

# **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. Gupta, Manish, , ,**

Mailing Address 2805 Mountain Laurel Ln

City  
Plano

State  
TX

Zip Code  
75093-4071

FEC 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 ▼

1672.00

Date of Receipt

04 / 15 / 2020

**Transaction ID : 202004151215-209**

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

**B. Gupta, Manish, , ,**

Mailing Address 2805 Mountain Laurel Ln

City  
Plano

State  
TX

Zip Code  
75093-4071

FEC 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 ▼

1672.00

Date of Receipt

04 / 30 / 2020

**Transaction ID : 202005069495-271**

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

**C. Hals, Jessica, , ,**

Mailing Address 112 Chelsey Ct

City  
Weatherford

State  
TX

Zip Code  
76087-3645

FEC 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 ▼

800.00

Date of Receipt

04 / 15 / 2020

**Transaction ID : 202004151215-112**

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)..... ►

518.00