

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 186

(check only one)

☒ 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. Brouns, Matthew, C, ,

Mailing Address 6837 SE 36th Ave

City
Portland

State
OR

Zip Code
97202-8231

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 ▼

782.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2019

Transaction ID : 201910119456-51

Amount of Each Receipt this Period

46.00

☐ Memo Item

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

B. 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 ▼

1800.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2019

Transaction ID : 201910119456-275

Amount of Each Receipt this Period

200.00

☐ 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 ▼

1800.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2019

Transaction ID : 201909161595-72

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)..... ►

346.00