

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 ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2020

Transaction ID : 202004151215-36

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 ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : 202005069495-48

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : 202005069495-268

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