶	289.92
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. George Birchfield, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736973617739
Mailing Address 3934 47th Avenue, NE		Amount of Each Receipt this Period 50.00
City State Zip Code Seattle WA 98105-5223	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Occupation Puget Sound Cancer Centers Physician	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. James H Bordelon, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736974217739
Mailing Address 2909 Rivercove Court		Amount of Each Receipt this Period 153.86
City State Zip Code Fort Worth TX 76116-0807	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 Semi-Monthly)
Name of Employer Occupation Texas Cancer Center/Ft. Worth Physician	Aggregate Year-to-Date 384.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Michael S. Bullock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736975117739
Mailing Address 2869 Flintlock St.		Amount of Each Receipt this Period 83.34
City State Zip Code Eugene OR 97401	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.34 Monthly)
Name of Employer Occupation OR-Oncology Associates of Oregon Physician	Aggregate Year-to-Date 666.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	287.20
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Edward H. Chang, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1991 Country Club Road		Transaction ID: PR1736976017739		
City State Zip Code Lake Oswego OR 97034-2003	Amount of Each Receipt this Period _____ 47.62		P/R Deduction (\$23.81 Semi-Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation OR-Northwest Cancer Specialists Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 309.53		

Full Name (Last, First, Middle Initial) B. Brennen Scott Cheek, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 3012 Amherst Avenue		Transaction ID: PR1736976217739		
City State Zip Code Dallas TX 75225-7807	Amount of Each Receipt this Period _____ 312.50		P/R Deduction (\$156.25 Semi-Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation Texas Oncology, P.A. Radiation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 1250.00		

Full Name (Last, First, Middle Initial) C. Byron Chesbro, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 5769 B Lawndale Drive		Transaction ID: PR1736976417739		
City State Zip Code El Paso TX 79912	Amount of Each Receipt this Period _____ 125.00		P/R Deduction (\$62.50 Semi-Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation TX-TOPA & New Mexico Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 485.12
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Valerian Chyle, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736976617739	
Mailing Address 1505 White Oak Loop		Amount of Each Receipt this Period 333.34	
City State Zip Code Round Rock TX 78681-2107	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation TX-TOPA & New Mexico Physician	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1166.69		
P/R Deduction (\$166.67 Semi-Monthly)			

Full Name (Last, First, Middle Initial) B. Barry Cooper, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736977517739	
Mailing Address 10 Milford Place		Amount of Each Receipt this Period 133.34	
City State Zip Code Dallas TX 75230-1955	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation TX-TOPA & New Mexico Physician	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 466.69		
P/R Deduction (\$66.67 Semi-Monthly)			

Full Name (Last, First, Middle Initial) C. Linda Couch, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736977717739	
Mailing Address 1208 Seeluded Lane		Amount of Each Receipt this Period 312.50	
City State Zip Code Longview TX 75604-2859	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation TX-TOPA & New Mexico Physician	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00		
P/R Deduction (\$156.25 Semi-Monthly)			

SUBTOTAL of Receipts This Page (optional) ▶	779.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial) Margaret Deutsch, MD Mailing Address 2407 Honeysuckle Road City State Zip Code Chapel Hill NC 27514-6819 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736979417739 Amount of Each Receipt this Period 90.91 P/R Deduction (\$90.91 Monthly)
Name of Employer NC-Raleigh Hematology Oncology Associa Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 636.37		

B. Full Name (Last, First, Middle Initial) Yuhoe-Gia Dice, MD Mailing Address 18627 Crosstimber City State Zip Code San Antonio TX 78258-4587 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736979517739 Amount of Each Receipt this Period 109.10 P/R Deduction (\$109.10 Monthly)
Name of Employer TX-Cancer Care Centers of South Texas Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 763.70		

C. Full Name (Last, First, Middle Initial) Dale L Duncan, MD Mailing Address 2 Hollow Hill City State Zip Code Greenville SC 29607-3761 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736980117739 Amount of Each Receipt this Period 208.34 P/R Deduction (\$208.34 Monthly)
Name of Employer Oncology & Hematology Associates of SC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.72		

SUBTOTAL of Receipts This Page (optional)	408.35
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. William J. Edenfield, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736980817739
Mailing Address 309 E. Seven Oaks Drive		Amount of Each Receipt this Period 333.34
City Greenville State SC Zip Code 29605-3136	FEC ID number of contributing federal political committee. C	P/R Deduction (\$333.34 Monthly)
Name of Employer SC-Oncology & Hematology Associates of Occupation Physician	Aggregate Year-to-Date ▼ 1666.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Brant Ellis, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736981017739
Mailing Address 754 Lari Dawn		Amount of Each Receipt this Period 109.10
City San Antonio State TX Zip Code 78258-4007	FEC ID number of contributing federal political committee. C	P/R Deduction (\$109.10 Monthly)
Name of Employer TX-Cancer Care Centers of South Texas Occupation Physician	Aggregate Year-to-Date ▼ 763.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carlos A Encarnacion-Perez, M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736981117739
Mailing Address 2704 Westbury Circle		Amount of Each Receipt this Period 238.10
City Waco State TX Zip Code 76710-1148	FEC ID number of contributing federal political committee. C	P/R Deduction (\$119.05 Semi-Monthly)
Name of Employer TX-TOPA & New Mexico Occupation Physician	Aggregate Year-to-Date ▼ 1547.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	680.54
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Jenny R. Fox, M.D.

