

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
US Oncology Inc. Network Political Action Committee

ADDRESS (number and street) **10101 Woodloch Forest Drive**
Check if different than previously reported. (ACC)
The Woodlands TX 77380

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00339655 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /
02 01 2017 through 02 28 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Jones, Ben, , ,**

Signature of Treasurer **Jones, Ben, , ,** [Electronically Filed] Date / /
03 09 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

US Oncology Inc. Network Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value=""/>	<input type="text" value="404361.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="384493.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45921.64"/>	<input type="text" value="87268.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="430414.83"/>	<input type="text" value="491629.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28663.65"/>	<input type="text" value="89878.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="401751.18"/>	<input type="text" value="401751.18"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

US Oncology Inc. Network Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33576.75	38876.73
(ii) Unitemized	12129.77	47944.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45706.52	86820.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	45706.52	86820.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	215.12	447.77
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	45921.64	87268.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45921.64	87268.73

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	163.65	378.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	163.65	378.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	74500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	15000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28663.65	89878.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28663.65	89878.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45706.52	86820.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45706.52	86820.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	163.65	378.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	215.12	447.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-51.47	-69.00

**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)	PAGE 6 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Agarwal, Ashwani, K, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 Asbury St
 City Dallas State TX Zip Code 75205-1844
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-100
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Agarwal, Ashwani, K, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 Asbury St
 City Dallas State TX Zip Code 75205-1844
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-136
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Aitelli, Cristi, L, , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 Palencia Ct
 City Ft Worth State TX Zip Code 76126-1936
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-101
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 7 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Aitelli, Cristi, L, , D.O.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 Palencia Ct

City Ft Worth	State TX	Zip Code 76126-1936
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-137

Amount of Each Receipt this Period
100.00

Memo Item

B. Andersen, Jay, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5210 SW Westwood Vw

City Portland	State OR	Zip Code 97239-2768
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Oncology	Occupation (for Individual) Physician Shareholder Med Onc
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-117

Amount of Each Receipt this Period
100.00

Memo Item

C. Anderson, Charles, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3015 Summit Sky Blvd

City Eugene	State OR	Zip Code 97405-6253
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Willamette Valley Cancer Institute and	Occupation (for Individual) Physician Shareholder GynOnc
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-212

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 8 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Anderson, Charles, K, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 Summit Sky Blvd
 City Eugene State OR Zip Code 97405-6253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Willamette Valley Cancer Institute and Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-248
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Anderson, Thomas, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 San Juan Dr
 City Southlake State TX Zip Code 76092-6217
 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 ▼ 500.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-227
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Anderson, Thomas, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 San Juan Dr
 City Southlake State TX Zip Code 76092-6217
 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 ▼ 500.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-275
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	355.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 9 OF 113
<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

A. Aung, Thomas, L., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 Villa Maria Cv
 City Austin State TX Zip Code 78759-7773
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-102
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Aung, Thomas, L., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 Villa Maria Cv
 City Austin State TX Zip Code 78759-7773
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-138
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Aurora, Vikas, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 Avalon Ln
 City Coppell State TX Zip Code 75019-7582
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-103
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 10 OF 113
<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

A. Aurora, Vikas, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 437 Avalon Ln

City Coppell	State TX	Zip Code 75019-7582
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-139

Amount of Each Receipt this Period
100.00

Memo Item

B. Barker, Sr., Jerry, Lee, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12209 Pecan Forest Dr

City Dallas	State TX	Zip Code 75230-2396
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-104

Amount of Each Receipt this Period
100.00

Memo Item

C. Barker, Sr., Jerry, Lee, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12209 Pecan Forest Dr

City Dallas	State TX	Zip Code 75230-2396
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-140

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 11 OF 113
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Barve, Minal, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 623 Deforest Ct

City Coppell	State TX	Zip Code 75019-6066
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-105

Amount of Each Receipt this Period
100.00

Memo Item

B. Barve, Minal, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 623 Deforest Ct

City Coppell	State TX	Zip Code 75019-6066
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-141

Amount of Each Receipt this Period
100.00

Memo Item

C. Becerra, Carlos, Hernan, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 831 Longhorn Holw

City Southlake	State TX	Zip Code 76092-8353
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-106

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 12 OF 113
<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

A. Becerra, Carlos, Hernan, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 831 Longhorn Holw

City Southlake	State TX	Zip Code 76092-8353
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-142

Amount of Each Receipt this Period
100.00

Memo Item

B. Bernick, Pamela, Medellin, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9342 Kai Dr

City Beach City	State TX	Zip Code 77523-2332
--------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-107

Amount of Each Receipt this Period
100.00

Memo Item

C. Bernick, Pamela, Medellin, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9342 Kai Dr

City Beach City	State TX	Zip Code 77523-2332
--------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-143

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 13 OF 113
	<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	

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

A. Bhandari, Arvind, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Du Pont Cir
 City Sugar Land State TX Zip Code 77479-2521
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-108
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bhandari, Arvind, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Du Pont Cir
 City Sugar Land State TX Zip Code 77479-2521
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-144
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Boswank, Stephen, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 McClendon Dr
 City Rockwall State TX Zip Code 75032-7550
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-109
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 14 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Boswank, Stephen, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 McClendon Dr
 City Rockwall State TX Zip Code 75032-7550
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-145
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Boyd, Jessamy, M, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10410 Ferndale Rd
 City Dallas State TX Zip Code 75238-1618
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-110
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Boyd, Jessamy, M, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10410 Ferndale Rd
 City Dallas State TX Zip Code 75238-1618
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-146
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 15 OF 113
	<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

A. Brow, Matthew, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7216 Dulany Dr
 City McLean State VA Zip Code 22101-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKesson Corporation Occupation (for Individual) DIVISION SR EXEC (C)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.32

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030194443-895
 Amount of Each Receipt this Period 52.08
 Memo Item

B. Buchanan, Glenn, S, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-94
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Buchanan, Glenn, S, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-130
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.08
TOTAL This Period (last page this line number only).....	

**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)	PAGE 16 OF 113
<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

A. Busby, Leslie, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Baxter Farm Ln

City Erie	State CO	Zip Code 80516-6537
--------------	-------------	------------------------

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 ▼
834.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-287

Amount of Each Receipt this Period
417.00

Memo Item

B. Caruso, Michela, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7110 N Janmar Dr

City Dallas	State TX	Zip Code 75230-3115
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-74

Amount of Each Receipt this Period
50.00

Memo Item

c. Chakmakjian, Carl, G, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2021 Rustic Trl

City Mc Gregor	State TX	Zip Code 76657-3468
-------------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-111

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	567.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 17 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Chakmakjian, Carl, G., M.D.

