

# 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 09 01 2006 through 09 30 2006

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 10 20 2006

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		189754.50
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	289551.18									
(c) Total Receipts (from Line 19) .....	23039.57	324283.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	312590.75	514038.49								
7. Total Disbursements (from Line 31) .....	79886.40	281334.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	232704.35	232704.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	21959.64	307552.21
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	693.53	11297.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22653.17	318849.85
(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) .....	22653.17	318849.85
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) .....	386.40	3046.09
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1994.65
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	393.40
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)) .....	23039.57	324283.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23039.57	324283.99

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	386.40	3439.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	386.40	3439.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	79500.00	275894.65
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	2000.00
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))..	79886.40	281334.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	79886.40	281334.14

**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) .....	22653.17	318849.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22653.17	318849.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	386.40	3439.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	386.40	3046.09
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	393.40

**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 / 53
	<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) <b>A.</b> William A. Fintel, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 1540 Eton Road SW		<b>Transaction ID:</b> 24570874	
City State Zip Code Roanoke VA 24018-1736	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Blue Ridge Cancer Care	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>B.</b> Heather Allen, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 5835 Calle De Honra		<b>Transaction ID:</b> 24570878	
City State Zip Code Las Vegas NV 89120	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Comprehensive Cancer Centers of Nevada	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>C.</b> Mark Thompson, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 12604 Cherokee Lane		<b>Transaction ID:</b> 24638621	
City State Zip Code Leawood KS 66209	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kansas City Cancer Center - East	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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 / 53
	<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

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

Name of Employer Cancer Care Centers Of South Texas - M Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
09 / 20 / 2006

Transaction ID: 24654995

Amount of Each Receipt this Period  
100.00

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

Mailing Address 10106 Iron Oak Drive

City San Antonio State TX Zip Code 78213

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

Name of Employer Cancer Care Centers Of South Texas - M Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 20 / 2006

Transaction ID: 24654996

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Alexander Zweibach, M.D.

Mailing Address 15 Reynosa

City San Antonio State TX Zip Code 78261

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
09 / 20 / 2006

Transaction ID: 24654997

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> Timothy R Toonen, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 892 Fairmount Avenue		<b>Transaction ID:</b> 24673621	
City State Zip Code St. Paul MN 55105	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Minnesota Oncology Hematology - St. Pa	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>B.</b> John Thachil, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 3300 Robin		<b>Transaction ID:</b> 24717695	
City State Zip Code Wichita Falls TX 76308	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texoma Cancer Center - Wichita Falls	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>C.</b> Reginald J. Brooker, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 8 Lowood Lane		<b>Transaction ID:</b> 24717714	
City State Zip Code Greenville SC 29605	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cancer Centers Of The Carolinas - Grov	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> John D. Ayers, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 562 S. Mitchell Avenue		<b>Transaction ID:</b> 24717715
City State Zip Code Elmhurst IL 60126	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer 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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> David P. Walker, M.D.		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address P.O. Box 57732		<b>Transaction ID:</b> 24796589
City State Zip Code Webster TX 77598	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Deke Slayton Memorial Cancer Center -	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Burton F. Alexander, III, M.D.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 2804 Forest Hills Ct		<b>Transaction ID:</b> PR1026364515235
City State Zip Code Virginia Beach VA 23454	Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Virginia Oncology Associates - Kempsvi	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	P/R Deduction (\$83.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1583.34
<b>TOTAL</b> 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 / 53
	<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)  
Daniel M. Atienza, M.D.

Mailing Address 5232 Rockport Landing

City State Zip Code  
Suffolk VA 23435

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

Name of Employer Occupation  
Virginia Oncology Associates - Lake Wr Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 625.00

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

**Transaction ID:** PR1026365715235

Amount of Each Receipt this Period  
125.00

P/R Deduction (\$125.00 Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Robert Brooks, M.D.

Mailing Address 6350 N. Whaleback Place

City State Zip Code  
Tucson AZ 85750

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

Name of Employer Occupation  
Arizona Oncology Associates, P.C. - Cr Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3333.36

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

**Transaction ID:** PR1026368715235

Amount of Each Receipt this Period  
555.56

P/R Deduction (\$277.78 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mark Brunvand, M.D.

Mailing Address 1066 South Race Street

City State Zip Code  
Denver CO 80209

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

Name of Employer Occupation  
Rocky Mountain Cancer Center - Denver/ Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1875.06

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

**Transaction ID:** PR1026369015235

Amount of Each Receipt this Period  
208.34

P/R Deduction (\$208.34 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>888.90</b>
<b>TOTAL</b> 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 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Campbell, M.D. Mailing Address 4217 Glen Laurel Drive City Raleigh State NC Zip Code 27612 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026369415235 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer: Cancer Centers of North Carolina - Ral Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Kathy Christman, M.D. Mailing Address 75 Woodvale Avenue City Greenville State SC Zip Code 29605-1130 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026370815235 Amount of Each Receipt this Period 312.50 P/R Deduction (\$312.50 Monthly)
Name of Employer: Cancer Centers of the Carolinas - Butt Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1562.50		