Mailing Address 2090 Keota Ln

City State Zip Code
Superior CO 80027

FEC ID number of contributing federal political committee. **C**

Name of Employer
CO-Rocky Mountain Cancer Centers
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.22

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1736982717739

Amount of Each Receipt this Period
45.46

P/R Deduction (\$45.46 Monthly)

B. Full Name (Last, First, Middle Initial)
Larry L. Frase, M.D.

Mailing Address 1300 North 4th Street

City State Zip Code
Longview TX 75601-4717

FEC ID number of contributing federal political committee. **C**

Name of Employer
TX-TOPA & New Mexico
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1966.69

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1736982817739

Amount of Each Receipt this Period
133.34

P/R Deduction (\$66.67 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
David J. Friedman, M.D.

Mailing Address 26 Park Mountain Drive

City State Zip Code
San Antonio TX 78255-2104

FEC ID number of contributing federal political committee. **C**

Name of Employer
TX-Cancer Care Centers of South Texas
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
763.70

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1736983017739

Amount of Each Receipt this Period
109.10

P/R Deduction (\$109.10 Monthly)

SUBTOTAL of Receipts This Page (optional)	287.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey E. Greenberg, M.D.

Mailing Address 12729 Sunlight Drive

City State Zip Code
Dallas TX 75230-1833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TX-TOPA & New Mexico Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR1736985117739

Amount of Each Receipt this Period
312.50

P/R Deduction (\$156.25 Se-mi-Monthly)

B. Full Name (Last, First, Middle Initial)
Manish Gupta, M.D.

Mailing Address 777 Walter Reed Blvd.
#201

City State Zip Code
Garland TX 75042-5727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TX-TOPA & New Mexico Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2333.38

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR1736985417739

Amount of Each Receipt this Period
666.68

P/R Deduction (\$333.34 Se-mi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mary E. Hebert, M.D.

Mailing Address 408 Harrison Circle

City State Zip Code
Van Alstyne TX 75495-4308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TX-TOPA & New Mexico Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1366.72

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR1736986617739

Amount of Each Receipt this Period
283.34

P/R Deduction (\$141.67 Se-mi-Monthly)

SUBTOTAL of Receipts This Page (optional)	1262.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Stuart W. Hinton, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736987417739	
Mailing Address 14316 Grandview Street		Amount of Each Receipt this Period 100.00	
City Overland Park	State KS	Zip Code 66221-2287	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer MO-Kansas City Cancer Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Thomas E. Hutson, D.O.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736988517739	
Mailing Address 5300 Poladium Drive		Amount of Each Receipt this Period 312.50	
City Dallas	State TX	Zip Code 75254-7543	P/R Deduction (\$156.25 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Sharad Jain, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736988817739	
Mailing Address 706 Winding Bend Circle		Amount of Each Receipt this Period 83.34	
City Highland Village	State TX	Zip Code 75077	P/R Deduction (\$41.67 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72		

SUBTOTAL of Receipts This Page (optional) ▶	495.84
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Satheesh K. Kathula, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1062 Kenworthy Place		Transaction ID: PR1736990017739		
City State Zip Code Centerville OH 45458-3660	Amount of Each Receipt this Period _____ 500.00		P/R Deduction (\$500.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer OH-Dayton Oncology Hematology Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ _____ 500.00

Full Name (Last, First, Middle Initial) B. Matthew Logsdon, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 20095 Silver Horn Lane		Transaction ID: PR1736993217739		
City State Zip Code Monument CO 80132-8093	Amount of Each Receipt this Period _____ 125.00		P/R Deduction (\$125.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer CO-Rocky Mountain Cancer Centers Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ _____ 500.00

Full Name (Last, First, Middle Initial) C. Arsenio G. Lopez, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6477 Calle Placido Drive		Transaction ID: PR1736993417739		
City State Zip Code El Paso TX 79912-7533	Amount of Each Receipt this Period _____ 133.34		P/R Deduction (\$66.67 Semi-Monthly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer TX-TOPA & New Mexico Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ _____ 466.69

SUBTOTAL of Receipts This Page (optional) ▶	_____ 758.34
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Robert G. Menzel, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736995917739	
Mailing Address 7262 Paldao		Amount of Each Receipt this Period 333.34	
City State Zip Code Dallas TX 75240-2741	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation TX-TOPA & New Mexico Physician	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1166.69		
P/R Deduction (\$166.67 Se-mi-Monthly)			

