

# **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. Perez, Enrique, A, ,**

Mailing Address 5598 Swisher Cir

City  
Frisco

State  
TX

Zip Code  
75034-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Oncology, P.A.

Occupation (for Individual)  
Physician Emp Medical Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : 2019101516175-60**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Perez, Enrique, A, ,**

Mailing Address 5598 Swisher Cir

City  
Frisco

State  
TX

Zip Code  
75034-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Oncology, P.A.

Occupation (for Individual)  
Physician Emp Medical Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : 201910311095-75**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Petrikas, James, Joseph, ,**

Mailing Address 4969 Nashwood Ln

City  
Dallas

State  
TX

Zip Code  
75244-7738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Oncology, P.A.

Occupation (for Individual)  
Physician Shareholder Rad Onc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

**Transaction ID : 2019101516175-158**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

200.00