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Crozier M.D., M.D. Mailing Address 2707 Berenson Lane City Austin State TX Zip Code 78746 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026372015235 Amount of Each Receipt this Period 133.34 P/R Deduction (\$66.67 Semi-Monthly)
Name of Employer: Texas Oncology Cancer Center - Balcone Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.03		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>545.84</b>
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> Bruce A. Cutter, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4902 E. 65th Ave		<b>Transaction ID:</b> PR1026372315235
City State Zip Code Spokane WA 99223-1813	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Cancer Care Northwest - Spokane	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B.</b> Paul DeCarolis, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5760 Adrienne Ct.		<b>Transaction ID:</b> PR1026373215235
City State Zip Code Colorado Springs CO 80906	Amount of Each Receipt this Period _____ 416.67	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Rocky Mountain Cancer Centers - Colora	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3750.03	P/R Deduction (\$416.67 Monthly)

Full Name (Last, First, Middle Initial) <b>C.</b> Nicholas DiBella, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11875 Delbert Road		<b>Transaction ID:</b> PR1026373915235
City State Zip Code Parker CO 80138	Amount of Each Receipt this Period _____ 227.28	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Rocky Mountain Cancer Centers - Aurora	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1818.24	P/R Deduction (\$227.28 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>893.95</b>
<b>TOTAL</b> 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 / 53  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lisa Doane, M.D.</p> <p>Mailing Address 26555 W. 106th Terrace</p> <p>City State Zip Code Olathe KS 66061</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Kansas City Cancer Center - Southwest</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1500.03</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1026374015235</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">166.67</span></p> <p>P/R Deduction (\$166.67 Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Maha A Elkordy, M.D.</p> <p>Mailing Address 4212 City of Oaks Wynd</p> <p>City State Zip Code Raleigh NC 27612</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cancer Centers of North Carolina - Car</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">625.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1026374915235</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">125.00</span></p> <p>P/R Deduction (\$125.00 Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Sukumar Ethirajan, M.D.</p> <p>Mailing Address 11120 Brookwood</p> <p>City State Zip Code Leawood KS 66211</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Kansas City Cancer Centers</p> <p>Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">3750.03</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1026375315235</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">416.67</span></p> <p>P/R Deduction (\$416.67 Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">708.34</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 / 53
	<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) <b>A.</b> Lloyd Everson MD, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 43 N. Royal Fern Drive		<b>Transaction ID:</b> PR1026375515235
City State Zip Code The Woodlands TX 77380	Amount of Each Receipt this Period _____ 454.56	
FEC ID number of contributing federal political committee. C _____		
Name of Employer US Oncology	Occupation Vice Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3636.48	P/R Deduction (\$227.28 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) <b>B.</b> Catherine Ferguson, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 45 Club Forest Lane		<b>Transaction ID:</b> PR1026375915235
City State Zip Code Greenville SC 29605	Amount of Each Receipt this Period _____ 90.91	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Cancer Centers of the Car- olinas - Andr	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 727.28	P/R Deduction (\$90.91 Mon- thly)

Full Name (Last, First, Middle Initial) <b>C.</b> David C. Fryefield, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2175 Charnelton		<b>Transaction ID:</b> PR1026377515235
City State Zip Code Eugene OR 97405-2821	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Willamette Valley Cancer Center - Euge	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00	P/R Deduction (\$100.00 Mo- nthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>645.47</b>
<b>TOTAL</b> 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 / 53
	<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

**A.** Full Name (Last, First, Middle Initial)  
Timothy George, M.D.

Mailing Address 1913 Fringewood Drive

City State Zip Code  
Midland TX 79707

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

Name of Employer Occupation  
West Texas Cancer Center - Odessa Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.06

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

**Transaction ID:** PR1026378715235

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$41.67 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Giguere, M.D.

Mailing Address 16 Club Forest Lake

City State Zip Code  
Greenville SC 29605

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

Name of Employer Occupation  
Cancer Centers of the Carolinas -Inter Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2181.84

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

**Transaction ID:** PR1026379315235

Amount of Each Receipt this Period  
272.73

P/R Deduction (\$272.73 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Andrew Greenspan, M.D.

Mailing Address 1408 Golden Hill Dr.

City State Zip Code  
Indianapolis IN 46208

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

Name of Employer Occupation  
Central Indiana Cancer Centers Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.06

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

**Transaction ID:** PR1026381115235

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$41.67 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>439.41</b>
<b>TOTAL</b> 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 16 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Frankie Holmes, M.D. Mailing Address 4535 Birch St. City State Zip Code Bellaire TX 77401-5507 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026383415235 Amount of Each Receipt this Period 208.34 P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer: Texas Oncology, PA - Houston- Memorial Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1875.06		

<b>B.</b> Full Name (Last, First, Middle Initial) John Kessler, M.D. Mailing Address 29 Bay Front Place City State Zip Code Hampton VA 23664 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026387315235 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 Monthly)
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 ▼ 750.06		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael E. Lee, M.D. Mailing Address 3081 Kline Drive City State Zip Code Virginia Beach VA 23452 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026389515235 Amount of Each Receipt this Period 125.00 P/R Deduction (\$125.00 Monthly)
Name of Employer: Virginia Oncology Associates - Lake Wr Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.68</b>
<b>TOTAL</b> 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 / 53
<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

<b>A.</b> Full Name (Last, First, Middle Initial) David Loesch, M.D. Mailing Address 2262 Willow Circle City Greenwood State IN Zip Code 46143-9346 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026390015235 Amount of Each Receipt this Period 83.34 P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer: Central Indiana Cancer Centers - South Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06		