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

Mailing Address 2021 Rustic Trl

City Mc Gregor	State TX	Zip Code 76657-3468
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-147

Amount of Each Receipt this Period
100.00

Memo Item

B. Challagalla, Jagathi, Devi, , M.D.

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

Mailing Address 11545 E Ricks Cir

City Dallas	State TX	Zip Code 75230-3029
----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-112

Amount of Each Receipt this Period
100.00

Memo Item

C. Challagalla, Jagathi, Devi, , M.D.

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

Mailing Address 11545 E Ricks Cir

City Dallas	State TX	Zip Code 75230-3029
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-148

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 18 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Chang, Edward, H, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1991 Country Club Rd

City Lake Oswego	State OR	Zip Code 97034-2003
---------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-118

Amount of Each Receipt this Period
100.00

Memo Item

B. Cheek, Brennen, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3012 Amherst Ave

City Dallas	State TX	Zip Code 75225-7807
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-113

Amount of Each Receipt this Period
100.00

Memo Item

C. Cheek, Brennen, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3012 Amherst Ave

City Dallas	State TX	Zip Code 75225-7807
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-149

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 19 OF 113
<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

A. Chesbro, Byron, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 413 Willow Glen Dr

City El Paso	State TX	Zip Code 79922-2306
-----------------	-------------	------------------------

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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-90

Amount of Each Receipt this Period
63.00

Memo Item

B. Chittoor, Sreeni, R, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4526 Dorset Rd

City Dallas	State TX	Zip Code 75229-6301
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-114

Amount of Each Receipt this Period
100.00

Memo Item

C. Chittoor, Sreeni, R, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4526 Dorset Rd

City Dallas	State TX	Zip Code 75229-6301
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-150

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	263.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 20 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Christie, Robert, J, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2560 N Vermont St

City Arlington	State VA	Zip Code 22207-4151
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Cancer Specialists	Occupation (for Individual) Physician Shareholder Med Onc
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
584.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-228

Amount of Each Receipt this Period
146.00

Memo Item

B. Christie, Robert, J, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2560 N Vermont St

City Arlington	State VA	Zip Code 22207-4151
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Cancer Specialists	Occupation (for Individual) Physician Shareholder Med Onc
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
584.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-276

Amount of Each Receipt this Period
146.00

Memo Item

C. Cichon, Jolanta, U, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6104 Sawgrass Ct

City Flower Mound	State TX	Zip Code 75022-6525
----------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-115

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 21 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Cichon, Jolanta, U, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6104 Sawgrass Ct
 City Flower Mound State TX Zip Code 75022-6525
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-151
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cochran, Ernest, W, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 Johnson Woods Dr
 City Paris State TX Zip Code 75460-6333
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-116
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Cochran, Ernest, W, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 Johnson Woods Dr
 City Paris State TX Zip Code 75460-6333
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-152
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 22 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Cohen, Karen, H, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6804 Valburn Dr

City Austin	State TX	Zip Code 78731-1804
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-117

Amount of Each Receipt this Period
100.00

Memo Item

B. Cohen, Karen, H, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6804 Valburn Dr

City Austin	State TX	Zip Code 78731-1804
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-153

Amount of Each Receipt this Period
100.00

Memo Item

C. Cole, Justin, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8913 SE Hillcrest Dr

City Vancouver	State WA	Zip Code 98664-2835
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Oncology	Occupation (for Individual) Physician Shareholder Path
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-119

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 23 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Courtright, Jay, G, , M.D.

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

Mailing Address 3216 Wellshire Ct

City Plano	State TX	Zip Code 75093-3458
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-118

Amount of Each Receipt this Period
100.00

Memo Item

B. Courtright, Jay, G, , M.D.

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

Mailing Address 3216 Wellshire Ct

City Plano	State TX	Zip Code 75093-3458
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-154

Amount of Each Receipt this Period
100.00

Memo Item

C. Coyle, Yvonne, M, , M.D.

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

Mailing Address 4237 Willow Grove Rd

City Dallas	State TX	Zip Code 75220-1935
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-119

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 24 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Coyle, Yvonne, M, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4237 Willow Grove Rd
 City Dallas State TX Zip Code 75220-1935
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-155
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cross, Scott, J, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 513 Hunts Pointe Dr
 City Virginia Beach State VA Zip Code 23464-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Oncology Associates Occupation (for Individual) Physician Shareholder Med Onc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.67

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-286
 Amount of Each Receipt this Period 416.67
 Memo Item

c. D'Spain, David, M, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Fossil Hill Rd
 City Weatherford State TX Zip Code 76087-8626
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-120
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	616.67
TOTAL This Period (last page this line number only).....	

**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)	PAGE 25 OF 113
<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

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

A. D'Spain, David, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Fossil Hill Rd

City Weatherford	State TX	Zip Code 76087-8626
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-156

Amount of Each Receipt this Period
100.00

Memo Item

B. DeCarolis, Paul, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5760 Adrienne Ct

City Colorado Springs	State CO	Zip Code 80906-8257
--------------------------	-------------	------------------------

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 ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-278

Amount of Each Receipt this Period
209.00

Memo Item

c. Denham, Claude, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7160 Greentree Ln

City Dallas	State TX	Zip Code 75214-1927
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-216

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	414.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 26 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Denham, Claude, A, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7160 Greentree Ln
 City Dallas State TX Zip Code 75214-1927
 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 ▼ 420.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-252
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Doyle, Todd, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Devonshire Dr
 City Slingerlands State NY Zip Code 12159-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Oncology Hematology Occupation (for Individual) Physician Shareholder Rad Onc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt **02 / 15 / 2017**
Transaction ID : 20170215155313-206
 Amount of Each Receipt this Period 104.16
 Memo Item

C. Doyle, Todd, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 Devonshire Dr
 City Slingerlands State NY Zip Code 12159-9755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Oncology Hematology Occupation (for Individual) Physician Shareholder Rad Onc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-242
 Amount of Each Receipt this Period 104.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	313.32
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 27 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Duncan, Lewis, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 Hillcrest Dr

City Longview	State TX	Zip Code 75601-4647
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-121

Amount of Each Receipt this Period
100.00

Memo Item

B. Duncan, Lewis, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 Hillcrest Dr

City Longview	State TX	Zip Code 75601-4647
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-157

Amount of Each Receipt this Period
100.00

Memo Item

C. Dziuk, Timothy, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3412 Stratford Hills Ln

City Austin	State TX	Zip Code 78746-4687
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cancer Centers of South Texas	Occupation (for Individual) Physician Shareholder Rad Onc
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-99

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 28 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Dziuk, Timothy, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3412 Stratford Hills Ln

City Austin	State TX	Zip Code 78746-4687
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cancer Centers of South Texas	Occupation (for Individual) Physician Shareholder Rad Onc
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-135

Amount of Each Receipt this Period
100.00

Memo Item

B. Ehsan, Alex, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3108 Voltaire Blvd

City McKinney	State TX	Zip Code 75070-4248
------------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-122

Amount of Each Receipt this Period
100.00

Memo Item

C. Ehsan, Alex, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3108 Voltaire Blvd

City McKinney	State TX	Zip Code 75070-4248
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-158

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 29 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Encarnacion, Carlos, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2704 Westbury Cir

City Waco	State TX	Zip Code 76710-1148
--------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-123

Amount of Each Receipt this Period
100.00

Memo Item

B. Encarnacion, Carlos, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2704 Westbury Cir

City Waco	State TX	Zip Code 76710-1148
--------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-159

Amount of Each Receipt this Period
100.00

Memo Item

C. Esler, William, V, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4513 Tutbury Ct

City Amarillo	State TX	Zip Code 79119-6515
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-124

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 30 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Esler, William, V, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4513 Tutbury Ct

City Amarillo	State TX	Zip Code 79119-6515
------------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-160

Amount of Each Receipt this Period
100.00

Memo Item

B. Fain, Jerry, D, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 Regents Park

City Austin	State TX	Zip Code 78746-6843
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-125

Amount of Each Receipt this Period
100.00

Memo Item

C. Fain, Jerry, D, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 Regents Park

City Austin	State TX	Zip Code 78746-6843
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-161

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 31 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Faridi, Amir, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 Chloe Dr

City Allen	State TX	Zip Code 75013-8533
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-126

Amount of Each Receipt this Period
100.00

Memo Item

B. Faridi, Amir, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 Chloe Dr

City Allen	State TX	Zip Code 75013-8533
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-162

Amount of Each Receipt this Period
100.00

Memo Item

C. Farray, Daniel, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2909 San Rodrigo

City Mission	State TX	Zip Code 78572-7655
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-127

