



**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="2011"/>		13407.99
(b) Cash on Hand at Beginning of Reporting Period.....	4925.78	
(c) Total Receipts (from Line 19) .....	33000.14	38116.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37925.92	51524.21
7. Total Disbursements (from Line 31).....	10514.80	24113.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	27411.12	27411.12
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	33000.00	38000.00
(ii) Unitemized .....	0.00	106.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33000.00	38106.73
(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) .....	33000.00	38106.73
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	4.42
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.14	5.07
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))..... ▶	33000.14	38116.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33000.14	38116.22

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

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 .....	14.80	188.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14.80	188.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	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	425.00
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)) ..	10514.80	24113.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10514.80	24113.09

**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) .....	33000.00	38106.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33000.00	38106.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14.80	188.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	4.42
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14.80	183.67

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

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Peter I Acs**

Mailing Address 8817 SW 61st Avenue

City State Zip Code  
Gainesville FL 32608

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 10 / 2011  
**Transaction ID : SA11AI.5166**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Ahmed Al Hazzouri**

Mailing Address 246 Villa Di Este Ter  
Unit 104

City State Zip Code  
Lake Mary FL 32746

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.5149**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Rand W Altemmose**

Mailing Address 4906 W Bay Way Place

City State Zip Code  
Tampa FL 33629

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 09 / 2011  
**Transaction ID : SA11AI.5150**

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 29
	<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. Jameel Audeh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Pine Bay Drive  
City Sarasota State FL Zip Code 34231  
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 **11 / 01 / 2011**  
**Transaction ID : SA11AI.5206**  
Amount of Each Receipt this Period **500.00**  
Contribution

**B. Brian Berry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1715 Palma Sola  
City Bradenton State FL Zip Code 34209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation MD  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 11 / 2011**  
**Transaction ID : SA11AI.5156**  
Amount of Each Receipt this Period **500.00**  
Contribution

**C. Richard Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5306 Siesta Cove  
City Sarasota State FL Zip Code 34242  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation MD  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 01 / 2011**  
**Transaction ID : SA11AI.5141**  
Amount of Each Receipt this Period **500.00**  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> 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 8 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)  
**A. Edward M Browne**

Mailing Address 63 Sugar Mill Drive

City Osprey      State FL      Zip Code 34229

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 /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2011  
**Transaction ID : SA11AI.5197**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Richard H Buck**

Mailing Address 1607 South Drive

City Sarasota      State FL      Zip Code 34239

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 /  D  D /  Y  Y  Y  Y  
 10 / 17 / 2011  
**Transaction ID : SA11AI.5145**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Kerry E Chamberlain**

Mailing Address 500 Park Avenue

City Belleair      State FL      Zip Code 33756

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 /  D  D /  Y  Y  Y  Y  
 10 / 10 / 2011  
**Transaction ID : SA11AI.5153**

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 29
	<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. Luis Chu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1424 Westbrook

City Sarasota State FL Zip Code 34231

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

Name of Employer FSC Occupation MD

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  
 10 / 12 / 2011

**Transaction ID : SA11AI.5176**

Amount of Each Receipt this Period  
 500.00

Contribution

**B. 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 M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011

**Transaction ID : SA11AI.5209**

Amount of Each Receipt this Period  
 500.00

Contribution

**C. Michael Diaz**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 S Dakota Ave  
401

City Tampa State FL Zip Code 33606

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  
 11 / 02 / 2011

**Transaction ID : SA11AI.5140**

Amount of Each Receipt this Period  
 500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 10 OF 29
	(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) <b>A. Bonnie Dunbar</b>		Date of Receipt
Mailing Address 89 E N Shore		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
City State Zip Code North Fort Myers FL 33917		<b>Transaction ID : SA11AI.5183</b>
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 FCS	Occupation MD	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James M Eakle</b>		Date of Receipt
Mailing Address 7251 Chameleon Way		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City State Zip Code Sarasota FL 34241		<b>Transaction ID : SA11AI.5200</b>
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 Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Thomas J Ervine</b>		Date of Receipt
Mailing Address PO Box 1266		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City State Zip Code Boca Grande FL 33921		<b>Transaction ID : SA11AI.5172</b>
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 Self	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 29
	(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) <b>A. Matthew A Fink</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2011
Mailing Address 10804 Tradition Loop		<b>Transaction ID : SA11AI.5184</b>
City Tampa	State FL	Zip Code 33618
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher B George</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2011
Mailing Address 4206 W Sylvan Ramble Street		<b>Transaction ID : SA11AI.5143</b>
City Tampa	State FL	Zip Code 33609
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Lucio Gordan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2011
Mailing Address 188 SW 131st St		<b>Transaction ID : SA11AI.5180</b>
City Newberry	State FL	Zip Code 32669
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 12 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial)  
**A. Ralph Gousse**