Full Name (Last, First, Middle Initial) B. Carl E. Nuesch, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736998317739	
Mailing Address 10050 Great Hills Trail, #207		Amount of Each Receipt this Period 333.34	
City State Zip Code Austin TX 78759-5841	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation TX-TOPA & New Mexico Physician	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1166.69		
P/R Deduction (\$166.67 Se-mi-Monthly)			

Full Name (Last, First, Middle Initial) C. Virgil Rose, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737003617739	
Mailing Address 3501 Carlton Square Place		Amount of Each Receipt this Period 100.00	
City State Zip Code Raleigh NC 27612-4322	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NC-Raleigh Hematology Onc-ology Associa Physician	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.00		
P/R Deduction (\$100.00 Monthly)			

SUBTOTAL of Receipts This Page (optional) ▶	766.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. John F. Sandbach, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737005117739
Mailing Address 6204 Balcones Drive		Amount of Each Receipt this Period 333.34
City Austin State TX Zip Code 78731-4214		
FEC ID number of contributing federal political committee. C		
Name of Employer TX-TOPA & New Mexico Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69	P/R Deduction (\$166.67 Se-mi-Monthly)

Full Name (Last, First, Middle Initial) B. Michael A. Savin, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737005417739
Mailing Address 7777 Forest Lane D-400		Amount of Each Receipt this Period 333.34
City Dallas State TX Zip Code 75230-6899		
FEC ID number of contributing federal political committee. C		
Name of Employer TX-TOPA & New Mexico Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69	P/R Deduction (\$166.67 Se-mi-Monthly)

Full Name (Last, First, Middle Initial) C. Maureen H. Sheehan, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737006817739
Mailing Address 10249 Walmer		Amount of Each Receipt this Period 100.00
City Overland Park State KS Zip Code 66212-1740		
FEC ID number of contributing federal political committee. C		
Name of Employer MO-Kansas City Cancer Center Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	766.68
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Paramjeet Singh, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 112 Tropez Lane		Transaction ID: PR1737007317739	
City State Zip Code Cary NC 27511-6020	Amount of Each Receipt this Period _____ 90.91		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$90.91 Monthly)		
Name of Employer NC-Raleigh Hematology Oncology Associa	Occupation Physician	Aggregate Year-to-Date ▼ _____ 636.37	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher Sirridge, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 14317 S. Caenen Lane		Transaction ID: PR1737007417739	
City State Zip Code Olathe KS 66062-9434	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$100.00 Monthly)		
Name of Employer MO-Kansas City Cancer Center	Occupation Physician	Aggregate Year-to-Date ▼ _____ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Harry J. Smith, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2602 Coastal Oak Drive		Transaction ID: PR1737007617739	
City State Zip Code Houston TX 77059-6448	Amount of Each Receipt this Period _____ 125.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$62.50 Semi-Monthly)		
Name of Employer TX-TOPA & New Mexico	Occupation Physician	Aggregate Year-to-Date ▼ _____ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 315.91
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. John W. Smith, II, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737007717739
Mailing Address 22851 Oregon City Loop		Amount of Each Receipt this Period 95.24
City State Zip Code West Linn OR 97068-3438	FEC ID number of contributing federal political committee. C	P/R Deduction (\$47.62 Semi-Monthly)
Name of Employer Occupation OR-Northwest Cancer Specialists Physician	Aggregate Year-to-Date 619.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Stephen D. Sorgen, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737008217739
Mailing Address 1300 West Terrell Plaza Level		Amount of Each Receipt this Period 200.00
City State Zip Code Fort Worth TX 76104-2820	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)
Name of Employer Occupation Texas Oncology, P.A. Physician	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Scott A. Stone, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737009017739
Mailing Address 5009 Spanish Oaks		Amount of Each Receipt this Period 126.32
City State Zip Code Frisco TX 75034-5106	FEC ID number of contributing federal political committee. C	P/R Deduction (\$63.16 Semi-Monthly)
Name of Employer Occupation TX-TOPA & New Mexico Physician	Aggregate Year-to-Date 694.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	421.56
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Lewis Terry, Jr., M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737010417739
Mailing Address 309 Mayflower Drive		Amount of Each Receipt this Period 83.34
City Laurens	State SC	P/R Deduction (\$83.34 Monthly)
Zip Code 29360-5458	FEC ID number of contributing federal political committee. C	
Name of Employer SC-Oncology & Hematology Associates of	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