<b>B.</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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026390915235 Amount of Each Receipt this Period 45.46 P/R Deduction (\$22.73 Semi-Monthly)
Name of Employer: Arizona Oncology Associates, P.C. - Cr Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 363.68		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Manning, M.D. Mailing Address 6731 E. Rosewood Circle City Tucson State AZ Zip Code 85711 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1026391315235 Amount of Each Receipt this Period 208.34 P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer: Arizona Oncology Associates, P.C. - Cr Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1875.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.14</b>
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> Jeffrey Matous, M.D.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 16682 W. Archer Avenue		<b>Transaction ID:</b> PR1026392215235
City Golden	State CO	Zip Code 80401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer Rocky Mountain Cancer Center - Denver/	Occupation Physician	P/R Deduction (\$83.34 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

Full Name (Last, First, Middle Initial) <b>B.</b> John Mattern II, D.O.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3 Madison Circle		<b>Transaction ID:</b> PR1026392315235
City Newport News	State VA	Zip Code 23606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 312.50
Name of Employer Virginia Oncology Associates	Occupation Physician	P/R Deduction (\$312.50 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1562.50	

Full Name (Last, First, Middle Initial) <b>C.</b> Magaral Murali, M.D.		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 12610 Shorevista Dr.		<b>Transaction ID:</b> PR1026395015235
City Indianapolis	State IN	Zip Code 46236
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer Central Indiana Cancer Centers - East	Occupation Physician	P/R Deduction (\$41.67 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>479.18</b>
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> Mark C. Myron, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11712 Manor Road		<b>Transaction ID:</b> PR1026395315235
City State Zip Code Leawood KS 66211	Amount of Each Receipt this Period _____ 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kansas City Cancer Centers - Southwest	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B.</b> Marcus Neubauer, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11805 Brookwood Avenue		<b>Transaction ID:</b> PR1026395515235
City State Zip Code Leawood KS 66211-2905	Amount of Each Receipt this Period _____ 83.34	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Kansas City Cancer Center - Southwest	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.06	P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial) <b>C.</b> Kevin Olson, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3084 NW 126th Place		<b>Transaction ID:</b> PR1026396215235
City State Zip Code Portland OR 97229	Amount of Each Receipt this Period _____ 625.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Northwest Cancer Specialists - Meridia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 625.00	P/R Deduction (\$312.50 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>908.34</b>
<b>TOTAL</b> 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 20 / 53
	<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) <b>A. James D. Sanchez, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1798 Amarone Way		<b>Transaction ID: PR1026401315235</b>	
City State Zip Code Henderson NV 89012	Amount of Each Receipt this Period _____ 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Comprehensive Cancer Centers Of Nevada	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1250.00		P/R Deduction (\$1250.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Leo Sands</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 42 Dunlin Meadow Dr.		<b>Transaction ID: PR1026401415235</b>	
City State Zip Code The Woodlands TX 77381	Amount of Each Receipt this Period _____ 454.56		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer US Oncology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3636.48		P/R Deduction (\$227.28 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. Jonathan Schwartz, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6261 N. Craycroft Road		<b>Transaction ID: PR1026402515235</b>	
City State Zip Code Tucson AZ 85750	Amount of Each Receipt this Period _____ 83.34		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Arizona Oncology Associates, P.C. - Cr	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.06		P/R Deduction (\$41.67 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1787.90</b>
<b>TOTAL</b> 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 / 53
	<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)  
Scot Sedlacek, M.D.

Mailing Address 2223 Montane Drive East

City State Zip Code  
Golden CO 80401

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

Name of Employer Rocky Mountain Cancer Centers - Rose  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.06

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

**Transaction ID:** PR1026402715235

Amount of Each Receipt this Period  
83.34

P/R Deduction (\$83.34 Monthly)

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

Mailing Address 2131 10th Avenue

City State Zip Code  
Longmont CO 80501

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

Name of Employer Rocky Mountain Cancer Centers  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1818.24

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

**Transaction ID:** PR1026403815235

Amount of Each Receipt this Period  
227.28

P/R Deduction (\$227.28 Monthly)

**C.** Full Name (Last, First, Middle Initial)  
William Stephenson

Mailing Address 14512 Mastin Street

City State Zip Code  
Overland Park KS 66221-7530

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

Name of Employer Kansas City Cancer Centers  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** PR1026405815235

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>560.62</b>
<b>TOTAL</b> 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 / 53
	<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) <b>A. Valiant Tan, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 749 Denham Arch		<b>Transaction ID: PR1026406815235</b>
City State Zip Code Chesapeake VA 23322	Amount of Each Receipt this Period _____ 125.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Virginia Oncology Associates - Elizabeth	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 625.00	P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B. Bernard Taylor, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1200 Mockingbird Lane		<b>Transaction ID: PR1026406915235</b>
City State Zip Code Longview TX 75601	Amount of Each Receipt this Period _____ 217.40	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Longview Cancer Center - Longview	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1847.90	P/R Deduction (\$108.70 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. Stephen Tremont, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4104 Henry J. Menninger		<b>Transaction ID: PR1026408015235</b>
City State Zip Code Raleigh NC 27612	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Cancer Centers of North Carolina - Ral	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 700.00	P/R Deduction (\$100.00 Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>442.40</b>
<b>TOTAL</b> 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 23 / 53
	<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) <b>A.</b> Jay D. Walls, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 414 Hidden Hills Drive		<b>Transaction ID:</b> PR1026409515235	
City State Zip Code Greenville SC 29605	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Cancer Centers Of The Carolinas - Grov	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00		P/R Deduction (\$500.00 Monthly)

