

# **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. Lonergan, Matthew, , ,**

Mailing Address 3572 Sussex St

City  
Eugene

State  
OR

Zip Code  
97401-6987

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 ▼

2400.00

Date of Receipt

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

**Transaction ID : 202001021314-137**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Look, Regan, M, ,**

Mailing Address 12760 NW Lilywood Dr

City  
Portland

State  
OR

Zip Code  
97229-8516

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 ▼

1000.00

Date of Receipt

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

**Transaction ID : 2020010915176-19**

Amount of Each Receipt this Period

34.00

☐ Memo Item

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

**C. Lopez, Arsenio, G, ,**

Mailing Address 441 Majestic Mountain Dr

City  
El Paso

State  
TX

Zip Code  
79912-6301

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 ▼

2400.00

Date of Receipt

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

**Transaction ID : 2020010915176-144**

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)..... ►

234.00