

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

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

FOR LINE NUMBER: PAGE 21 OF 163

(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. Brouns, Matthew, C, ,

Mailing Address 6837 SE 36th Ave

City
PortlandState
ORZip Code
97202-8231FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Compass OncologyOccupation (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 / 2019

Transaction ID : 2019041512375-44

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
PortlandState
ORZip Code
97202-8231FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Compass OncologyOccupation (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 / 2019

Transaction ID : 2019043013175-53

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 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : 2019043013175-269

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

292.00

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