Full Name (Last, First, Middle Initial) <b>B.</b> Susan Escudier, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5751 Braesheather Drive		<b>Transaction ID:</b> PR1026412915235	
City State Zip Code Houston TX 77096-3931	Amount of Each Receipt this Period _____ 83.34		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Texas Oncology, PA - Houston Medical C	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.06		P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C.</b> R Paulson, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9831 Meadowbrook Drive		<b>Transaction ID:</b> PR1162381515235	
City State Zip Code Dallas TX 75220	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Texas Oncology PA	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 840.00		P/R Deduction (\$60.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>703.34</b>
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> Robert H. Laugen, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 15904 N. Scribner Branch Road		<b>Transaction ID:</b> PR1197696015235
City State Zip Code Spokane WA 99217	Amount of Each Receipt this Period _____ 41.67	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Cancer Care Northwest - Spokane	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.03	P/R Deduction (\$41.67 Monthly)

Full Name (Last, First, Middle Initial) <b>B.</b> Phillip Watts		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5212 Beech		<b>Transaction ID:</b> PR1604358915235
City State Zip Code Bellaire TX 77401	Amount of Each Receipt this Period _____ 227.28	
FEC ID number of contributing federal political committee. C _____		
Name of Employer US Oncology	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1818.24	P/R Deduction (\$113.64 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C.</b> James Corwin, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4516 Robin Lane		<b>Transaction ID:</b> PR1690615915235
City State Zip Code Midland TX 79707	Amount of Each Receipt this Period _____ 294.12	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Texas Oncology, PA - Midland	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1617.66	P/R Deduction (\$147.06 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>563.07</b>
<b>TOTAL</b> 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 25 / 53
	(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) <b>A.</b> William Herman		Date of Receipt
Mailing Address 16825 Northchase Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Houston	TX	77060
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR173658515235
<input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 83.34
Name of Employer US Oncology	Occupation Vice President	P/R Deduction (\$41.67 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 750.06	

Full Name (Last, First, Middle Initial) <b>B.</b> George Birchfield, M.D.		Date of Receipt
Mailing Address 3934 47th Avenue		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Seattle	WA	98105
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR1736973615235
<input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer Puget Sound Cancer Centers - Seattle	Occupation Physician	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael S. Bullock, M.D.		Date of Receipt
Mailing Address 2869 Flintlock Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Eugene	OR	97408
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR1736975115235
<input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 90.91
Name of Employer Willamette Valley Cancer Center - Eugene	Occupation Physician	P/R Deduction (\$90.91 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 727.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 224.25
<b>TOTAL</b> 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 26 / 53
	<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) <b>A.</b> Byron Chesbro, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736976415235	
Mailing Address 5769B Lawndale Drive		Amount of Each Receipt this Period 208.34	
City State Zip Code El Paso TX 79902	FEC ID number of contributing federal political committee. C		P/R Deduction (\$104.17 Semi-Monthly)
Name of Employer El Paso Cancer Treatment Center - West	Occupation Physician	Aggregate Year-to-Date ▼ 1875.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Ernest W. Cochran, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736976915235	
Mailing Address 1025 Johnson Woods Drive		Amount of Each Receipt this Period 133.34	
City State Zip Code Paris TX 75460	FEC ID number of contributing federal political committee. C		P/R Deduction (\$66.67 Semi-Monthly)
Name of Employer Paris Regional Cancer Center - Paris	Occupation Physician	Aggregate Year-to-Date ▼ 600.03	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Margaret Deutsch, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736979415235	
Mailing Address 2407 Honeysuckle Road		Amount of Each Receipt this Period 100.00	
City State Zip Code Chapel Hill NC 27514	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Monthly)
Name of Employer Cancer Centers of North Carolina - Nor	Occupation Physician	Aggregate Year-to-Date ▼ 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	441.68
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> Carlos A Encarnacion-Perez, M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736981115235	
Mailing Address 2704 Westbury Circle		Amount of Each Receipt this Period 312.50	
City State Zip Code Waco TX 76710	FEC ID number of contributing federal political committee. C		P/R Deduction (\$156.25 Semi-Monthly)
Name of Employer Texas Oncology Cancer And Research Cen	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1562.50		

Full Name (Last, First, Middle Initial) <b>B.</b> Sharad Jain, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736988815235	
Mailing Address 706 Winding Bend Circle		Amount of Each Receipt this Period 117.66	
City State Zip Code Highland Village TX 75077	FEC ID number of contributing federal political committee. C		P/R Deduction (\$58.83 Semi-Monthly)
Name of Employer Texas Cancer Center - Den-ton	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 647.13		