Mailing Address 3145 Cecilia Drive

City Apopka      State FL      Zip Code 32703

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  
 10 / 15 / 2011

**Transaction ID : SA11AI.5193**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Joel S Grossman**

Mailing Address 348 Wentworth Court

City Naples      State FL      Zip Code 34104

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  
 10 / 24 / 2011

**Transaction ID : SA11AI.5198**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Andrew E Hano**

Mailing Address 12419 Oakwind Place

City Seminole      State FL      Zip Code 33772

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  
 10 / 31 / 2011

**Transaction ID : SA11AI.5203**

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 29
	<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. William N Harwin**  
Full Name (Last, First, Middle Initial)

Mailing Address 14270 Royal Harbour Court

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 16 / 2011  
**Transaction ID : SA11AI.5196**

Amount of Each Receipt this Period  
500.00

Contribution

**B. Dr. Robert Hermann**  
Full Name (Last, First, Middle Initial)

Mailing Address 639 N Saint Marys Ln NW

City State Zip Code  
Marietta GA 30064

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

Name of Employer Occupation  
Self Oncologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 12 / 2011  
**Transaction ID : SA11AI.5214**

Amount of Each Receipt this Period  
500.00

Contribution

**C. Maen Hussein**  
Full Name (Last, First, Middle Initial)

Mailing Address 33125 Irongate Drive

City State Zip Code  
Leesburg FL 34788

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 14 / 2011  
**Transaction ID : SA11AI.5170**

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 14 OF 29
	<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. Marcos Joppert**

Mailing Address 3523 N McMullen Booth Road

City	State	Zip Code
Clearwater	FL	33761

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

Name of Employer	Occupation
Self	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
10	/	18	/	2011

**Transaction ID : SA11AI.5194**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Brian K Kim**

Mailing Address 11231 Bent Pine Drive

City	State	Zip Code
Fort Myers	FL	33913

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

Name of Employer	Occupation
Self	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
10	/	10	/	2011

**Transaction ID : SA11AI.5162**

Amount of Each Receipt this Period  
500.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Richard A Knipe**

Mailing Address 5 Brightwaters Circle

City	State	Zip Code
St. Petersburg	FL	33704

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

Name of Employer	Occupation
Self	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
10	/	08	/	2011

**Transaction ID : SA11AI.5152**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 15 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

**A. Julio Lautersztain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Ladoga Avenue  
 City Tampa State FL Zip Code 33606  
 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 10 / 11 / 2011  
**Transaction ID : SA11AI.5165**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**B. Andrew J Lipman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2060 Laguna Way  
 City Naples State FL Zip Code 34109  
 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 10 / 15 / 2011  
**Transaction ID : SA11AI.5188**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**C. Avanee Master Lobo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1372 Plover Court  
 City Punta Gorda State FL Zip Code 33950  
 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 10 / 20 / 2011  
**Transaction ID : SA11AI.5189**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 16 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

**A. Eric Lubiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 Gulf Drive  
 City Venice State FL Zip Code 34285  
 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 **10 / 13 / 2011**  
**Transaction ID : SA11AI.5171**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**B. Scott Lunin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3621 Kassandra Dr  
 City Punta Gorda State FL Zip Code 33950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FCS Occupation MD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 11 / 2011**  
**Transaction ID : SA11AI.5175**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**c. Maria C Mallarino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 687  
 City Sarasota State FL Zip Code 34230  
 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 **10 / 08 / 2011**  
**Transaction ID : SA11AI.5155**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> 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 17 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