Full Name (Last, First, Middle Initial) B. Mark Thompson, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737010617739
Mailing Address 12604 Cherokee Lane		Amount of Each Receipt this Period 125.00
City Leawood	State KS	P/R Deduction (\$125.00 Monthly)
Zip Code 66209-1413	FEC ID number of contributing federal political committee. C	
Name of Employer MO-Kansas City Cancer Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Marc Panarisi		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737011117739
Mailing Address 504 Harmony Lane		Amount of Each Receipt this Period 50.00
City Tarpon Springs	State FL	P/R Deduction (\$25.00 Semi-Monthly)
Zip Code 34689	FEC ID number of contributing federal political committee. C	
Name of Employer USON Exec Directors & Practice Adm/Man	Occupation Practice Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	258.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Fabio Valenzuela Sosa, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737011317739	
Mailing Address 23735 Beaver Creek		Amount of Each Receipt this Period 100.00	
City San Antonio	State TX	Zip Code 78258	P/R Deduction (\$50.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer TX-Cancer Care Centers of South Texas	
Occupation Physician		Receipt For:	
Aggregate Year-to-Date 800.00		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tony Ho, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737011517739	
Mailing Address 1030 NW 12th Avenue #417		Amount of Each Receipt this Period 50.00	
City Portland	State OR	Zip Code 97209-2846	P/R Deduction (\$25.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer WA-Cancer Care Northwest	
Occupation Physician		Receipt For:	
Aggregate Year-to-Date 300.00		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert S. Wehbie, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737012817739	
Mailing Address 2508 Kingsley Road		Amount of Each Receipt this Period 100.00	
City Raleigh	State NC	Zip Code 27612-2920	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer NC-Raleigh Hematology Oncology Associa	
Occupation Physician		Receipt For:	
Aggregate Year-to-Date 600.00		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Barry N. Wilcox, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737013217739	
Mailing Address 5818 Lakehurst Avenue		Amount of Each Receipt this Period 293.48	
City State Zip Code Dallas TX 75230-5032	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation TX-TOPA & New Mexico Physician	Aggregate Year-to-Date 1326.10		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$146.74 Semi-Monthly)		

Full Name (Last, First, Middle Initial) B. Kim Hont Yee, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737014117739	
Mailing Address 223 Claiborne Court		Amount of Each Receipt this Period 100.00	
City State Zip Code Spartanburg SC 29301-5345	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation SC-Oncology & Hematology Associates of Physician	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$100.00 Monthly)		

Full Name (Last, First, Middle Initial) C. Pankaj Khandelwal, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1751119417739	
Mailing Address 5 Santa Elena Court		Amount of Each Receipt this Period 125.00	
City State Zip Code Odessa TX 79765	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation TX-TOPA & New Mexico Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$62.50 Semi-Monthly)		

SUBTOTAL of Receipts This Page (optional) ▶	518.48
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Michael Mohnsen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1752567317739
Mailing Address 546 Knollwood Drive, SE		Amount of Each Receipt this Period 208.34
City State Zip Code Cedar Rapids IA 52403	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer Occupation US Oncology, Inc. Sr Vice Pres of Regional Ops	Aggregate Year-to-Date 1666.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Hennessy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1752676517739
Mailing Address 14614 Grant Lane		Amount of Each Receipt this Period 41.68
City State Zip Code Overland Park KS 66221-2524	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer Occupation USON Exec Directors & Practice Adm/Man Executive Director	Aggregate Year-to-Date 333.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Denise Parkinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1767031917739
Mailing Address 7507 192nd Place NE		Amount of Each Receipt this Period 47.62
City State Zip Code Arlington WA 98223-8930	FEC ID number of contributing federal political committee. C	P/R Deduction (\$23.81 Semi-Monthly)
Name of Employer Occupation USON Exec Directors & Practice Adm/Man Practice Director	Aggregate Year-to-Date 309.53	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	297.64
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. John Sims		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1778403517739
Mailing Address 6315 Waggoner Drive		Amount of Each Receipt this Period 83.34
City Dallas State TX Zip Code 75251	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer USON Exec Directors & Practice Adm/Man Occupation Executive Director	Aggregate Year-to-Date ▼ 666.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Greg DeAtkine		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1789198917739
Mailing Address 479 Autumn's Alcove Court		Amount of Each Receipt this Period 45.46
City Kingwood State TX Zip Code 71345	FEC ID number of contributing federal political committee. C	P/R Deduction (\$22.73 Semi-Monthly)
Name of Employer USON Exec Directors & Practice Adm/Man Occupation Executive Director	Aggregate Year-to-Date ▼ 318.22	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Linda C. Anderson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1789199017739
Mailing Address 416 Blair Road, NW		Amount of Each Receipt this Period 44.46
City Fairfax State VA Zip Code 22180	FEC ID number of contributing federal political committee. C	P/R Deduction (\$22.23 Semi-Monthly)
Name of Employer USON Exec Directors & Practice Adm/Man Occupation Executive Director	Aggregate Year-to-Date ▼ 222.30	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	173.26
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Nancy G. Payne		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1794315517739
Mailing Address 1165 Audubon Road		Amount of Each Receipt this Period 41.68
City Orlando	State FL	Zip Code 32806
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer Cancer Center of Florida	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.44	