Full Name (Last, First, Middle Initial) <b>C.</b> Berchmans John, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736989115235	
Mailing Address 2604 Royal Glen Drive		Amount of Each Receipt this Period 83.34	
City State Zip Code Arlington TX 76012	FEC ID number of contributing federal political committee. C		P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer Texas Cancer Center - Arlington South	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	513.50
<b>TOTAL</b> 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 28 / 53
	<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) <b>A.</b> Gladys Minor, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736996215235
Mailing Address 6806 Farm Leigh Drive		Amount of Each Receipt this Period 83.34
City Indianapolis State IN Zip Code 46220	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer Central Indiana Cancer Centers - North Occupation Physician	Aggregate Year-to-Date ▼ 750.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Patrick Moran, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1736996815235
Mailing Address 5231 Pinehurst Drive		Amount of Each Receipt this Period 83.34
City Boulder State CO Zip Code 80301	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$83.34 Monthly)
Name of Employer Rocky Mountain Cancer Centers - Boulder Occupation Physician	Aggregate Year-to-Date ▼ 750.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Luis Pineiro, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1737000715235
Mailing Address 6397 Bluffview Drive		Amount of Each Receipt this Period 142.86
City Frisco State TX Zip Code 75034	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$71.43 Semi-Monthly)
Name of Employer Sammons Cancer Center - Blood and Marr Occupation Physician	Aggregate Year-to-Date ▼ 571.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	309.54
<b>TOTAL</b> 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 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) David M. Powell, M.D. Mailing Address 161 Thomas Dale City Williamsburg State VA Zip Code 23185 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737001215235 Amount of Each Receipt this Period 62.50 P/R Deduction (\$62.50 Monthly)
Name of Employer: Virginia Oncology Associates - William Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.50		

<b>B.</b> Full Name (Last, First, Middle Initial) Virgil Rose, M.D. Mailing Address 3501 Carlton Square Place City Raleigh State NC Zip Code 27612 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737003615235 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer: Cancer Centers of North Carolina - Ral Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

<b>C.</b> Full Name (Last, First, Middle Initial) John Sandbach, M.D. Mailing Address 6204 Balcones City Austin State TX Zip Code 78731 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737005115235 Amount of Each Receipt this Period 83.34 P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer: Texas Oncology Cancer Center - Balcone Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>245.84</b>
<b>TOTAL</b> 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 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Paramjeet Singh Mailing Address 112 Tropez Lane City Cary State NC Zip Code 27511 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737007315235 Amount of Each Receipt this Period 200.00 P/R Deduction (\$200.00 Monthly)
Name of Employer: Cancer Centers of North Carolina - Car Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Sirridge, M.D. Mailing Address 14317 S. Caenen Lane City Olathe State KS Zip Code 66062-9434 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737007415235 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 Monthly)
Name of Employer: Kansas City Cancer Center - East Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06		

<b>C.</b> Full Name (Last, First, Middle Initial) Lewis Terry Jr., M.D. Mailing Address 309 Mayflower Drive City Laurens State SC Zip Code 29360-5458 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737010415235 Amount of Each Receipt this Period 90.91 P/R Deduction (\$90.91 Monthly)
Name of Employer: Cancer Centers Of The Carolinas - Fari Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 727.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>374.25</b>
<b>TOTAL</b> 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 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Marc Panarisi Mailing Address 504 Harmony Lane City Tarpon Springs State FL Zip Code 34689 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737011115235 Amount of Each Receipt this Period 41.68 P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer: US Oncology - Central Florida Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.12		

<b>B.</b> Full Name (Last, First, Middle Initial) Fabio Valenzuela Sosa, M.D. Mailing Address 23735 Beaver Creek City San Antonio State TX Zip Code 78258 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737011315235 Amount of Each Receipt this Period 83.34 P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer: Cancer Care Centers Of South Texas - M Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Wehbie, M.D. Mailing Address 2201 Yorkgate Drive City Raleigh State NC Zip Code 27612 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737012815235 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Monthly)
Name of Employer: Cancer Centers of North Carolina - Nor Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.02</b>
<b>TOTAL</b> 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 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Kim A Yee, M.D. Mailing Address 120 Dillon Drive City State Zip Code <u>Spartanburg</u> <u>SC</u> <u>29307</u> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1737014115235 Amount of Each Receipt this Period 62.50 P/R Deduction (\$62.50 Monthly)
Name of Employer Cancer Centers Of The Carolinas - Spar Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.50		

<b>B.</b> Full Name (Last, First, Middle Initial) John Hennessy Mailing Address 14614 Grant Lane City State Zip Code <u>Overland Park</u> <u>KS</u> <u>66221</u> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1752676515235 Amount of Each Receipt this Period 41.68 P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer US Oncology - KS Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.12		

<b>C.</b> Full Name (Last, First, Middle Initial) Denise Parkinson Mailing Address 7507 192nd Place NE City State Zip Code <u>Arlington</u> <u>WA</u> <u>98223</u> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1767031915235 Amount of Each Receipt this Period 41.68 P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer Puget Sound Cancer Centers - Edmonds Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.12		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.86</b>
<b>TOTAL</b> 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 33 / 53						
	(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) <b>A.</b> John Sims		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1778403515235	
Mailing Address 4738 Hallmark Drive		Amount of Each Receipt this Period 83.34	
City Dallas State TX Zip Code 75229	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer Texas Oncology, P.A. - Dallas Main Off Occupation Executive Director	Aggregate Year-to-Date ▼ 750.06		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Greg DeAtkine		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1789198915235	
Mailing Address 3727 Windy Haven		Amount of Each Receipt this Period 41.68	
City Kingwood State TX Zip Code 77345	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer US Oncology Occupation Executive Director	Aggregate Year-to-Date ▼ 375.12		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ewell Byrd		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1789203915235	
Mailing Address 915 County Road 15439		Amount of Each Receipt this Period 71.44	
City Pattonville State TX Zip Code 75468	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$35.72 Semi-Monthly)
Name of Employer US Oncology Occupation Practice Administrator	Aggregate Year-to-Date ▼ 285.76		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	196.46
<b>TOTAL</b> 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 34 / 53
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) Nancy G. Payne Mailing Address 1165 Audubon Road City Merritt Island State FL Zip Code 32953 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1794315515235 Amount of Each Receipt this Period 71.44 P/R Deduction (\$35.72 Semi-Monthly)
Name of Employer US Oncology - Florida Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.76		

