

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 195

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. 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  
Portland

State  
OR

Zip Code  
97229-8516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Compass Oncology

Occupation (for Individual)

Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : 201907311396-56**

Amount of Each Receipt this Period

46.00

☐ Memo Item

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

**B. Lopez, Arsenio, G, ,**

Mailing Address 441 Majestic Mountain Dr

City  
El Paso

State  
TX

Zip Code  
79912-6301

FEC 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 ▼

1400.00

Date of Receipt

07 / 15 / 2019

**Transaction ID : 201908089536-140**

Amount of Each Receipt this Period

100.00

☐ 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 Paso

State  
TX

Zip Code  
79912-6301

FEC 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 ▼

1400.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : 201907311396-188**

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)..... ►

246.00