

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

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

FOR LINE NUMBER: PAGE 112 OF 166

(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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2019

Transaction ID : 2019032916918-78

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Petrikas, James, Joseph, ,

Mailing Address 4969 Nashwood Ln

City
Dallas

State
TX

Zip Code
75244-7738

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2019

Transaction ID : 2019031511495-163

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Petrikas, James, Joseph, ,

Mailing Address 4969 Nashwood Ln

City
Dallas

State
TX

Zip Code
75244-7738

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 29 / 2019

Transaction ID : 2019032916918-196

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)..... ►

250.00