

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) 100 N. Humphreys Blvd Check if different than previously reported. (ACC) Memphis TN 38120

2. FEC IDENTIFICATION NUMBER C00383976 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Patrick W Cobb

Signature of Treasurer Electronically Filed by Mr. Patrick W Cobb Date 10 05 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19573.50
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	21589.71									
(c) Total Receipts (from Line 19) .....	8036.61	10052.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29626.32	29626.32								
7. Total Disbursements (from Line 31) .....	14042.50	14042.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15583.82	15583.82								
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: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	8000.00	10000.00
(ii) Unitemized .....	36.61	52.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8036.61	10052.82
(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) .....	8036.61	10052.82
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 Transfer (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)) .....	8036.61	10052.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8036.61	10052.82

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	1042.50	1042.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	14042.50	14042.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14042.50	14042.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	8036.61	10052.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8036.61	10052.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11  
(check only one)

<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

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.**

Full Name (Last, First, Middle Initial)  
Ms Rita Anderson

Mailing Address 2900 12th Avenue

City State Zip Code  
Billings MT 59101

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  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.4767

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Patrick W Cobb

Mailing Address 4316 Rio Vista Drive

City State Zip Code  
Billings MT 59106-1580

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.4764

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Richard N. Frame

Mailing Address 7998 Oakledge Rd

City State Zip Code  
Salt Lake City UT 84121

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

Name of Employer Utah Cancer Specialists Occupation Oncologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** SA11AI.4760

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 7 / 11  
(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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Benjamin T. Marchello

Mailing Address 2900 - 12th Ave. N.  
#160W

City Billings State MT Zip Code 59101

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	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.4765

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeff Patton

Mailing Address 397 Wallace Drive

City Nashville State TN Zip Code 37211

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 ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	0	9

Transaction ID: SA11AI.4763

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8000.00

# 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CARPER FOR SENATE</b></p> <p>Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR</p> <p>City NEW CASTLE State DE Zip Code 19720</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Tom Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: DE District:</p>	<p><b>Transaction ID:</b> SB23.4786</p> <p>Date of Disbursement  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	4		2	0	0	9													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DIANA DEGETTE FOR CONGRESS INC.</b></p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name DIANA DEGETTE FOR CONGRESS INC.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 01</p>	<p><b>Transaction ID:</b> SB23.4775</p> <p>Date of Disbursement  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2400.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9	2400.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	4		2	0	0	9													
2400.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>DIANA DEGETTE FOR CONGRESS INC.</b></p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name DIANA DEGETTE FOR CONGRESS INC.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 01</p>	<p><b>Transaction ID:</b> SB23.4776</p> <p>Date of Disbursement  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>100.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9	100.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	4		2	0	0	9													
100.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">3500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

**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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF BLANCHE LINCOLN</b>  Mailing Address <b>PO BOX 3197</b>  City <b>LITTLE ROCK</b> State <b>AR</b> Zip Code <b>72203</b> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name <b>Blanche Lincoln</b> Category/Type Office Sought: <input type="checkbox"/> House Disbursement For: 2009 <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: <b>AR</b> District:	Transaction ID: <b>SB23.4790</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 0 4 / 2 0 0 9</b>  Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPPS</b>  Mailing Address <b>PO Box 23940</b>  City <b>Santa Barbara</b> State <b>CA</b> Zip Code <b>93121</b> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name <b>Lois Capps</b> Category/Type Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2009 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: <b>CA</b> District:	Transaction ID: <b>SB23.4782</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 0 4 / 2 0 0 9</b>  Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ROS-LEHTINEN FOR CONGRESS</b>  Mailing Address <b>P O Box 52-2784</b>  City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33152</b> Purpose of Disbursement contribution <input type="checkbox"/> 011 Candidate Name <b>ROS-LEHTINEN FOR CONGRESS</b> Category/Type Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2009 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: <b>FL</b> District: <b>18</b>	Transaction ID: <b>SB23.4794</b> Date of Disbursement M M / D D / Y Y Y Y <b>0 5 / 2 2 / 2 0 0 9</b>  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)

PAGE 10 / 11

<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

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.

Full Name (Last, First, Middle Initial)  
STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
Contribution

Candidate Name  
STABENOW FOR US SENATE

Office Sought:  House  
 Senate  
 President

State: MI District: 00

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4799

Date of Disbursement

06 / 09 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)  
Steve Israel for Congress

Mailing Address 66 DIX HIGHWAY

City DIX HILLS State NY Zip Code 11746

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Israel for Congress

Office Sought:  House  
 Senate  
 President

State: NY District: 02

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4800

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

13000.00

**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)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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.

Full Name (Last, First, Middle Initial)  
Cannon Wright Blount PLLC

Transaction ID: SB29.4803  
Date of Disbursement

Mailing Address 756 Ridge Lake Blvd  
Suite 100

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	9

City Memphis State TN Zip Code 38120

Amount of Each Disbursement this Period

1042.50
---------

Purpose of Disbursement  
2008 Tax Return Preparation

001
Category/ Type

Candidate Name  
COMMUNITY ONCOLOGY ALLIANCE PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1042.50
---------

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

1042.50
---------