

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 195  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Browning, Eiko, Theodora, ,**

Mailing Address 662 Huntington Dr

City  
Highlands RanchState  
COZip Code  
80126-4738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rocky Mountain Cancer CentersOccupation (for Individual)  
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : 202001021314-251**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Buchanan, Glenn, S, ,**

Mailing Address 2283 Avengale Dr

City  
EugeneState  
ORZip Code  
97408-4800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willamette Valley Cancer Institute andOccupation (for Individual)  
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2019

**Transaction ID : 2020010915176-78**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Buchanan, Glenn, S, ,**

Mailing Address 2283 Avengale Dr

City  
EugeneState  
ORZip Code  
97408-4800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willamette Valley Cancer Institute andOccupation (for Individual)  
Physician Shareholder Med Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : 202001021314-129**

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)..... ►

400.00