

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

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

FOR LINE NUMBER: PAGE 119 OF 168

(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. Perez, Enrique, A, ,**

Mailing Address 5598 Swisher Cir

City  
Frisco

State  
TX

Zip Code  
75034-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Oncology, P.A.

Occupation (for Individual)  
Physician Emp Medical Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2020

**Transaction ID : 2020051512575-57**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Perez, Enrique, A, ,**

Mailing Address 5598 Swisher Cir

City  
Frisco

State  
TX

Zip Code  
75034-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Oncology, P.A.

Occupation (for Individual)  
Physician Emp Medical Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2020

**Transaction ID : 2020052917575-71**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Petrikas, James, Joseph, ,**

Mailing Address 6123 Norway Rd

City  
Dallas

State  
TX

Zip Code  
75230-4058

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Oncology, P.A.

Occupation (for Individual)  
Physician Shareholder Rad Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2020

**Transaction ID : 2020051512575-155**

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)..... ►

200.00