

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		57707.30
(b) Cash on Hand at Beginning of Reporting Period.....	47949.75	
(c) Total Receipts (from Line 19)	33850.00	34100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	81799.75	91807.30
7. Total Disbursements (from Line 31).....	13617.50	23625.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68182.25	68182.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33750.00	34000.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33850.00	34100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	33850.00	34100.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33850.00	34100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33850.00	34100.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	117.50	125.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	117.50	125.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	23500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13617.50	23625.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13617.50	23625.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33850.00	34100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33850.00	34100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	117.50	125.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	117.50	125.05

**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)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Stephen Allen
Full Name (Last, First, Middle Initial)

Mailing Address 11 West Geyer Lane

City Frontenac State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician or Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.5806

Amount of Each Receipt this Period
 1000.00

Contribution

B. David Chu
Full Name (Last, First, Middle Initial)

Mailing Address 58 Horseback Road Apt 5A

City Centereach State NY Zip Code 11720-5102

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.5820

Amount of Each Receipt this Period
 2000.00

contribution

C. Joseph S Cirrone
Full Name (Last, First, Middle Initial)

Mailing Address 22 Ledgewood Circle

City West Setauket State NY Zip Code 11733

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.5821

Amount of Each Receipt this Period
 2000.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 7 OF 19
<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)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. James Commers
Full Name (Last, First, Middle Initial)

Mailing Address 1111 S. 80th St

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hematology & Oncology Consulta	Occupation Oncologist
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2014

Transaction ID : SA11AI.5822

Amount of Each Receipt this Period

500.00

contribution

B. Noshir DaCosta
Full Name (Last, First, Middle Initial)

Mailing Address 9 Dorm Court

City Setauket	State NY	Zip Code 11733
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation Physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2014

Transaction ID : SA11AI.5823

Amount of Each Receipt this Period

2000.00

contribution

C. Beau DeFehr
Full Name (Last, First, Middle Initial)

Mailing Address 2571 Park Avenue

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation physician
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2014

Transaction ID : SA11AI.5832

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) A. Erin Dunbar		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 Transaction ID : SA11AI.5824
Mailing Address 2233 Peachtree Road, NE Unit 1405		Amount of Each Receipt this Period 250.00 contribution
City Atlanta	State AA	Zip Code 30309
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Steven Dunder		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 Transaction ID : SA11AI.5843
Mailing Address 7242 S 96th Court		Amount of Each Receipt this Period 1000.00 contribution
City Lincoln	State NE	Zip Code 68526
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. David A. Eagle		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 Transaction ID : SA11AI.5825
Mailing Address 19017 Peninsula Point Dr		Amount of Each Receipt this Period 1000.00 contribution
City Cornelius	State NC	Zip Code 28031-7601
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Norman Hem/Onc Specialist	Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 9 OF 19
<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)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Rabih Fahad
Full Name (Last, First, Middle Initial)
Mailing Address 301 N 33rd Street, Unit B
City Norfolk State NE Zip Code 68701
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 15 / 2014**
Transaction ID : SA11AI.5826
Amount of Each Receipt this Period **500.00**
contribution

B. Dr Justin Peter Favaro
Full Name (Last, First, Middle Initial)
Mailing Address 3029 Carmel Road
City Charlotte State NC Zip Code 28226
FEC ID number of contributing federal political committee. **C**
Name of Employer Onc Specialists of Charlotte Occupation Oncologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 15 / 2014**
Transaction ID : SA11AI.5828
Amount of Each Receipt this Period **500.00**
contribution

C. Nathan Green
Full Name (Last, First, Middle Initial)
Mailing Address 2223 S 116th Street
City Walton State NE Zip Code 68461
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 10 / 2014**
Transaction ID : SA11AI.5845
Amount of Each Receipt this Period **1000.00**
contribution

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 10 OF 19
<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)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Susan Hansen
Full Name (Last, First, Middle Initial)
Mailing Address 5100 Trotter Road
City Lincoln State NE Zip Code 68516
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 10 / 2014**
Transaction ID : SA11AI.5842
Amount of Each Receipt this Period **1000.00**
contribution

B. Douglas Hawley
Full Name (Last, First, Middle Initial)
Mailing Address 2776 Lawyers Point Road
City Cincinnati State OH Zip Code 45244
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 19 / 2014**
Transaction ID : SA11AI.5833
Amount of Each Receipt this Period **500.00**
contribution

C. Regina Jablonski
Full Name (Last, First, Middle Initial)
Mailing Address 8 Davids Way
City Port Jefferson State NY Zip Code 11777
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2000.00**

Date of Receipt **04 / 15 / 2014**
Transaction ID : SA11AI.5829
Amount of Each Receipt this Period **2000.00**
contribution

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Stacey K Knox
Full Name (Last, First, Middle Initial)

Mailing Address 2050 S 116th Cir

City Walton State NE Zip Code 68461

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.5844

Amount of Each Receipt this Period
 1000.00
 contribution

B. William LiPera
Full Name (Last, First, Middle Initial)

Mailing Address 695 Short Beach Road

City Nissequogue State NY Zip Code 11780

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.5847

Amount of Each Receipt this Period
 2000.00
 contribution

C. Dr. Abraham P Mathews
Full Name (Last, First, Middle Initial)

Mailing Address 16122 Bedford Avenue

City Omaha State NE Zip Code 68116

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2014
Transaction ID : SA11AI.5808

