

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 117
(check only one)

<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

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

A. Browning, Eiko, Theodora, ,

Mailing Address 662 Huntington Dr

City
Highlands RanchState
COZip Code
80126-4738FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rocky Mountain Cancer CentersOccupation (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	2020

Transaction ID : 20200304915-267

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Buchanan, Glenn, S, ,

Mailing Address 2283 Avengale Dr

City
EugeneState
ORZip Code
97408-4800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Willamette Valley Cancer Institute andOccupation (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	14	2020

Transaction ID : 2020021810535-70

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Buchanan, Glenn, S, ,

Mailing Address 2283 Avengale Dr

City
EugeneState
ORZip Code
97408-4800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Willamette Valley Cancer Institute andOccupation (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	2020

Transaction ID : 20200304915-114

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)..... ►

400.00