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 32 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Farray, Daniel, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2909 San Rodrigo
 City Mission State TX Zip Code 78572-7655
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-163
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Fiorillo, Joseph, A, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1944 Charnelton St
 City Eugene State OR Zip Code 97405-2818
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-95
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fiorillo, Joseph, A, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1944 Charnelton St
 City Eugene State OR Zip Code 97405-2818
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-131
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 33 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Fitzharris, John, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 Constantine Pl

City Eugene	State OR	Zip Code 97405-9551
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-96

Amount of Each Receipt this Period
100.00

Memo Item

B. Fitzharris, John, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 Constantine Pl

City Eugene	State OR	Zip Code 97405-9551
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-132

Amount of Each Receipt this Period
100.00

Memo Item

C. Fleischauer, Scott, L, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601 Royal Glen Dr

City Arlington	State TX	Zip Code 76012
-------------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-128

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 34 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Fleischauer, Scott, L, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Royal Glen Dr
 City Arlington State TX Zip Code 76012
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-164
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Frase, Larry, L, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3207
 City Longview State TX Zip Code 75606-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder-JPB Mbr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-129
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Frase, Larry, L, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3207
 City Longview State TX Zip Code 75606-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder-JPB Mbr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-165
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 35 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Fryefield, David, C. , M.D.

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

Mailing Address 2175 Charnelton St

City Eugene	State OR	Zip Code 97405-2821
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Willamette Valley Cancer Institute and	Occupation (for Individual) Physician Shareholder Rad Onc
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-97

Amount of Each Receipt this Period
100.00

Memo Item

B. Fryefield, David, C. , M.D.

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

Mailing Address 2175 Charnelton St

City Eugene	State OR	Zip Code 97405-2821
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Willamette Valley Cancer Institute and	Occupation (for Individual) Physician Shareholder Rad Onc
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-133

Amount of Each Receipt this Period
100.00

Memo Item

C. Gandhi, Darshan, G. , M.D.

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

Mailing Address 5033 Mill Run Rd

City Dallas	State TX	Zip Code 75244-6532
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-130

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 36 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Gandhi, Darshan, G, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5033 Mill Run Rd

City Dallas	State TX	Zip Code 75244-6532
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-166

Amount of Each Receipt this Period
100.00

Memo Item

B. Garrett, Audrey, P, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29629 Schnorenberg Ln

City Eugene	State OR	Zip Code 97405-9471
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Willamette Valley Cancer Institute and	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-213

Amount of Each Receipt this Period
105.00

Memo Item

C. Garrett, Audrey, P, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29629 Schnorenberg Ln

City Eugene	State OR	Zip Code 97405-9471
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Willamette Valley Cancer Institute and	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-249

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 37 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. George, Timothy, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8104 San Antonio St

City Odessa	State TX	Zip Code 79765-8549
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-217

Amount of Each Receipt this Period
105.00

Memo Item

B. George, Timothy, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8104 San Antonio St

City Odessa	State TX	Zip Code 79765-8549
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-253

Amount of Each Receipt this Period
105.00

Memo Item

C. Ghaddar, Habib, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2925 Pine Valley Dr

City Harlingen	State TX	Zip Code 78550-8605
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-131

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 38 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ghaddar, Habib, , , M.D.

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

Mailing Address 2925 Pine Valley Dr

City Harlingen	State TX	Zip Code 78550-8605
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017

Transaction ID : 2017030310437-167

Amount of Each Receipt this Period
100.00

Memo Item

B. Gomez, Jesus, , , M.D.

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

Mailing Address 1618 Dede Ln

City El Paso	State TX	Zip Code 79902-2201
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2017

Transaction ID : 20170215155313-132

Amount of Each Receipt this Period
100.00

Memo Item

C. Gomez, Jesus, , , M.D.

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

Mailing Address 1618 Dede Ln

City El Paso	State TX	Zip Code 79902-2201
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017

Transaction ID : 2017030310437-168

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 39 OF 113
<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

A. Greenberg, Jeffrey, E, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6210 Turner Way

City Dallas	State TX	Zip Code 75230-1837
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-218

Amount of Each Receipt this Period
105.00

Memo Item

B. Greenberg, Jeffrey, E, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6210 Turner Way

City Dallas	State TX	Zip Code 75230-1837
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-254

Amount of Each Receipt this Period
105.00

Memo Item

C. Gupta, Anuradha, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 629 Wild Willow Dr

City El Paso	State TX	Zip Code 79922-2214
-----------------	-------------	------------------------

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 ▼
313.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-209

Amount of Each Receipt this Period
104.55

Memo Item

SUBTOTAL of Receipts This Page (optional).....	314.55
TOTAL This Period (last page this line number only).....	

**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)	PAGE 40 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Gupta, Anuradha, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 629 Wild Willow Dr

City El Paso	State TX	Zip Code 79922-2214
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-245

Amount of Each Receipt this Period
104.55

Memo Item

B. Gupta, Manish, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-230

Amount of Each Receipt this Period
209.00

Memo Item

C. Gupta, Manish, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-281

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	522.55
TOTAL This Period (last page this line number only).....	

**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)	PAGE 41 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Gwozdz, John, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 N Shore Dr

City Amarillo	State TX	Zip Code 79118-8001
------------------	-------------	------------------------

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 ▼
313.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-207

Amount of Each Receipt this Period
104.35

Memo Item

B. Gwozdz, John, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 N Shore Dr

City Amarillo	State TX	Zip Code 79118-8001
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-243

Amount of Each Receipt this Period
104.35

Memo Item

C. Hals, Jessica, , , D.O.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 Terrace View Dr

City Ft Worth	State TX	Zip Code 76108-6937
------------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-133

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	308.70
TOTAL This Period (last page this line number only).....	

**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)	PAGE 42 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Hals, Jessica, , , D.O.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 Terrace View Dr

City Ft Worth	State TX	Zip Code 76108-6937
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-169

Amount of Each Receipt this Period
100.00

Memo Item

B. Harth, Cheryl, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Ashton Ct

City Dallas	State TX	Zip Code 75230-1977
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-134

Amount of Each Receipt this Period
100.00

Memo Item

C. Harth, Cheryl, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Ashton Ct

City Dallas	State TX	Zip Code 75230-1977
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-170

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 43 OF 113
<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

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

A. Heaven, Ralph, F, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6486

City Abilene	State TX	Zip Code 79608-6486
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-135

Amount of Each Receipt this Period
100.00

Memo Item

B. Heaven, Ralph, F, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 6486

City Abilene	State TX	Zip Code 79608-6486
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-171

Amount of Each Receipt this Period
100.00

Memo Item

C. Heffernan, Jill, P, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 Creekside Dr

City McKinney	State TX	Zip Code 75071-6445
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-136

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 44 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Heffernan, Jill, P, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 Creekside Dr

City McKinney	State TX	Zip Code 75071-6445
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-172

Amount of Each Receipt this Period
100.00

Memo Item

B. Herrada, Juan, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 922 Bella Cumbre Dr

City El Paso	State TX	Zip Code 79912-1856
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-137

Amount of Each Receipt this Period
100.00

Memo Item

C. Herrada, Juan, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 922 Bella Cumbre Dr

City El Paso	State TX	Zip Code 79912-1856
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-173

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 45 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Ho, Tony, V, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1030 NW 12th Ave

City Portland	State OR	Zip Code 97209-2837
------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-120

Amount of Each Receipt this Period
100.00

Memo Item

B. Holmes, Frankie, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4535 Birch St

City Bellaire	State TX	Zip Code 77401-5507
------------------	-------------	------------------------

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 ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-231

Amount of Each Receipt this Period
209.00

Memo Item

C. Holmes, Frankie, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4535 Birch St

City Bellaire	State TX	Zip Code 77401-5507
------------------	-------------	------------------------

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 ▼
836.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-282

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	518.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 46 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Hutson, Thomas, E, , D.O.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3212 Coventry Ln

City Plano	State TX	Zip Code 75093-3446
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-138

Amount of Each Receipt this Period
100.00

Memo Item

B. Hutson, Thomas, E, , D.O.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3212 Coventry Ln

City Plano	State TX	Zip Code 75093-3446
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-174

Amount of Each Receipt this Period
100.00

Memo Item

C. Jain, Sharad, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 706 Winding Bend Cir

City Highland Village	State TX	Zip Code 75077-1820
--------------------------	-------------	------------------------

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 ▼
203.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-24

Amount of Each Receipt this Period
39.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	239.83
TOTAL This Period (last page this line number only).....	

