

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)

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☒ 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. Gupta, Manish, , ,

Mailing Address 2805 Mountain Laurel Ln

City
Plano

State
TX

Zip Code
75093-4071

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 ▼

3762.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : 201910119456-279

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

B. Hals, Jessica, , ,

Mailing Address 112 Chelsey Ct

City

Weatherford

State

TX

Zip Code

76087-3645

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : 201909161595-116

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Hals, Jessica, , ,

Mailing Address 112 Chelsey Ct

City

Weatherford

State

TX

Zip Code

76087-3645

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : 201910119456-163

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)..... ►

409.00