

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

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

FOR LINE NUMBER: PAGE 99 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. Look, Regan, M, ,

Mailing Address 12760 NW Lilywood Dr

City
PortlandState
ORZip Code
97229-8516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Compass OncologyOccupation (for Individual)
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2019

Transaction ID : 201908151216-43

Amount of Each Receipt this Period

46.00

☐ Memo Item

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

B. Look, Regan, M, ,

Mailing Address 12760 NW Lilywood Dr

City
PortlandState
ORZip Code
97229-8516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Compass OncologyOccupation (for Individual)
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : 2019083010335-53

Amount of Each Receipt this Period

46.00

☐ Memo Item

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

C. Lopez, Arsenio, G, ,

Mailing Address 441 Majestic Mountain Dr

City
El PasoState
TXZip Code
79912-6301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Oncology, P.A.Occupation (for Individual)
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2019

Transaction ID : 201908151216-139

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

192.00

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