

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

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

FOR LINE NUMBER: PAGE 10 OF 29

(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

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

A. Gupta, Anuradha, , ,

Mailing Address 629 Wild Willow Dr

City
El PasoState
TXZip Code
79922-2214FEC 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 ▼

209.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : 202001311595-232

Amount of Each Receipt this Period

104.55

☐ Memo Item

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

B. Gupta, Manish, , ,

Mailing Address 2805 Mountain Laurel Ln

City
PlanoState
TXZip Code
75093-4071FEC 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 ▼

418.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : 202001151495-189

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

C. Gupta, Manish, , ,

Mailing Address 2805 Mountain Laurel Ln

City
PlanoState
TXZip Code
75093-4071FEC 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 ▼

418.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : 202001311595-273

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).....▶