**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)	PAGE 47 OF 113
<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, Berchmans, , , M.D.

Mailing Address 2604 Royal Glen Dr

City Arlington	State TX	Zip Code 76012-5553
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-139

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, Berchmans, , , M.D.

Mailing Address 2604 Royal Glen Dr

City Arlington	State TX	Zip Code 76012-5553
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-175

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Monte, F, , M.D.

Mailing Address 7520 Benelux Ct

City Plano	State TX	Zip Code 75025-2625
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-140

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 48 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Jones, Monte, F, , M.D.

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

Mailing Address 7520 Benelux Ct

City Plano	State TX	Zip Code 75025-2625
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-176

Amount of Each Receipt this Period
100.00

Memo Item

B. Juturi, Jaya, V, , M.D.

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

Mailing Address 2929 Southwestern Blvd

City Dallas	State TX	Zip Code 75225-7839
----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-141

Amount of Each Receipt this Period
100.00

Memo Item

C. Juturi, Jaya, V, , M.D.

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

Mailing Address 2929 Southwestern Blvd

City Dallas	State TX	Zip Code 75225-7839
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-177

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 49 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Kaczor, Joseph, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3715 Mission Dr

City Odessa	State TX	Zip Code 79765-8540
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-142

Amount of Each Receipt this Period
100.00

Memo Item

B. Kaczor, Joseph, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3715 Mission Dr

City Odessa	State TX	Zip Code 79765-8540
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-178

Amount of Each Receipt this Period
100.00

Memo Item

C. Kaminsky, Kirk, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10101 Woodloch Forest Dr

City The Woodlands	State TX	Zip Code 77380
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McKesson Corporation	Occupation (for Individual) PRESIDENT - DIVISION
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030194443-51

Amount of Each Receipt this Period
52.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.08
TOTAL This Period (last page this line number only).....	

**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)	PAGE 50 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Kannan, Lakshmipriya, , , M.D.

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

Mailing Address 6215 Tulip Ln

City Dallas	State TX	Zip Code 75230-3827
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-143

Amount of Each Receipt this Period
100.00

Memo Item

B. Kannan, Lakshmipriya, , , M.D.

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

Mailing Address 6215 Tulip Ln

City Dallas	State TX	Zip Code 75230-3827
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-179

Amount of Each Receipt this Period
100.00

Memo Item

C. Kerr, Ronald, N, , M.D.

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

Mailing Address 6223 Desco Dr

City Dallas	State TX	Zip Code 75225-2102
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-144

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 51 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Kerr, Ronald, N, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6223 Desco Dr
 City Dallas State TX Zip Code 75225-2102
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-180
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Khandelwal, Pankaj, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Santa Elena Ct
 City Odessa State TX Zip Code 79765-8503
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-145
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Khandelwal, Pankaj, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Santa Elena Ct
 City Odessa State TX Zip Code 79765-8503
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-181
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 52 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Kirkpatrick, Haskell, M, , M.D.

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

Mailing Address 9210 Arbor Branch Dr

City Dallas	State TX	Zip Code 75243-6308
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-146

Amount of Each Receipt this Period
100.00

Memo Item

B. Kirkpatrick, Haskell, M, , M.D.

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

Mailing Address 9210 Arbor Branch Dr

City Dallas	State TX	Zip Code 75243-6308
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-182

Amount of Each Receipt this Period
100.00

Memo Item

C. Kocs, Darren, M, , M.D.

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

Mailing Address 3500 Bunny Run

City Austin	State TX	Zip Code 78746-1336
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-147

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 53 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Kocs, Darren, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3500 Bunny Run

City Austin	State TX	Zip Code 78746-1336
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-183

Amount of Each Receipt this Period
100.00

Memo Item

B. Kolibaba, Kathryn, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 522

City Yacolt	State WA	Zip Code 98675-0699
----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-121

Amount of Each Receipt this Period
100.00

Memo Item

C. Konduri, Kartik, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 Broken Bow Way

City Plano	State TX	Zip Code 75093-3388
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-148

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 54 OF 113
<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

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

A. Konduri, Kartik, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3101 Broken Bow Way
 City Plano State TX Zip Code 75093-3388
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-184
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Koon, Erik, C, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3537 Hanover St
 City Dallas State TX Zip Code 75225-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-149
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Koon, Erik, C, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3537 Hanover St
 City Dallas State TX Zip Code 75225-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-185
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 55 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Krekow, Lea, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 92581

City Southlake	State TX	Zip Code 76092-0581
-------------------	-------------	------------------------

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 ▼
313.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-208

Amount of Each Receipt this Period
104.35

Memo Item

B. Krekow, Lea, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 92581

City Southlake	State TX	Zip Code 76092-0581
-------------------	-------------	------------------------

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 ▼
313.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-244

Amount of Each Receipt this Period
104.35

Memo Item

C. Kruger, Scott, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 John Wickham

City Williamsburg	State VA	Zip Code 23185-8900
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Oncology Associates	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
454.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-288

Amount of Each Receipt this Period
454.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	663.24
TOTAL This Period (last page this line number only).....	

**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)	PAGE 56 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Laidley, Alison, L., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13821 Creekside Pl

City Dallas	State TX	Zip Code 75240-3553
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-150

Amount of Each Receipt this Period
100.00

Memo Item

B. Laidley, Alison, L., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13821 Creekside Pl

City Dallas	State TX	Zip Code 75240-3553
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-186

Amount of Each Receipt this Period
100.00

Memo Item

C. Lamont, Jeffrey, P., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7215 Lakewood Blvd

City Dallas	State TX	Zip Code 75214-3511
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-151

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 57 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Lamont, Jeffrey, P, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7215 Lakewood Blvd

City Dallas	State TX	Zip Code 75214-3511
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-187

Amount of Each Receipt this Period
100.00

Memo Item

B. Lamparello, Peter, X, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Patroon Creek Blvd

City Albany	State NY	Zip Code 12206-5016
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Oncology Hematology	Occupation (for Individual) Physician Shareholder Med Onc
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-205

Amount of Each Receipt this Period
104.00

Memo Item

C. Lamparello, Peter, X, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Patroon Creek Blvd

City Albany	State NY	Zip Code 12206-5016
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Oncology Hematology	Occupation (for Individual) Physician Shareholder Med Onc
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-241

Amount of Each Receipt this Period
104.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	308.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 58 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Langer, Lucy, R., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 NW 110th Ave
 City Portland State OR Zip Code 97229-6168
 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 ▼ 300.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-122
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Le, Meggie, T., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1013 Excalibur Blvd
 City Lewisville State TX Zip Code 75056-5677
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-152
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Le, Meggie, T., , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1013 Excalibur Blvd
 City Lewisville State TX Zip Code 75056-5677
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-188
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 59 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Lee, Christine, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 E Shore Dr

City The Woodlands	State TX	Zip Code 77380-3095
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-153

Amount of Each Receipt this Period
100.00

Memo Item

B. Lee, Christine, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 E Shore Dr

City The Woodlands	State TX	Zip Code 77380-3095
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-189

Amount of Each Receipt this Period
100.00

Memo Item

C. Liao, Lixin, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4203 Palmer Dr

City Mansfield	State TX	Zip Code 76063-3432
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-154

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 60 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Liao, Lixin, , , M.D.

