

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

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

FOR LINE NUMBER: PAGE 24 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

US Oncology Inc. Network Political Action Committee

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

A. Browning, Eiko, Theodora, ,

Mailing Address 662 Huntington Dr

City
Highlands Ranch

State
CO

Zip Code
80126-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rocky Mountain Cancer Centers

Occupation (for Individual)
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 30 / 2019

Transaction ID : 2019083010335-275

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Buchanan, Glenn, S, ,

Mailing Address 2283 Avengale Dr

City
Eugene

State
OR

Zip Code
97408-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Willamette Valley Cancer Institute and

Occupation (for Individual)
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 15 / 2019

Transaction ID : 201908151216-73

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Buchanan, Glenn, S, ,

Mailing Address 2283 Avengale Dr

City
Eugene

State
OR

Zip Code
97408-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Willamette Valley Cancer Institute and

Occupation (for Individual)
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 30 / 2019

Transaction ID : 2019083010335-119

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

400.00