Full Name (Last, First, Middle Initial) B. Mindy Clark Swayne		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1795031317739
Mailing Address 6500 Lee's Summit Road		Amount of Each Receipt this Period 43.48
City Lee's Summit	State MO	Zip Code 64064
FEC ID number of contributing federal political committee. C		P/R Deduction (\$21.74 Semi-Monthly)
Name of Employer USON Exec Directors & Practice Adm/Man	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.10	

Full Name (Last, First, Middle Initial) C. Todd Schonherz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1795031717739
Mailing Address 8706 Hand Court		Amount of Each Receipt this Period 100.00
City Spring	State TX	Zip Code 77379
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer USON Vice Presidents and Executive Com	Occupation SVP CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	185.16
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Jerry L. Barker, Jr., M.D.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3720 Echo Trail		Transaction ID: PR1817398917739
City Fort Worth	State TX	Zip Code 76109-3431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 312.50
Name of Employer TX-TOPA & New Mexico	Occupation Physician	P/R Deduction (\$156.25 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. John F. Reilly, M.D.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 103 Regal Pine Court		Transaction ID: PR1817400517739
City Cary	State NC	Zip Code 27518
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.91
Name of Employer NC-Raleigh Hematology Onc- ology Associa	Occupation Physician	P/R Deduction (\$90.91 Mon- thly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 636.37	

Full Name (Last, First, Middle Initial) C. Sreedevi Daggubati		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 531 Enchanted Oak		Transaction ID: PR1885872417739
City New Braunfels	State TX	Zip Code 78132-3867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer TX-Cancer Care Centers of South Texas	Occupation Physician	P/R Deduction (\$110.00 Mo- nthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

SUBTOTAL of Receipts This Page (optional)	513.41
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Joseph Martinez-O'Hara, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1885895817739
Mailing Address 2150 North Expressway 83		Amount of Each Receipt this Period 333.34
City State Zip Code Brownsville TX 78521-1561	FEC ID number of contributing federal political committee. C	P/R Deduction (\$166.67 Semi-Monthly)
Name of Employer Occupation TX-TOPA & New Mexico Physician	Aggregate Year-to-Date 1166.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roger Rodgers, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1885897817739
Mailing Address 2810 Acorn Wood Way		Amount of Each Receipt this Period 83.34
City State Zip Code Houston TX 77059	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer Occupation TX-TOPA & New Mexico Physician	Aggregate Year-to-Date 666.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carlos Rubin de Celis, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1885898117739
Mailing Address 5208 Velburn Circle		Amount of Each Receipt this Period 153.86
City State Zip Code Austin TX 78731	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 Semi-Monthly)
Name of Employer Occupation TX-TOPA & New Mexico Physician	Aggregate Year-to-Date 384.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	570.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Christopher Stokoe, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5101 Sanibel Court		Transaction ID: PR1885899317739	
City State Zip Code Plano TX 75093-2583	Amount of Each Receipt this Period _____ 333.34		
FEC ID number of contributing federal political committee. C _____			
Name of Employer TX-TOPA & New Mexico	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1166.69		

P/R Deduction (\$166.67 Semi-Monthly)

Full Name (Last, First, Middle Initial) B. Matthew Brow		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1616 North Harrison Street		Transaction ID: PR1886854917739	
City State Zip Code Arlington VA 22205-2729	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer USON Vice Presidents and Executive Com	Occupation VP of Govt Rel & Public Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Bruce D. Broussard		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 802 Saddlewood		Transaction ID: PR1889897617739	
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period _____ 416.68		
FEC ID number of contributing federal political committee. C _____			
Name of Employer US Oncology, Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3333.44		

P/R Deduction (\$208.34 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 850.02
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Leonard L Castiglione		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889897717739	
Mailing Address 1528 Allston		Amount of Each Receipt this Period 83.34	
City Houston	State TX	Zip Code 77008	P/R Deduction (\$41.67 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 666.72	
Name of Employer USON Vice Presidents and Executive Com	Occupation VP&GM of Research Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) B. Philip Chuck Dowling		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889898117739	
Mailing Address 719 Aberdeen Way		Amount of Each Receipt this Period 90.92	
City Southlake	State TX	Zip Code 76092	P/R Deduction (\$45.46 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 636.43	
Name of Employer US Oncology Inc	Occupation Sr Vice Pres of Regional Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C. Michael Hurley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889898417739	
Mailing Address 8203 Hideaway Lake Circle		Amount of Each Receipt this Period 83.34	
City Spring	State TX	Zip Code 77389	P/R Deduction (\$41.67 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 666.72	
Name of Employer USON Vice Presidents and Executive Com	Occupation VP of Market Focus		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional) ▶	257.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Paul Jardina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889898517739
Mailing Address 625 Regency Forest Court		Amount of Each Receipt this Period 83.34
City State Zip Code Atlanta GA 30342	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer USON Vice Presidents and Executive Com	Occupation VP of Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