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

Mailing Address 4203 Palmer Dr

City Mansfield	State TX	Zip Code 76063-3432
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-190

Amount of Each Receipt this Period
100.00

Memo Item

B. Lopez, Arsenio, G, , M.D.

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

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-155

Amount of Each Receipt this Period
100.00

Memo Item

C. Lopez, Arsenio, G, , M.D.

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

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-191

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 61 OF 113
	<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

A. Loukas, Demetrius, F, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 Ridge Oak Dr
 City Austin State TX Zip Code 78731-5211
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-156
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Loukas, Demetrius, F, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 Ridge Oak Dr
 City Austin State TX Zip Code 78731-5211
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-192
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Maisel, Christopher, Marc, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westminster Ave
 City Dallas State TX Zip Code 75205-1422
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-157
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 62 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Maisel, Christopher, Marc, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 Westminster Ave
 City Dallas State TX Zip Code 75205-1422
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017
Transaction ID : 2017030310437-193
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Malireddy, Srikar, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1819 Lake Bend Dr
 City Wichita Falls State TX Zip Code 76310-4710
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2017
Transaction ID : 20170215155313-158
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Malireddy, Srikar, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1819 Lake Bend Dr
 City Wichita Falls State TX Zip Code 76310-4710
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2017
Transaction ID : 2017030310437-194
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 63 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Mattern, John, Q., D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Madison Cir
 City Newport News State VA Zip Code 23606-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Oncology Associates Occupation (for Individual) Physician Shareholder-JPB Mbr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.64

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-284
 Amount of Each Receipt this Period 363.64
 Memo Item

B. Matthews, Carolyn, M., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7100 Lakeshore Dr
 City Dallas State TX Zip Code 75214-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 15 / 2017**
Transaction ID : 20170215155313-159
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Matthews, Carolyn, M., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7100 Lakeshore Dr
 City Dallas State TX Zip Code 75214-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-195
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	563.64
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 64 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. McCollum, Andrew, D, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6637 Golf Dr

City Dallas	State TX	Zip Code 75205-1211
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-160

Amount of Each Receipt this Period
100.00

Memo Item

B. McCollum, Andrew, D, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6637 Golf Dr

City Dallas	State TX	Zip Code 75205-1211
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-196

Amount of Each Receipt this Period
100.00

Memo Item

C. McCollum, Michael, E, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2611 Landview Cir

City Virginia Beach	State VA	Zip Code 23454-1228
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Virginia Oncology Associates	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
227.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-283

Amount of Each Receipt this Period
227.27

Memo Item

SUBTOTAL of Receipts This Page (optional).....	427.27
TOTAL This Period (last page this line number only).....	

**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)	PAGE 65 OF 113
<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

A. McIntyre, Kristi, J., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5222 Meaders Ln

City Dallas	State TX	Zip Code 75229-6646
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-161

Amount of Each Receipt this Period
100.00

Memo Item

B. McIntyre, Kristi, J., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5222 Meaders Ln

City Dallas	State TX	Zip Code 75229-6646
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-197

Amount of Each Receipt this Period
100.00

Memo Item

C. Melear, Jason, M., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4609 Mantle Dr

City Austin	State TX	Zip Code 78746-1572
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-162

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 66 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Melear, Jason, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4609 Mantle Dr

City Austin	State TX	Zip Code 78746-1572
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-198

Amount of Each Receipt this Period
100.00

Memo Item

B. Melnyk, Anton, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Key Ln

City Abilene	State TX	Zip Code 79602-7618
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-163

Amount of Each Receipt this Period
100.00

Memo Item

C. Melnyk, Anton, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Key Ln

City Abilene	State TX	Zip Code 79602-7618
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-199

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 67 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Mennel, Robert, G, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8170 San Benito Way

City Dallas	State TX	Zip Code 75218-4424
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-219

Amount of Each Receipt this Period
105.00

Memo Item

B. Mennel, Robert, G, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8170 San Benito Way

City Dallas	State TX	Zip Code 75218-4424
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-255

Amount of Each Receipt this Period
105.00

Memo Item

C. Messing, Mark, J, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Coventry Ln

City Southlake	State TX	Zip Code 76092-4211
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-164

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Messing, Mark, J., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 Coventry Ln
 City Southlake State TX Zip Code 76092-4211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-200
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Moparty, Srinivasu, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 Silver Table Dr
 City Lewisville State TX Zip Code 75056-5685
 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 ▼ 400.00

Date of Receipt **02 / 15 / 2017**
Transaction ID : 20170215155313-165
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Moparty, Srinivasu, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 Silver Table Dr
 City Lewisville State TX Zip Code 75056-5685
 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 ▼ 400.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-201
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 69 OF 113
<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

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

A. Nadler, Eric, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3710 Euclid Ave

City Dallas	State TX	Zip Code 75205-3162
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-166

Amount of Each Receipt this Period
100.00

Memo Item

B. Nadler, Eric, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3710 Euclid Ave

City Dallas	State TX	Zip Code 75205-3162
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-202

Amount of Each Receipt this Period
100.00

Memo Item

C. Netaji, Balijepalli, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5805 Valley Cir

City Austin	State TX	Zip Code 78731-3628
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-167

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 70 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Netaji, Balijepalli, , , M.D.

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

Mailing Address 5805 Valley Cir

City Austin	State TX	Zip Code 78731-3628
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-203

Amount of Each Receipt this Period
100.00

Memo Item

B. Nirmal, Kavita, , , M.D.

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

Mailing Address 1023 Riverwood Dr

City Longview	State TX	Zip Code 75604-6228
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-168

Amount of Each Receipt this Period
100.00

Memo Item

C. Nirmal, Kavita, , , M.D.

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

Mailing Address 1023 Riverwood Dr

City Longview	State TX	Zip Code 75604-6228
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-204

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 71 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Nuesch, Carl, E., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4105 Mesa Ct

City Austin	State TX	Zip Code 78731-3743
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-169

Amount of Each Receipt this Period
100.00

Memo Item

B. Nuesch, Carl, E., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4105 Mesa Ct

City Austin	State TX	Zip Code 78731-3743
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-205

Amount of Each Receipt this Period
100.00

Memo Item

c. O'Shaughnessy, Joyce, A., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4137 Amherst Ave

City Dallas	State TX	Zip Code 75225-6902
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-220

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 72 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. O'Shaughnessy, Joyce, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4137 Amherst Ave

City Dallas	State TX	Zip Code 75225-6902
----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-256

Amount of Each Receipt this Period
105.00

Memo Item

B. Oh, Jonathan, C, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3508 Villanova St

City Dallas	State TX	Zip Code 75225-5007
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-170

Amount of Each Receipt this Period
100.00

Memo Item

C. Oh, Jonathan, C, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3508 Villanova St

City Dallas	State TX	Zip Code 75225-5007
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-206

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 73 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Okani, Ofobuike, N, , M.D.