<b>B.</b> Full Name (Last, First, Middle Initial) Mindy Clark Swayne Mailing Address 6500 Lee's Summit Road City Kansas City State MO Zip Code 64136 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1795031315235 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Semi-Monthly)
Name of Employer Kansas City Cancer Center - East Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Todd Schonherz Mailing Address 8706 Hand Court City Spring State TX Zip Code 77379 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1795031715235 Amount of Each Receipt this Period 83.34 P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer US Oncology Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>184.78</b>
<b>TOTAL</b> 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 35 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Hongyun Wu, M.D. Mailing Address 12331 Pebblepointe Pass City State Zip Code Carmel IN 46033 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1795035515235 Amount of Each Receipt this Period 41.68 P/R Deduction (\$20.84 Semi-Monthly)
Name of Employer Central Indiana Cancer Centers - South Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.12		

<b>B.</b> Full Name (Last, First, Middle Initial) Roger Rodgers, M.D. Mailing Address 3611 Acorn Wood Way City State Zip Code Houston TX 77059 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1885897815235 Amount of Each Receipt this Period 125.00 P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer Deke Slayton Cancer Center - Webster Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Christopher Stokoe MD, M.D. Mailing Address 5101 Sanibel Court City State Zip Code Plano TX 75093 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1885899315235 Amount of Each Receipt this Period 133.34 P/R Deduction (\$66.67 Semi-Monthly)
Name of Employer Texas Oncology, P.A. - Plano West Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.03		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.02</b>
<b>TOTAL</b> 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 36 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Matthew Brow Mailing Address 73 Sugar Grove Court City State Zip Code The Woodlands TX 77382 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1886854915235 Amount of Each Receipt this Period 43.48 P/R Deduction (\$21.74 Semi-Monthly)
Name of Employer Occupation US Oncology Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 369.58		

<b>B.</b> Full Name (Last, First, Middle Initial) Leonard L Castiglione Mailing Address 1528 Allston City State Zip Code Houston TX 77008-4225 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1889897715235 Amount of Each Receipt this Period 133.34 P/R Deduction (\$66.67 Semi-Monthly)
Name of Employer Occupation US Oncology - Research Vice President & General Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 600.03		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Hurley Mailing Address 8203 Hideaway Lake Circle City State Zip Code Spring TX 77389 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1889898415235 Amount of Each Receipt this Period 111.12 P/R Deduction (\$55.56 Semi-Monthly)
Name of Employer Occupation US Oncology Vice President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 666.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>287.94</b>
<b>TOTAL</b> 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 / 53
	<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) <b>A.</b> Paul Jardina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889898515235
Mailing Address 625 Regency Forest Court		Amount of Each Receipt this Period 111.12
City Atlanta State GA Zip Code 30342	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$55.56 Semi-Monthly)
Name of Employer US Oncology Occupation Vice President	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>B.</b> Kathleen Lokay		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889898715235
Mailing Address 9406 Laurel Wind Court		Amount of Each Receipt this Period 111.12
City Houston State TX Zip Code 77040	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$55.56 Semi-Monthly)
Name of Employer US Oncology Occupation Vice President & General Manager	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>C.</b> F Dwight Mussleman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1889899315235
Mailing Address 27402 East Benders Landing Blvd.		Amount of Each Receipt this Period 133.34
City Spring State TX Zip Code 77386	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$66.67 Semi-Monthly)
Name of Employer US Oncology Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.03		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	355.58
<b>TOTAL</b> 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 38 / 53
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) David Young Mailing Address 802 Reinicke City State Zip Code Houston TX 77007 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1889904515235 Amount of Each Receipt this Period 117.66 P/R Deduction (\$58.83 Semi-Monthly)
Name of Employer US Oncology Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 647.13		

<b>B.</b> Full Name (Last, First, Middle Initial) Larry Deans Mailing Address 11 Chamberlain Court City State Zip Code The Woodlands TX 77382 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1930665815235 Amount of Each Receipt this Period 333.34 P/R Deduction (\$166.67 Semi-Monthly)
Name of Employer US Oncology Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.03		

<b>C.</b> Full Name (Last, First, Middle Initial) Richard McCook Mailing Address 1317 Charter Court East City State Zip Code Jacksonville FL 32225 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR2059096715235 Amount of Each Receipt this Period 1250.00 P/R Deduction (\$625.00 Semi-Monthly)
Name of Employer US Oncology Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1701.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>21959.64</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 53	
	(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 ▼  
3439.49

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: 24799089

Amount of Each Receipt this Period  
386.40

Reimbursement of credit card and bank fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>386.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>386.40</b>