Amount of Each Receipt this Period
 500.00
 contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

**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)	PAGE 12 OF 19
<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)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) A. Shahid Nawaz		Date of Receipt MM / DD / YYYY 04 / 15 / 2014
Mailing Address 6 Elbridge Court		Transaction ID : SA11AI.5809
City State Zip Code S Setauket NY 11720	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer self Occupation physician	Aggregate Year-to-Date ▼ 2000.00	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cary Peterson		Date of Receipt MM / DD / YYYY 06 / 10 / 2014
Mailing Address 5515 S 96th Place		Transaction ID : SA11AI.5846
City State Zip Code Lincoln NE 68526	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer self Occupation physician	Aggregate Year-to-Date ▼ 1000.00	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Samer Renno		Date of Receipt MM / DD / YYYY 04 / 15 / 2014
Mailing Address 1419 N 133rd Street		Transaction ID : SA11AI.5810
City State Zip Code Omaha NE 68154	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self Occupation oncologist	Aggregate Year-to-Date ▼ 500.00	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Edward Samuel
Full Name (Last, First, Middle Initial)

Mailing Address 12 Salt Meadow Lane

City State Zip Code
Stony Brook NY 11790

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 15 / 2014
Transaction ID : SA11AI.5811

Amount of Each Receipt this Period
2000.00
contribution

B. Inaganti Shah
Full Name (Last, First, Middle Initial)

Mailing Address 17204 Island Circle

City State Zip Code
Bennington NE 68007

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 15 / 2014
Transaction ID : SA11AI.5812

Amount of Each Receipt this Period
500.00
contribution

C. Martin Silverstein
Full Name (Last, First, Middle Initial)

Mailing Address 70 Wilmington Drive

City State Zip Code
Melville NY 11747

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 15 / 2014
Transaction ID : SA11AI.5813

Amount of Each Receipt this Period
2000.00
contribution

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) A. Daron Street		Date of Receipt
Mailing Address 2224 E/ 26th Place		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tulsa	OK	74114
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5834
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer		contribution
self	Occupation	
	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gurmohan Syali		Date of Receipt
Mailing Address 235 N Belle Mead Avenue		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
East Setauket	NY	11733
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5814
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer		contribution
self	Occupation	
	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nerses Tchekmedyan		Date of Receipt
Mailing Address 4642 Oceanridge Drive		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Huntingdon Beach	CA	92649
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.5831
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer		contribution
self	Occupation	
	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) A. Michael Theodorakis		Date of Receipt MM / DD / YYYY 04 / 15 / 2014
Mailing Address 19 Shore Oaks Drive		Transaction ID : SA11AI.5815
City Stony Brook	State NY	Zip Code 11790
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer self	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Joseph D. Verdirame		Date of Receipt MM / DD / YYYY 04 / 15 / 2014
Mailing Address 17505 Island Circle		Transaction ID : SA11AI.5816
City Bennington	State NE	Zip Code 68007
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Oncologist	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	33750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. GUS M BILIRAKIS

Mailing Address PO BOX 606

City State Zip Code
TARPON SPRINGS FL 34688

Purpose of Disbursement
contribution

Candidate Name

BILIRAKIS FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SB23.5870

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VERNON BUCHANAN

Mailing Address P. O. BOX 48928

City State Zip Code
SARASOTA FL 34230

Purpose of Disbursement
contribution

Candidate Name

VERN BUCHANAN FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SB23.5869

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RENEE JACISIN ELLMERS

Mailing Address 122 KINGSWAY DR

City State Zip Code
DUNN NC 28334

Purpose of Disbursement
contribution

Candidate Name

RENEE JACISIN ELLMERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : SB23.5864

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. GUTHRIE, S. BRETT HON.

Mailing Address 1005 WRENWOOD DRIVE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement contribution

Candidate Name

GUTHRIE FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB23.5865

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JIM HIMES

Mailing Address 197 VALLEY ROAD

City COS COB State CT Zip Code 06807

Purpose of Disbursement Contribution

Candidate Name

JIM HIMES

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : SB23.5861

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS

Mailing Address 32 EAST 25TH

City SPOKANE State WA Zip Code 99203

Purpose of Disbursement contribution

Candidate Name

CATHY MCMORRIS RODGERS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB23.5873

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement contribution

Candidate Name
PATRICK MURPHY

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.5868

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. NUNES, DEVIN GERALD

Mailing Address P.O. BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement contribution

Candidate Name
Nunes for Congress

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.5867

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL R POMPEO

Mailing Address 1310 PERTH COURT

City WICHITA State KS Zip Code 67208

Purpose of Disbursement contribution

Candidate Name
POMPEO FOR CONGRESS INC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : SB23.5871

Amount of Each Disbursement this Period

1000.00

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

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. MICHAEL R POMPEO

Mailing Address 1310 PERTH COURT

City State Zip Code
WICHITA KS 67208

Purpose of Disbursement
contribution

Candidate Name
POMPEO FOR CONGRESS INC

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB23.5872

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ED WHITFIELD

Mailing Address 108 ALUMNI AVENUE

City State Zip Code
HOPKINSVILLE KY 42240

Purpose of Disbursement
contribution

Candidate Name
WHITFIELD FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2014

Transaction ID : SB23.5866

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2000.00

13500.00