Full Name (Last, First, Middle Initial) B. Marc Kerlin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889898617739
Mailing Address 3614 W. Benders Landing		Amount of Each Receipt this Period 208.34
City State Zip Code Spring TX 77386	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer US Oncology, Inc.	Occupation Sr Vice Pres of Regional Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

Full Name (Last, First, Middle Initial) C. Kathleen Lokay		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889898717739
Mailing Address 9406 Laurel Wind Court		Amount of Each Receipt this Period 208.34
City State Zip Code Houston TX 77040	FEC ID number of contributing federal political committee. C	P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer US Oncology, Inc.	Occupation VP&GM Medical Oncology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72	

SUBTOTAL of Receipts This Page (optional) ▶	500.02
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Bryan T. Manning		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 408 Trail View Way		Transaction ID: PR1889898917739
City State Zip Code Friendswood TX 77541	Amount of Each Receipt this Period _____ 90.92	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$45.46 Semi-Monthly)
Name of Employer US Oncology Inc	Occupation VP of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 636.43	

Full Name (Last, First, Middle Initial) B. F Mussleman		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 27402 East Benders Landing Blvd.		Transaction ID: PR1889899317739
City State Zip Code Spring TX 77386	Amount of Each Receipt this Period _____ 83.34	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer USON Vice Presidents and Executive Com	Occupation VP of Physician Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 666.72	

Full Name (Last, First, Middle Initial) C. Frank Saputo		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6 E. Wedgemere Circle		Transaction ID: PR1889902017739
City State Zip Code The Woodlands TX 77381	Amount of Each Receipt this Period _____ 208.34	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer US Oncology, Inc.	Occupation SVP, Internal Audit CCO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1666.72	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 382.60
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial) David Young Mailing Address 802 Reinicke City Houston State TX Zip Code 77007 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889904517739 Amount of Each Receipt this Period 83.34 P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer US Oncology Inc Occupation VP of Fin & Vendor Mgt (OPS) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72		

B. Full Name (Last, First, Middle Initial) Stephanie K. Dutton Mailing Address 9201 England City Lenexa State KS Zip Code 66214 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889932217739 Amount of Each Receipt this Period 41.68 P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer Kansas City CancerCenter Occupation Practice Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.44		

C. Full Name (Last, First, Middle Initial) Deborah Konrade Mailing Address 7516 SE Stanley Road City Berryton State KS Zip Code 66409-9799 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889936717739 Amount of Each Receipt this Period 52.64 P/R Deduction (\$26.32 Semi-Monthly)
Name of Employer Kansas City CancerCenter Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.52		

SUBTOTAL of Receipts This Page (optional)	177.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey Poe

Mailing Address 1035 South Cook Street

City Greenwood State CO Zip Code 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer USON Exec Directors & Practice Adm/Man Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.44

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1889939717739

Amount of Each Receipt this Period
41.68

P/R Deduction (\$20.84 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Laura E. Potts

Mailing Address 8808 Ravenswood Road

City Dallas State TX Zip Code 75243

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Oncology, P.A. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.44

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1889939817739

Amount of Each Receipt this Period
41.68

P/R Deduction (\$20.84 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Kevin Wilson

Mailing Address P.O. Box 24

City Slingerlands State NY Zip Code 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Onc Hematology Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.22

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1889943717739

Amount of Each Receipt this Period
45.46

P/R Deduction (\$22.73 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	128.82
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 76						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. James Hathorn, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4714 Timberwood Trail		Transaction ID: PR1910033117739		
City State Zip Code Efland NC 27243-9787	Amount of Each Receipt this Period _____ 90.91		P/R Deduction (\$90.91 Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation NC-Regional Cancer Care, PA Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 636.37		

Full Name (Last, First, Middle Initial) B. Daniel Cohen		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4856 Old Dominion		Transaction ID: PR1914848317739		
City State Zip Code Arlington VA 22207	Amount of Each Receipt this Period _____ 416.68		P/R Deduction (\$208.34 Semi-Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation US Oncology, Inc. SVP of Gov Rel & Public Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 3333.44		