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

Mailing Address 2011 Pebble Brook Cir

City Mc Gregor	State TX	Zip Code 76657-3466
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-171

Amount of Each Receipt this Period
100.00

Memo Item

B. Okani, Ofobuike, N, , M.D.

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

Mailing Address 2011 Pebble Brook Cir

City Mc Gregor	State TX	Zip Code 76657-3466
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-207

Amount of Each Receipt this Period
100.00

Memo Item

C. Orr, Douglas, W, , M.D.

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

Mailing Address 4818 Brookview Dr

City Dallas	State TX	Zip Code 75220-3916
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-172

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 74 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Orr, Douglas, W, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4818 Brookview Dr
 City Dallas State TX Zip Code 75220-3916
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-208
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Orwoll, Rebecca, L, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3632 NE Davis St
 City Portland State OR Zip Code 97232-3435
 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 ▼ 300.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-123
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Palanisamy, Nithya, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6737 Ranger Rd
 City Frisco State TX Zip Code 75035-0486
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-173
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 75 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Palanisamy, Nithya, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6737 Ranger Rd

City Frisco	State TX	Zip Code 75035-0486
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-209

Amount of Each Receipt this Period
100.00

Memo Item

B. Park, Michael, H, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 706 Inglenook Ct

City Coppell	State TX	Zip Code 75019-6683
-----------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-221

Amount of Each Receipt this Period
105.00

Memo Item

C. Park, Michael, H, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 706 Inglenook Ct

City Coppell	State TX	Zip Code 75019-6683
-----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-257

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 76 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Patel, Mrugesh, P, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Yale Ct

City Southlake	State TX	Zip Code 76092-8480
-------------------	-------------	------------------------

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 ▼
313.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-210

Amount of Each Receipt this Period
104.55

Memo Item

B. Patel, Mrugesh, P, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Yale Ct

City Southlake	State TX	Zip Code 76092-8480
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-246

Amount of Each Receipt this Period
104.55

Memo Item

C. Patibandla, Sumalatha, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4345 Brownstone Dr

City Beaumont	State TX	Zip Code 77706-7468
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-174

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	309.10
TOTAL This Period (last page this line number only).....	

**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)	PAGE 77 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Patibandla, Sumalatha, , , M.D.

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

Mailing Address 4345 Brownstone Dr

City Beaumont	State TX	Zip Code 77706-7468
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-210

Amount of Each Receipt this Period
100.00

Memo Item

B. Patton, Gregory, A, , M.D.

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

Mailing Address 4531 West Rd

City Lake Oswego	State OR	Zip Code 97035-8421
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Oncology	Occupation (for Individual) Physician Shareholder Rad Onc
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-124

Amount of Each Receipt this Period
100.00

Memo Item

C. Paulson, R., Steven, , M.D.

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

Mailing Address 9831 Meadowbrook Dr

City Dallas	State TX	Zip Code 75220-2139
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Pres
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-226

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 78 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Paulson, R., Steven, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9831 Meadowbrook Dr
 City Dallas State TX Zip Code 75220-2139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder-JPB Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-274
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Petrikas, James, Joseph, , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-175
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Petrikas, James, Joseph, , D.O.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-211
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 79 OF 113
<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

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

A. Pham, Chi, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4323 Vine Ridge Ct

City Arlington	State TX	Zip Code 76017-2208
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-176

Amount of Each Receipt this Period
100.00

Memo Item

B. Pham, Chi, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4323 Vine Ridge Ct

City Arlington	State TX	Zip Code 76017-2208
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-212

Amount of Each Receipt this Period
100.00

Memo Item

C. Pineiro, Luis, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6397 Bluffview Dr

City Frisco	State TX	Zip Code 75034-7255
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-203

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 80 OF 113
	<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	

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

A. Pineiro, Luis, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6397 Bluffview Dr
 City Frisco State TX Zip Code 75034-7255
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-239
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pippen, John, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Vanderbilt Ave
 City Dallas State TX Zip Code 75214-3425
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-177
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Pippen, John, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6700 Vanderbilt Ave
 City Dallas State TX Zip Code 75214-3425
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-213
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 81 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Pustilnik, Terri, B, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3110 Stanton St

City Houston	State TX	Zip Code 77025-2633
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-178

Amount of Each Receipt this Period
100.00

Memo Item

B. Pustilnik, Terri, B, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3110 Stanton St

City Houston	State TX	Zip Code 77025-2633
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-214

Amount of Each Receipt this Period
100.00

Memo Item

C. Rao, Nandita, G, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7981 Brookhollow Blvd

City Frisco	State TX	Zip Code 75034-7299
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-179

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 82 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Rao, Nandita, G, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7981 Brookhollow Blvd

City Frisco	State TX	Zip Code 75034-7299
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-215

Amount of Each Receipt this Period
100.00

Memo Item

B. Reddy, Srini, B, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Colonial Dr

City Amarillo	State TX	Zip Code 79124-7845
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-180

Amount of Each Receipt this Period
100.00

Memo Item

C. Reddy, Srini, B, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Colonial Dr

City Amarillo	State TX	Zip Code 79124-7845
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-216

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 83 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Redrow, Mark, , , M.D.

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

Mailing Address 411 W 7th St

City Fort Worth	State TX	Zip Code 76102-3602
--------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-181

Amount of Each Receipt this Period
100.00

Memo Item

B. Redrow, Mark, , , M.D.

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

Mailing Address 411 W 7th St

City Fort Worth	State TX	Zip Code 76102-3602
--------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-217

Amount of Each Receipt this Period
100.00

Memo Item

C. Restrepo, Alvaro, , , M.D.

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

Mailing Address 5815 N 1st Ln

City McAllen	State TX	Zip Code 78504-2091
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-182

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 84 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Restrepo, Alvaro, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5815 N 1st Ln
 City McAllen State TX Zip Code 78504-2091
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-218
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Richey, Stephen, L, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6868 Lahontan Dr
 City Fort Worth State TX Zip Code 76132-5456
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-183
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Richey, Stephen, L, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6868 Lahontan Dr
 City Fort Worth State TX Zip Code 76132-5456
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-219
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 85 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Rifkin, Robert, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7165 S Polo Ridge Dr

City Littleton	State CO	Zip Code 80128-2537
-------------------	-------------	------------------------

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 ▼
418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-279

Amount of Each Receipt this Period
209.00

Memo Item

B. Rivera, Ragene, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 Copperfield Ln

City El Paso	State TX	Zip Code 79912-4134
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-184

Amount of Each Receipt this Period
100.00

Memo Item

C. Rivera, Ragene, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 620 Copperfield Ln

City El Paso	State TX	Zip Code 79912-4134
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-220

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 86 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Rubin de Celis, Carlos, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5208 Valburn Cir

City Austin	State TX	Zip Code 78731-1143
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-185

Amount of Each Receipt this Period
100.00

Memo Item

B. Rubin de Celis, Carlos, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5208 Valburn Cir

City Austin	State TX	Zip Code 78731-1143
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-221

Amount of Each Receipt this Period
100.00

Memo Item

C. Ruxer, Robert, L, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6859 Laurel Valley Dr

City Ft Worth	State TX	Zip Code 76132-4471
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-229

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 87 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Ruxer, Robert, L, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6859 Laurel Valley Dr

City Ft Worth	State TX	Zip Code 76132-4471
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-277

Amount of Each Receipt this Period
200.00

Memo Item

B. Sanchez, James, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1798 Amarone Way

City Henderson	State NV	Zip Code 89012-7220
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Comprehensive Cancer Centers of Nevad	Occupation (for Individual) Physician Shareholder Med Onc
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-285

Amount of Each Receipt this Period
416.66

Memo Item

C. Sandbach, John, F, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6204 Balcones Dr

City Austin	State TX	Zip Code 78731-4214
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-186

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	716.66
TOTAL This Period (last page this line number only).....	