**A. Dr. Abraham P Mathews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16122 Bedford Avenue  
 City State Zip Code  
 Omaha NE 68116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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  
 10 / 21 / 2011  
**Transaction ID : SA11AI.5213**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**B. Noel Maun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 234 Pesaro  
 City State Zip Code  
 North Venice FL 34275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FCS MD  
 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  
 10 / 16 / 2011  
**Transaction ID : SA11AI.5192**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C. Michael McCleod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10070 Magnolia Pointe  
 City State Zip Code  
 Ft. Myers FL 33919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FCS MD  
 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  
 10 / 11 / 2011  
**Transaction ID : SA11AI.5173**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 18 OF 29
	(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**

**A. Magda E Melchert**  
Full Name (Last, First, Middle Initial)

Mailing Address 2923 W Bay Vista Avenue

City Tampa State FL Zip Code 33611

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  
 10 / 29 / 2011

**Transaction ID : SA11AI.5142**

Amount of Each Receipt this Period  
500.00

Contribution

**B. Victor W Melgen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1887 Markham Preserve Trail

City Sanford State FL Zip Code 32771

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  
 10 / 31 / 2011

**Transaction ID : SA11AI.5208**

Amount of Each Receipt this Period  
500.00

Contribution

**C. Susan Morgan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3014 Mona Lisa Blvd

City Naples State FL Zip Code 34119

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

Name of Employer FCS Occupation MD

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  
 10 / 20 / 2011

**Transaction ID : SA11AI.5190**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 19 OF 29
	(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) <b>A. Daniel J Morris</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2011
Mailing Address 8473 Bay Colony Dr Apt 502		<b>Transaction ID : SA11AI.5182</b>
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mark J Moskowitz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2011
Mailing Address 12746 Aviano Drive		<b>Transaction ID : SA11AI.5168</b>
City Naples	State FL	Zip Code 34105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Steve Orman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2011
Mailing Address 260 Osprey Point Drive		<b>Transaction ID : SA11AI.5158</b>
City Osprey	State FL	Zip Code 34229
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation MD	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 20 OF 29
	<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. Jeffrey L Paonessa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6112 Kipps Colony Drive W  
 City State Zip Code  
 Gulfport FL 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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  
 10 / 25 / 2011  
**Transaction ID : SA11AI.5144**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**B. Yon K Park**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17403 Ladera Estates Boulevard  
 City State Zip Code  
 Lutz FL 33548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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  
 10 / 16 / 2011  
**Transaction ID : SA11AI.5177**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C. Hitesh Patel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2427 Kent Place  
 City State Zip Code  
 Clearwater FL 33764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self 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  
 10 / 19 / 2011  
**Transaction ID : SA11AI.5191**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 21 OF 29
	<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. Ivor John Percent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4817 Clairmont Avenue  
 City Birmingham State AL Zip Code 35222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 10 / 16 / 2011  
**Transaction ID : SA11AI.5195**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**B. John A Peterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 5th Avenue N Ste 505  
 City Saint Petersburg State FL Zip Code 33705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 10 / 08 / 2011  
**Transaction ID : SA11AI.5154**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**C. Michael Raymond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14009 Image Lake Court  
 City Fort Myers State FL Zip Code 33907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FCS Occupation MD  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 10 / 13 / 2011  
**Transaction ID : SA11AI.5187**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 22 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. Lea Ann Reeves</b>		Date of Receipt 10 / 20 / 2011 <b>Transaction ID : SA11AI.5199</b>
Mailing Address 8591 Belle Meade		Amount of Each Receipt this Period 500.00
City Fort Myers	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self	Occupation MD	
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) <b>B. Dr. Samer Renno</b>		Date of Receipt 10 / 20 / 2011 <b>Transaction ID : SA11AI.5212</b>
Mailing Address 1419 N 133rd Street		Amount of Each Receipt this Period 500.00
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self	Occupation oncologist	
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) <b>C. Ciara I Rios</b>		Date of Receipt 11 / 03 / 2011 <b>Transaction ID : SA11AI.5146</b>
Mailing Address 935 Pine Hill Road		Amount of Each Receipt this Period 500.00
City Palm Harbor	State FL	Zip Code 34683
FEC ID number of contributing federal political committee. C	Contribution	
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 23 OF 29
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

**A. Frank A Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1226 Wales Drive  
 City Fort Myers State FL Zip Code 33901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : SA11AI.5185**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**B. Mark S Rubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Sedgwick Court  
 City Naples State FL Zip Code 34108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2011  
**Transaction ID : SA11AI.5167**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C. Amit I Shah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2305 Fairway Lane  
 City Sebring State FL Zip Code 33872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2011  
**Transaction ID : SA11AI.5151**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 24 OF 29
	(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**