Full Name (Last, First, Middle Initial) C. Richard McCook		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 55 E. Ambassador Bend		Transaction ID: PR2059096717739		
City State Zip Code The Woodlands TX 77382	Amount of Each Receipt this Period _____ 416.68		P/R Deduction (\$208.34 Semi-Monthly)	
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation US Oncology, Inc. EVP & Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ 3333.44		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 924.27
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Dianne Richardson, R.N.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2115571117739
Mailing Address 9510 Sotherloch Lake Drive		Amount of Each Receipt this Period 83.34
City State Zip Code Spring TX 77379	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer Occupation US Oncology Inc Dir of Clinical Ops Support	Aggregate Year-to-Date 666.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Roberto Prieto, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2127656117739
Mailing Address 543 Donaldson Avenue		Amount of Each Receipt this Period 100.00
City State Zip Code San Antonio TX 78201	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Occupation TX-Cancer Care Centers of South Texas Physician	Aggregate Year-to-Date 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Joseph J. Vegso		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2149608917739
Mailing Address 7945 East Camino Real		Amount of Each Receipt this Period 83.34
City State Zip Code Houston TX 77060	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer Occupation USON Vice Presidents and Executive Com Sr Vice Pres of Regional Ops	Aggregate Year-to-Date 666.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	266.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 76						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Johnathon Myers		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2153312617739		
Mailing Address 15228 West 153rd Terrace		Amount of Each Receipt this Period 83.34		
City Olathe	State KS	Zip Code 66062	P/R Deduction (\$41.67 Semi-Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 666.72		
Name of Employer Kansas City Cancer Center	Occupation Director, Diagnostic Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Ben Jones		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2153312817739		
Mailing Address 4026 Cheena Drive		Amount of Each Receipt this Period 41.68		
City Houston	State TX	Zip Code 77025-4702	P/R Deduction (\$20.84 Semi-Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 333.44		
Name of Employer US Oncology Inc	Occupation Assoc Dir Government Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Daniel W. Peters		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2163138417739		
Mailing Address 16161 South Locust Street		Amount of Each Receipt this Period 43.48		
City Olothe	State KS	Zip Code 66062	P/R Deduction (\$21.74 Semi-Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 326.10		
Name of Employer Kansas City Cancer Center	Occupation Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	168.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Edsel L. Hesita, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18726 Keegans Bluff		Transaction ID: PR2165216517739	
City State Zip Code San Antonio TX 78258	Amount of Each Receipt this Period _____ 54.56		
FEC ID number of contributing federal political committee. C			
Name of Employer Cancer Care Centers of South Texas	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 381.91		P/R Deduction (\$27.28 Semi-Monthly)

Full Name (Last, First, Middle Initial) B. Henry Cromartie, MD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5301 Tuliptree Lane		Transaction ID: PR2165959017739	
City State Zip Code Raleigh NC 27612-1829	Amount of Each Receipt this Period _____ 47.62		
FEC ID number of contributing federal political committee. C			
Name of Employer Raleigh Hematology Oncology Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 309.53		P/R Deduction (\$23.81 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Nicolaas DeWette, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3986 SW Condor		Transaction ID: PR2165960917739	
City State Zip Code Portland OR 97239-4104	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Cancer Specialists	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 202.18
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. William V. Esler, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2165962717739	
Mailing Address 2801 South Bonham Street		Amount of Each Receipt this Period 333.34	
City State Zip Code Amarillo TX 79109-3423	FEC ID number of contributing federal political committee. C		
Name of Employer Texas Oncology PA	Occupation Physician	P/R Deduction (\$166.67 Semi-Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1166.69		

Full Name (Last, First, Middle Initial) B. Regan Look, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2165976217739	
Mailing Address 12760 NW Lilywood Drive		Amount of Each Receipt this Period 100.00	
City State Zip Code Portland OR 97229-8516	FEC ID number of contributing federal political committee. C		
Name of Employer OR-Northwest Cancer Specialists	Occupation Physician	P/R Deduction (\$50.00 Semi-Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Eric Nadler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2165981317739	
Mailing Address 1999 McKinney Avenue #1201		Amount of Each Receipt this Period 384.62	
City State Zip Code Dallas TX 75201-1703	FEC ID number of contributing federal political committee. C		
Name of Employer TX-TOPA & New Mexico	Occupation Physician	P/R Deduction (\$192.31 Semi-Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.55		

SUBTOTAL of Receipts This Page (optional) ▶	817.96
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Gary Spitzer, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2165993317739	
Mailing Address 29 Lawson Way		Amount of Each Receipt this Period 100.00	
City Greenville	State SC	Zip Code 29605-3232	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Oncology & Hematology Associates of SC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Rudranath Talukdar, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2165994317739	
Mailing Address 303 Tamerlaine Drive		Amount of Each Receipt this Period 95.24	
City Houston	State TX	Zip Code 77024-6135	P/R Deduction (\$47.62 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Texas Oncology Willowbrook	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.06		