**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)	PAGE 88 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Sandbach, John, F, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6204 Balcones Dr

City Austin	State TX	Zip Code 78731-4214
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-222

Amount of Each Receipt this Period
100.00

Memo Item

B. Saunders, Mark, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1506 S Chilton Ave

City Tyler	State TX	Zip Code 75701-2909
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-187

Amount of Each Receipt this Period
100.00

Memo Item

C. Saunders, Mark, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1506 S Chilton Ave

City Tyler	State TX	Zip Code 75701-2909
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-223

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 89 OF 113
<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

A. Schachner, Jay, R., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1285 Stacewood Dr

City Beaumont	State TX	Zip Code 77706-4233
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-188

Amount of Each Receipt this Period
100.00

Memo Item

B. Schachner, Jay, R., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1285 Stacewood Dr

City Beaumont	State TX	Zip Code 77706-4233
------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-224

Amount of Each Receipt this Period
100.00

Memo Item

C. Schnadig, Ian, D., M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6814 SE Reed College Pl

City Portland	State OR	Zip Code 97202-8272
------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-125

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 90 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Schwarz, Donald, E, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6514 Copper Creek Dr
 City Dallas State TX Zip Code 75248-3919
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-189
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Schwarz, Donald, E, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6514 Copper Creek Dr
 City Dallas State TX Zip Code 75248-3919
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-225
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Scruggs, Granger, R, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9032 Green Oaks Cir
 City Dallas State TX Zip Code 75243-7212
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-190
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 91 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Scruggs, Granger, R, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9032 Green Oaks Cir
 City Dallas State TX Zip Code 75243-7212
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-226
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Segal, Gerald, M, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3250 SE Ankeny St
 City Portland State OR Zip Code 97214-1944
 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 ▼ 300.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-126
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Seiden, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 Woodloch Forest Dr
 City The Woodlands State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKesson Corporation Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt 02 / 15 / 2017
Transaction ID : 2017021694318-55
 Amount of Each Receipt this Period 104.16
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	304.16
TOTAL This Period (last page this line number only).....	

**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)	PAGE 92 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Seiden, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 Woodloch Forest Dr
 City The Woodlands State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McKesson Corporation Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.64

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030194443-55
 Amount of Each Receipt this Period 104.16
 Memo Item

B. Shivnani, Anand, T, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5613 Chalice Dr
 City Plano State TX Zip Code 75024-3101
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-191
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Shivnani, Anand, T, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5613 Chalice Dr
 City Plano State TX Zip Code 75024-3101
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-227
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	304.16
TOTAL This Period (last page this line number only).....	

**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)	PAGE 93 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Sims, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6315 Waggoner Dr
 City Dallas State TX Zip Code 75230-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TXO HQ - Dallas Merit Dr Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-215
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Sims, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6315 Waggoner Dr
 City Dallas State TX Zip Code 75230-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TXO HQ - Dallas Merit Dr Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-251
 Amount of Each Receipt this Period 105.00
 Memo Item

C. Sitarik, Mark, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7677 Portico Pl
 City Longmont State CO Zip Code 80503-9425
 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 ▼ 418.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-280
 Amount of Each Receipt this Period 209.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 94 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Soo, Edward, W, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10014 SW Balmer Cir
 City Portland State OR Zip Code 97219-6373
 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 ▼ 300.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-127
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Spivey, Michael, R, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2207 Makena Ct
 City Corinth State TX Zip Code 76210-0023
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-192
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Spivey, Michael, R, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2207 Makena Ct
 City Corinth State TX Zip Code 76210-0023
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-228
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 95 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Stokoe, Christopher, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14009 Falls Creek Ct

City Dallas	State TX	Zip Code 75254-3501
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-222

Amount of Each Receipt this Period
105.00

Memo Item

B. Stokoe, Christopher, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14009 Falls Creek Ct

City Dallas	State TX	Zip Code 75254-3501
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-258

Amount of Each Receipt this Period
105.00

Memo Item

c. Storm-Dickerson, Toni, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9603 NE 11th Way

City Vancouver	State WA	Zip Code 98664-3178
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Oncology	Occupation (for Individual) Physician Shareholder Breast
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-128

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 96 OF 113
<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

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

A. Stringer, Claude, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7130 Brookcove Ln

City Dallas	State TX	Zip Code 75214-1944
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Pres
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-223

Amount of Each Receipt this Period
105.00

Memo Item

B. Stringer, Claude, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7130 Brookcove Ln

City Dallas	State TX	Zip Code 75214-1944
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Pres
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-259

Amount of Each Receipt this Period
105.00

Memo Item

C. Syed, Nayyar, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 S Lide Ave

City Mt Pleasant	State TX	Zip Code 75455-5722
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-193

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 97 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Syed, Nayyar, T, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 S Lide Ave

City Mt Pleasant	State TX	Zip Code 75455-5722
---------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-229

Amount of Each Receipt this Period
100.00

Memo Item

B. Taylor, Bernard, W, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 Chateau Ct

City Longview	State TX	Zip Code 75604-6232
------------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-224

Amount of Each Receipt this Period
105.00

Memo Item

C. Taylor, Bernard, W, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 Chateau Ct

City Longview	State TX	Zip Code 75604-6232
------------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-260

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 98 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Teneriello, Michael, G, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Lavaca St
 City Austin State TX Zip Code 78701-4579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-194
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Teneriello, Michael, G, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Lavaca St
 City Austin State TX Zip Code 78701-4579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Oncology, P.A. Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2017
Transaction ID : 2017030310437-230
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Tierney, Ryan, M, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1709 Vista Ln
 City Austin State TX Zip Code 78703-2949
 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 ▼ 400.00

Date of Receipt 02 / 15 / 2017
Transaction ID : 20170215155313-195
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 99 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Tierney, Ryan, M, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1709 Vista Ln

City Austin	State TX	Zip Code 78703-2949
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

Transaction ID : 2017030310437-231

Amount of Each Receipt this Period
100.00

Memo Item

B. Tomberlin, Janice, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Jenkins Rd

City Aleido	State TX	Zip Code 76008-2402
----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2017

Transaction ID : 20170215155313-196

Amount of Each Receipt this Period
100.00

Memo Item

C. Tomberlin, Janice, K, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Jenkins Rd

City Aleido	State TX	Zip Code 76008-2402
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

Transaction ID : 2017030310437-232

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 100 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Uyeki, James, V, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 Enfield Rd

City Austin	State TX	Zip Code 78703-3614
----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-197

Amount of Each Receipt this Period
100.00

Memo Item

B. Uyeki, James, V, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 Enfield Rd

City Austin	State TX	Zip Code 78703-3614
----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-233

Amount of Each Receipt this Period
100.00

Memo Item

C. Valilis, Panagiotis, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 Rosinante Rd

City El Paso	State TX	Zip Code 79922-2915
-----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-198

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 101 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Vallis, Panagiotis, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 833 Rosinante Rd

City El Paso	State TX	Zip Code 79922-2915
-----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-234

Amount of Each Receipt this Period
100.00

Memo Item

B. Vance, Estil, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 Brushy Creek Trl

City Coppell	State TX	Zip Code 75019-2683
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-204

Amount of Each Receipt this Period
100.00

Memo Item

C. Vance, Estil, A, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 Brushy Creek Trl

City Coppell	State TX	Zip Code 75019-2683
-----------------	-------------	------------------------

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-240

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 102 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Watkins, David, L, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Saddle Club Dr

City Midland	State TX	Zip Code 79705-1835
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-199

Amount of Each Receipt this Period
100.00

Memo Item

B. Watkins, David, L, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Saddle Club Dr

City Midland	State TX	Zip Code 79705-1835
-----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-235

Amount of Each Receipt this Period
100.00

Memo Item

C. Weikel, Allen, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12221 Merit Dr
Ste 500

City Dallas	State TX	Zip Code 75251
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McKesson Corporation	Occupation (for Individual) VP OPERATIONS
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030194443-878

Amount of Each Receipt this Period
52.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.08
TOTAL This Period (last page this line number only).....	