**A. Dr. Rafia Q Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 17204 Island Circle

City Bennington State NE Zip Code 68007

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

Name of Employer Self Occupation oncologist

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  
 10 / 24 / 2011

**Transaction ID : SA11AI.5211**

Amount of Each Receipt this Period  
 500.00

Contribution

**B. Shalin R Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 16613 Millan DeAvila

City Tampa State FL Zip Code 33613

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  
 10 / 11 / 2011

**Transaction ID : SA11AI.5159**

Amount of Each Receipt this Period  
 500.00

Contribution

**C. Vina R Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 3119 Mossvale Lane

City Tampa State FL Zip Code 33618

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  
 11 / 01 / 2011

**Transaction ID : SA11AI.5207**

Amount of Each Receipt this Period  
 500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 25 OF 29
	(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**

**A. Caryn Silver**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Shelburne Lane

City Sarasota State FL Zip Code 34231

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

Name of Employer FCS Occupation MD

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  
 10 / 24 / 2011

**Transaction ID : SA11AI.5181**

Amount of Each Receipt this Period  
500.00

Contribution

**B. Rafael E Tejada**  
Full Name (Last, First, Middle Initial)

Mailing Address 2755 Hawks Landing Boulevard

City Palm Harbor State FL Zip Code 34685

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  
 10 / 09 / 2011

**Transaction ID : SA11AI.5204**

Amount of Each Receipt this Period  
500.00

Contribution

**C. Koteswar Telukuntla**  
Full Name (Last, First, Middle Initial)

Mailing Address 2031 84th Street Cir

City Bradenton State FL Zip Code 34209

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

Name of Employer Self Occupation MD

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  
 10 / 10 / 2011

**Transaction ID : SA11AI.5157**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 26 OF 29
	(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**

**A. Thomas E Teufel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 SE 43rd Street

City Cape Coral State FL Zip Code 33904

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  
 10 / 26 / 2011

**Transaction ID : SA11AI.5202**

Amount of Each Receipt this Period  
500.00

Contribution

**B. Joseph D. Verdirame**  
Full Name (Last, First, Middle Initial)

Mailing Address 17505 Island Circle

City Bennington State NE Zip Code 68007

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

Name of Employer Self Occupation Oncologist

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  
 11 / 02 / 2011

**Transaction ID : SA11AI.5210**

Amount of Each Receipt this Period  
500.00

Contribution

**C. Brian Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 5011 Rustic Oaks Circle

City Naples State FL Zip Code 34105

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

Name of Employer FCS Occupation MD

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  
 10 / 18 / 2011

**Transaction ID : SA11AI.5186**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 27 OF 29
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY ONCOLOGY ALLIANCE PAC**

**A. Sharon R Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 W Lawn Avenue  
 City Tampa State FL Zip Code 33611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 10 / 17 / 2011  
**Transaction ID : SA11AI.5178**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**B. Robert Whorf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10627 Cheval Place  
 City Bradenton State FL Zip Code 34202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FCS Occupation MD  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 10 / 31 / 2011  
**Transaction ID : SA11AI.5205**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**c. Lane D Zeigler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 Orangewood Lane  
 City Largo State FL Zip Code 33770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 10 / 13 / 2011  
**Transaction ID : SA11AI.5174**  
 Amount of Each Receipt this Period 500.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	33000.00

**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. BOB CASEY FOR SENATE INC**

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.5224**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
Contributions

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

/  /

**Transaction ID : SB23.5230**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement  
Contributions

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: TX District: 22

Date of Disbursement

/  /

**Transaction ID : SB23.5231**

Amount of Each Disbursement this Period

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

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

**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. ROS-LEHTINEN FOR CONGRESS**

Mailing Address PO BOX 522784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement  
Contributions

011

Candidate Name

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2011

Transaction ID : SB23.5234

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2011

Transaction ID : SB23.5227

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. EDOLPHUS TOWNS**

Mailing Address 286 HIGHLAND BLVD

City BROOKLYN State NY Zip Code 11233

Purpose of Disbursement  
Contributions

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

Transaction ID : SB23.5236

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

10500.00