Full Name (Last, First, Middle Initial) C. Ralph Weinstein, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2165997417739	
Mailing Address 5350 SW Dogwood Lane		Amount of Each Receipt this Period 100.00	
City Portland	State OR	Zip Code 97225-1104	P/R Deduction (\$50.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer OR-Northwest Cancer Specialists	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	295.24
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Kip Baughman		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9715 Shadowgrade Court		Transaction ID: PR2167152717739	
City State Zip Code Houston TX 77064	Amount of Each Receipt this Period _____ 90.92		
FEC ID number of contributing federal political committee. C			
Name of Employer US Oncology Inc	Occupation VP of Comp, Benefits, & HRMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 636.43		
		P/R Deduction (\$45.46 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. Kevin Krenzke		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 20918 Water Point		Transaction ID: PR2167154817739	
City State Zip Code Kingwood TX 77346-1324	Amount of Each Receipt this Period _____ 68.20		
FEC ID number of contributing federal political committee. C			
Name of Employer US Oncology Inc	Occupation VP of Finance, Corp Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 477.39		
		P/R Deduction (\$34.10 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Karen P. Pilley		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17702 Scarlet Forest Drive		Transaction ID: PR2167155617739	
City State Zip Code Tomball TX 77377	Amount of Each Receipt this Period _____ 227.28		
FEC ID number of contributing federal political committee. C			
Name of Employer US Oncology, Inc.	Occupation VP of Reimbursement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1590.96		
		P/R Deduction (\$113.64 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 386.40
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
Linda Pottinger

Mailing Address 4746 South Scout Road

City State Zip Code
Oregon IL 61061-9727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US Oncology Inc Regional Finance Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.52

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR2173383817739

Amount of Each Receipt this Period
52.64

P/R Deduction (\$26.32 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Graeme Harper

Mailing Address 13612 Marsh Harbor Drive

City State Zip Code
Jacksonville FL 32225-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US Oncology VP Risk Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 619.06

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR2175783917739

Amount of Each Receipt this Period
95.24

P/R Deduction (\$47.62 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	147.88
TOTAL This Period (last page this line number only)	56354.02

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 72 / 76	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

A. Full Name (Last, First, Middle Initial)
US Oncology

Mailing Address 16825 Northchase Drive
Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2626.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: 26536140

Amount of Each Receipt this Period
430.40

Reimbursement for credit card processing fees

SUBTOTAL of Receipts This Page (optional)	▶	430.40
TOTAL This Period (last page this line number only)	▶	430.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. EMPS Merchant Services		Transaction ID: 26536130	
Mailing Address P.O. Box 6600		Date of Disbursement 08 / 02 / 2007	
City Hagerstown	State MD	Zip Code 21740-0000	Amount of Each Disbursement this Period 153.81
Purpose of Disbursement Credit Card Processing Fees		001 Category/ Type	
Candidate Name		Credit Card Processing Fees	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. The Oorbeek Group		Transaction ID: 26375827	
Mailing Address 5903 Woodfield Estates Drive		Date of Disbursement 08 / 03 / 2007	
City Alexandria	State VA	Zip Code 22310	Amount of Each Disbursement this Period 350.00
Purpose of Disbursement Consulting Expense		003 Category/ Type	
Candidate Name		Consulting Expense	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 26536131	
Mailing Address P.O. Box 53852		Date of Disbursement 08 / 06 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 19.50
Purpose of Disbursement Credit Card Processing Fees		001 Category/ Type	
Candidate Name		Credit Card Processing Fees	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	523.31
TOTAL This Period (last page this line number only)	523.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Berkley For Congress		Transaction ID: 26375826 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 5000.00
City Las Vegas State NV Zip Code 89121	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Oorbeek Group		Transaction ID: 26376881 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 5903 Woodfield Estates Drive		Amount of Each Disbursement this Period 650.00
City Alexandria State VA Zip Code 22310	Inkind Contribution - Team Emerson For Jo Ann Emerson	
Purpose of Disbursement Inkind Contribution - Team Emerson For J		011 Category/ Type
Candidate Name Rep. Jo Ann Emerson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Doc Hastings		Transaction ID: 26450929 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address PO Box 2926		Amount of Each Disbursement this Period 1000.00
City Pasco State WA Zip Code 99302	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Richard Hastings		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6650.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Ed Towns		Transaction ID: 26474220 Date of Disbursement 08 / 23 / 2007
Mailing Address 438 Lewis Ave		Amount of Each Disbursement this Period 1000.00 Contribution
City Brooklyn State NY Zip Code 11233	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Edolphus Towns	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 10		

Full Name (Last, First, Middle Initial) B. John D Dingell For Congress		Transaction ID: 26482195 Date of Disbursement 08 / 31 / 2007
Mailing Address 607 Fourteenth Street Nw		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20005	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. John D. Dingell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 15		

Full Name (Last, First, Middle Initial) C. Rangel For Congress		Transaction ID: 26482196 Date of Disbursement 08 / 31 / 2007
Mailing Address P.O. Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 2500.00 Contribution
City New York State NY Zip Code 10027	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Charles B. Rangel	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 15		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Good Government Committee

Full Name (Last, First, Middle Initial) A. Burgess For Congress		Transaction ID: 26482198 Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2007	
Mailing Address P.O. Box 2334		Amount of Each Disbursement this Period 1000.00	
City Denton	State TX	Zip Code 76202	Contribution
Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name Rep. Michael Burgess			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	12150.00