**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)	PAGE 103 OF 113
<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

A. Weinstein, Ralph, E, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 155 S Quince St

City Yamhill	State OR	Zip Code 97148-8047
-----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-129

Amount of Each Receipt this Period
100.00

Memo Item

B. White, Charles, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4714 Wildwood Rd

City Dallas	State TX	Zip Code 75209-1930
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-200

Amount of Each Receipt this Period
100.00

Memo Item

C. White, Charles, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4714 Wildwood Rd

City Dallas	State TX	Zip Code 75209-1930
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder-JPB Mbr
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-236

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 104 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Wilder, James, F, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 an County Road 420

City Palestine	State TX	Zip Code 75803-2087
-------------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-201

Amount of Each Receipt this Period
100.00

Memo Item

B. Wilder, James, F, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 an County Road 420

City Palestine	State TX	Zip Code 75803-2087
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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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-237

Amount of Each Receipt this Period
100.00

Memo Item

C. Wilfong, Lalan, S, , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5521 Pebblebrook Dr

City Dallas	State TX	Zip Code 75229-5510
----------------	-------------	------------------------

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 ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-80

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
TOTAL This Period (last page this line number only).....	

**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)	PAGE 105 OF 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Wilfong, Lalan, S., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5521 Pebblebrook Dr
 City Dallas State TX Zip Code 75229-5510
 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 **333.32**

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-92
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Willen, Michael, A., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Stockbridge Rd
 City Slingerlands State NY Zip Code 12159-9421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Oncology Hematology Occupation (for Individual) Physician Shareholder Med Onc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 15 / 2017**
Transaction ID : 20170215155313-225
 Amount of Each Receipt this Period **125.00**
 Memo Item

C. Willen, Michael, A., M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Stockbridge Rd
 City Slingerlands State NY Zip Code 12159-9421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Oncology Hematology Occupation (for Individual) Physician Shareholder Med Onc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-273
 Amount of Each Receipt this Period **125.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.33
TOTAL This Period (last page this line number only).....	

**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)	PAGE 106 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

A. Yang, Kathleen, Y, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 Spring Blvd
 City Eugene State OR Zip Code 97405-4449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Willamette Valley Cancer Institute and Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **02 / 15 / 2017**
Transaction ID : 20170215155313-214
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Yang, Kathleen, Y, , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 Spring Blvd
 City Eugene State OR Zip Code 97405-4449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Willamette Valley Cancer Institute and Occupation (for Individual) Physician Shareholder GynOnc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **02 / 28 / 2017**
Transaction ID : 2017030310437-250
 Amount of Each Receipt this Period 105.00
 Memo Item

C. Yasenchak, Christopher, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 Ridgewood Dr
 City Eugene State OR Zip Code 97405-2007
 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 ▼ 400.00

Date of Receipt **02 / 15 / 2017**
Transaction ID : 20170215155313-98
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 107 OF 113
<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

A. Yasenchak, Christopher, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 612 Ridgewood Dr

City Eugene	State OR	Zip Code 97405-2007
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-134

Amount of Each Receipt this Period
100.00

Memo Item

B. Zackon, Ira, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Princess Ln

City Loudonville	State NY	Zip Code 12211-1717
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Oncology Hematology	Occupation (for Individual) Physician Shareholder Med Onc
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2017

Transaction ID : 20170215155313-211

Amount of Each Receipt this Period
105.00

Memo Item

C. Zackon, Ira, , , M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Princess Ln

City Loudonville	State NY	Zip Code 12211-1717
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York Oncology Hematology	Occupation (for Individual) Physician Shareholder Med Onc
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : 2017030310437-247

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	310.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 108 OF 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Zent, Rachel, , M.D.

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

Mailing Address 4447 N Central Expy
Ste 110

City Dallas	State TX	Zip Code 75205-4246
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		15		2017

Transaction ID : 20170215155313-202

Amount of Each Receipt this Period
100.00

Memo Item

B. Zent, Rachel, , M.D.

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

Mailing Address 4447 N Central Expy
Ste 110

City Dallas	State TX	Zip Code 75205-4246
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Oncology, P.A.	Occupation (for Individual) Physician Shareholder GynOnc
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2017

Transaction ID : 2017030310437-238

Amount of Each Receipt this Period
100.00

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	33576.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 OF 113
(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

A. US Oncology
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10101 Woodloch Forest Drive
 City The Woodlands State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
447.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 07 / 2017
Transaction ID : E1F7E3C9F6A342949AD4
 Amount of Each Receipt this Period
215.12
 Memo Item
 Offset of January 2017 Fees

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	215.12
TOTAL This Period (last page this line number only).....▶	215.12

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

Full Name (Last, First, Middle Initial)

A. Woodforest National Bank

Mailing Address PO Box 7889

City The Woodlands State TX Zip Code 77387-7889

Purpose of Disbursement
Credit Card Fees

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

FEC Identification Number
C

Transaction ID : CABE2E8299

Amount of Each Disbursement this Period
103.70

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

103.70
103.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

Full Name (Last, First, Middle Initial) A. Brady For Congress		Date of Disbursement MM / DD / YYYY 02 / 22 / 2017
Mailing Address PO Box 8277		FEC Identification Number C00311043 Transaction ID : 5B6CA2C063 Amount of Each Disbursement this Period 2500.00
City The Woodlands	State TX	Zip Code 77387-8277
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name Brady, Kevin, Patrick, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 08	

Full Name (Last, First, Middle Initial) B. Continuing America's Strength And Security PAC		Date of Disbursement MM / DD / YYYY 02 / 22 / 2017
Mailing Address PO Box 80505		FEC Identification Number C00480228 Transaction ID : 18CDD7281D Amount of Each Disbursement this Period 5000.00
City Baton Rouge	State LA	Zip Code 70898
Purpose of Disbursement 2017 Contribution		011 Category/ Type
Candidate Name Continuing America's Strength And Security PAC		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) C. DelBene for Congress		Date of Disbursement MM / DD / YYYY 02 / 22 / 2017
Mailing Address PO Box 487		FEC Identification Number C00459099 Transaction ID : FFAD5AAE6 Amount of Each Disbursement this Period 1000.00
City Bothell	State WA	Zip Code 98041
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name DelBene, Suzan, Kay, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 01	

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

Full Name (Last, First, Middle Initial)
A. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement
2017 Contribution

Candidate Name
Majority Committee PAC--Mc PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Contribution

State: District: Contribution

Date of Disbursement
MM / DD / YYYY
02 / 22 / 2017

FEC Identification Number
C C00428052
Transaction ID : F299E417041
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Making America Prosperous PAC

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
2017 Contribution

Candidate Name
Making America Prosperous PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Contribution

State: District: Contribution

Date of Disbursement
MM / DD / YYYY
02 / 22 / 2017

FEC Identification Number
C C00445379
Transaction ID : B236B025CB!
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. New PAC

Mailing Address P.O. Box 7480

City Visalia State CA Zip Code 93290

Purpose of Disbursement
2017 Contribution

Candidate Name
New PAC

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) Contribution

State: District: Contribution

Date of Disbursement
MM / DD / YYYY
02 / 01 / 2017

FEC Identification Number
C C00398750
Transaction ID : 3A72632143f
Amount of Each Disbursement this Period
5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
US Oncology Inc. Network Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pioneer Political Action Committee

Mailing Address 701 8Th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2017 Contribution

Category/
Type

Candidate Name
Pioneer Political Action Committee

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 6688BC1C89I
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Tuesday Group Political Action Committee

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2017 Contribution

Category/
Type

Candidate Name
Tuesday Group Political Action Committee

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9298726D427I
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