# 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 40 / 53

<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) <b>A. EMPS Merchant Services</b>		Transaction ID: 24799049	
Mailing Address P.O. Box 6600		Date of Disbursement 09 / 05 / 2006	
City Hagerstown	State MD	Zip Code 21740-0000	Amount of Each Disbursement this Period 346.57
Purpose of Disbursement Credit Card Processing		001 Category/Type	
Candidate Name		Credit Card Processing	
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>B. American Express</b>		Transaction ID: 24799052	
Mailing Address P.O. Box 53852		Date of Disbursement 09 / 05 / 2006	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 39.83
Purpose of Disbursement Credit Card Processing		001 Category/Type	
Candidate Name		Credit Card Processing	
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) ..... ►

386.40

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

386.40



**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 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) <b>A. Weldon Victory Committee</b>		Transaction ID: 24545400 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 1992		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063	Purpose of Disbursement Contribution Contribution Candidate Name Rep. Curtis W. Weldon Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>B. Friends of Lois Capps</b>		Transaction ID: 24605307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 23940		Amount of Each Disbursement this Period 1000.00
City Santa Barbara State CA Zip Code 93121	Purpose of Disbursement Contribution Contribution Candidate Name Rep. Lois Capps Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) <b>C. Feinstein For Senate</b>		Transaction ID: 24603780 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 601 South Glenoaks Blvd. Suite 211		Amount of Each Disbursement this Period 2000.00
City Burbank State CA Zip Code 91502	Purpose of Disbursement Contribution Contribution Candidate Name Sen. Dianne Feinstein Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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) <b>A. Hatch Election Committee, Inc.</b>		Transaction ID: 24604463 Date of Disbursement 09 / 11 / 2006
Mailing Address 175 Southwest Temple Suite 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Sen. Orrin G. Hatch	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jon Kyl For US Senate</b>		Transaction ID: 24595167 Date of Disbursement 09 / 11 / 2006
Mailing Address Post Office Box 10246		Amount of Each Disbursement this Period 4000.00
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Sen. Jon Kyl	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. McCrery For Congress Committee</b>		Transaction ID: 24605669 Date of Disbursement 09 / 11 / 2006
Mailing Address P.O. Box 52956, 333 Texas Street, Suite 1900		Amount of Each Disbursement this Period 2500.00
City Shreveport State LA Zip Code 71135	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Rep. Jim McCrery	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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) <b>A. Turner For Congress</b>		<b>Transaction ID:</b> 24606395 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 131 North Ludlow Street Suite 317		Amount of Each Disbursement this Period 1000.00
City Dayton State OH Zip Code 45402	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Michael Turner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 3		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Friends of Joe Pitts</b>		<b>Transaction ID:</b> 24597467 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 775		Amount of Each Disbursement this Period 1500.00
City Unionville State PA Zip Code 19375	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Joseph Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Sali For Congress</b>		<b>Transaction ID:</b> 24606061 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00
City Kuna State ID Zip Code 83634	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. William Sali Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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) <b>A. JD Hayworth For Congress</b>		Transaction ID: 24614416 Date of Disbursement 09 / 12 / 2006
Mailing Address 14300 North Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. J.D. Hayworth		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Leadership Encouraging Excellence PAC</b>		Transaction ID: 24613988 Date of Disbursement 09 / 12 / 2006
Mailing Address 2875 Towerview Road Suite 100		Amount of Each Disbursement this Period 5000.00
City Herndon State VA Zip Code 20171	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Reynolds For Congress</b>		Transaction ID: 24614408 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Thomas M. Reynolds		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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) <b>A. Brian Bilbray For Congress</b>		<b>Transaction ID: 24614417</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 2466 Unicornio Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Carlsbad State CA Zip Code 92009		
Purpose of Disbursement Contribution Candidate Name Mr. Brian P. Bilbray Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 50	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Promoting Republicans You Can Elect PAC</b>		<b>Transaction ID: 24613965</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 2500.00 Contribution
City Washington State DC Zip Code 20036		
Purpose of Disbursement Contribution Candidate Name 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:	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>C. The Fund For A Greater America PAC</b>		<b>Transaction ID: 24614403</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 499 South Capitol Street, SW #414		Amount of Each Disbursement this Period 2500.00 Contribution
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution Candidate Name 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:	011 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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) <b>A. Ron Lewis For Congress</b>		Transaction ID: 24614418 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 307		Amount of Each Disbursement this Period 1000.00  Contribution
City Elizabethtown State KY Zip Code 42702	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Ron Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bass Victory Committee</b>		Transaction ID: 24614420 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 3451		Amount of Each Disbursement this Period 1000.00  Contribution
City Concord State NH Zip Code 03302	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Charles F. Bass		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steve Chabot For Congress</b>		Transaction ID: 24614421 Date of Disbursement 09 / 12 / 2006
Mailing Address 3339 Harrison Avenue		Amount of Each Disbursement this Period 1000.00  Contribution
City Cincinnati State OH Zip Code 45211	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Steve Chabot		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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) <b>A. Cubin For Congress, Inc.</b>		Transaction ID: 24614423 Date of Disbursement 09 / 12 / 2006	
Mailing Address P.O. Box 4657		Amount of Each Disbursement this Period 1000.00	
City Casper State WY Zip Code 82604	Purpose of Disbursement Contribution Contribution Category/Type 011		
Candidate Name Rep. Barbara Cubin		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1		Contribution	

Full Name (Last, First, Middle Initial) <b>B. Dave Camp For Congress 2006</b>		Transaction ID: 24621916 Date of Disbursement 09 / 14 / 2006	
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1000.00	
City Midland State MI Zip Code 48640	Purpose of Disbursement Contribution Contribution Category/Type 011		
Candidate Name Rep. Dave Lee Camp		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4		Contribution	

