

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**US Oncology Inc. Network Political Action Committee**

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

**A. Brouns, Matthew, C, ,**

Mailing Address 6837 SE 36th Ave

City  
Portland

State  
OR

Zip Code  
97202-8231

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 ▼

874.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

**Transaction ID : 2019101516175-40**

Amount of Each Receipt this Period

46.00

☐ Memo Item

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

**B. Brouns, Matthew, C, ,**

Mailing Address 6837 SE 36th Ave

City  
Portland

State  
OR

Zip Code  
97202-8231

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 ▼

874.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : 201910311095-51**

Amount of Each Receipt this Period

46.00

☐ Memo Item

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

**C. Browning, Eiko, Theodora, ,**

Mailing Address 662 Huntington Dr

City  
Highlands Ranch

State  
CO

Zip Code  
80126-4738

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : 201910311095-274**

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

292.00