Full Name (Last, First, Middle Initial) <b>C. Santorum Victory Committee</b>		Transaction ID: 24621882 Date of Disbursement 09 / 14 / 2006	
Mailing Address 228 South Washington Street Suite 115		Amount of Each Disbursement this Period 5000.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Contribution Contribution Category/Type 011		
Candidate Name		Disbursement For: General <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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) <b>A. Dave Camp For Congress 2006</b>		<b>Transaction ID: 24623272</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 1500.00  Contribution
City Midland State MI Zip Code 48640	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Rep. Dave Lee Camp		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Heather Wilson For Congress</b>		<b>Transaction ID: 24623224</b> Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 5000.00  Contribution
City Albuquerque State NM Zip Code 87191	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Rep. Heather Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Chafee For Senate</b>		<b>Transaction ID: 24623225</b> Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 7329		Amount of Each Disbursement this Period 5000.00  Contribution
City Warwick State RI Zip Code 02887	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Sen. Lincoln Chafee		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# 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) <b>A. Voice for Freedom PAC</b>		<b>Transaction ID:</b> 24623226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 2451 Cumberland Parkway Suite 3264		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30339	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Talent For Senate Committee</b>		<b>Transaction ID:</b> 24623227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 9467 Dielman Rock Island Drive		Amount of Each Disbursement this Period 5000.00
City St. Louis State MO Zip Code 63132	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. James Matthes Talent		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Chet Edwards For Congress</b>		<b>Transaction ID:</b> 24623230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 23273		Amount of Each Disbursement this Period 1000.00
City Waco State TX Zip Code 76702	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Chet Edwards		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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) <b>A. Friends For Cliff Stearns</b>		Transaction ID: 24629437 Date of Disbursement 09 / 18 / 2006
Mailing Address P.O. Box 308		Amount of Each Disbursement this Period 1000.00
City Silver Springs	State FL	
Zip Code 32688		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Rep. Clifford Stearns		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 6		

Full Name (Last, First, Middle Initial) <b>B. Friends of Joe Lieberman</b>		Transaction ID: 24625251 Date of Disbursement 09 / 18 / 2006
Mailing Address P.O. Box 235515 State House Square		Amount of Each Disbursement this Period 2000.00
City State House Square	State CT	
Zip Code 06123		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Sen. Joseph Lieberman		Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 2		

Full Name (Last, First, Middle Initial) <b>C. John T. Doolittle For Congress</b>		Transaction ID: 24636995 Date of Disbursement 09 / 19 / 2006
Mailing Address 2150 River Plaza Drive #150		Amount of Each Disbursement this Period 1000.00
City Sacramento	State CA	
Zip Code 95833		
Purpose of Disbursement Contribution Category/Type 011		
Candidate Name Rep. John T. Doolittle		Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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) <b>A. Frelinghuysen For Congress</b>		<b>Transaction ID:</b> 24638774 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 19 Cattano Avenue		Amount of Each Disbursement this Period 500.00 Contribution
City Morristown State NJ Zip Code 07960	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Rodney Frelinghuysen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Together for Our Majority PAC (TOMPAC)</b>		<b>Transaction ID:</b> 24651383 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 16488		Amount of Each Disbursement this Period 5000.00 Contribution
City Arlington State VA Zip Code 22215	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nathan Deal For Congress</b>		<b>Transaction ID:</b> 24651370 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 902		Amount of Each Disbursement this Period 2000.00 Contribution
City Gainesville State GA Zip Code 30503	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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) <b>A. Chocola For Congress, Inc.</b>		<b>Transaction ID: 24654744</b> Date of Disbursement 09 / 21 / 2006
Mailing Address P.O. Box 6728		Amount of Each Disbursement this Period 1000.00 Contribution
City South Bend State IN Zip Code 46660	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Christopher J. Chocola		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brady For Congress</b>		<b>Transaction ID: 24654741</b> Date of Disbursement 09 / 21 / 2006
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period 1000.00 Contribution
City The Woodlands State TX Zip Code 77387	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Kevin Brady		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Mike Ferguson</b>		<b>Transaction ID: 24667159</b> Date of Disbursement 09 / 26 / 2006
Mailing Address P.O. Box 225		Amount of Each Disbursement this Period 1000.00 Contribution
City Colonia State NJ Zip Code 07067	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Mike Ferguson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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) <b>A. Thelma Drake for Congress</b>		Transaction ID: 24667041 Date of Disbursement 09 / 26 / 2006	
Mailing Address P.O. Box 61480		Amount of Each Disbursement this Period 5000.00	
City Virginia Beach State VA Zip Code 23466	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Thelma D. Drake	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Roy Blunt</b>		Transaction ID: 24672425 Date of Disbursement 09 / 27 / 2006	
Mailing Address P.O. Box 50100		Amount of Each Disbursement this Period 5000.00	
City Springfield State MO Zip Code 65805	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Roy Blunt	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Committee</b>		Transaction ID: 24796588 Date of Disbursement 09 / 30 / 2006	
Mailing Address P.O. Box 10407		Amount of Each Disbursement this Period -1500.00	
City Greenville State SC Zip Code 29602	Purpose of Disbursement Void - Check dated 09/09/2002	011 Category/ Type	
Candidate Name	Void - Check dated 09/09/- 2002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>79500.00</b>