FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) ▼ 1101 Pennsylvania Avenue SW

☐ Check if different than previously reported. (ACC)

Washington | DC | 20004 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00383976

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 Michael Diaz

Signature of Treasurer *Michael Diaz* ***[Electronically Filed]*** Date 05 / 09 / 2016

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

Office Use Only							

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: 01 / 01 / 2016 To: 03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		112412.44
(b) Cash on Hand at Beginning of Reporting Period	112412.44	
(c) Total Receipts (from Line 19)	10018.31	10018.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122430.75	122430.75
7. Total Disbursements (from Line 31)	58736.60	58736.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63694.15	63694.15
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: 01 / 01 / 2016 To: 03 / 31 / 2016

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)	9599.99	9599.99
(ii) Unitemized	353.32	353.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	9953.31	9953.31
(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) ▶	9953.31	9953.31
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)	65.00	65.00
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)) ▶	10018.31	10018.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	10018.31	10018.31

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	7736.60	7736.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	7736.60	7736.60
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	51000.00	51000.00
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))	58736.60	58736.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	58736.60	58736.60

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)	9953.31	9953.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9953.31	9953.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	7736.60	7736.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	65.00	65.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	7671.60	7671.60

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XA**
Transaction ID :

All returns were amended in 2015 due to incorrect beginning balance in 2015. Form 99 was submitted for correction of 2015 balance which affected balance on Jan 1, 2016 which is corrected with this submission

Form/Schedule:
Transaction ID:

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)
[X] 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)
Nehal Lakhani MD

Mailing Address 5829 Manchester Hills Drive SE

City: Grand Rapids
State: MI
Zip Code: 49546-9044

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Doctor

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 19 / 2016

Transaction ID : 10589530

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Timothy J Orourke MD

Mailing Address 4450 Mystic Ridge Court NE

City: Grand Rapids
State: MI
Zip Code: 49525-9464

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Doctor

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 19 / 2016

Transaction ID : 10589531

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Robert Muldoon MD

Mailing Address 110 St. Charles Court

City: Hot Springs
State: AR
Zip Code: 71901-7958

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: 03 / 15 / 2016

Transaction ID : 10589532

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Stephen G Divers MD
Mailing Address: 234 Summit Ridge Circle
City: Hot Springs State: AR Zip Code: 71901-1728
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: 03 / 15 / 2016
Transaction ID : 10589533
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Ralph Boccia
Mailing Address: 6410 Rockledge Drive
City: Bethesda State: MD Zip Code: 20817-1809
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: 416.66
Date of Receipt: 03 / 08 / 2016
Transaction ID : 10589534
Amount of Each Receipt this Period: 416.66
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Miriam Atkins
Mailing Address: 3696 Wheeler Road
City: Augusta State: GA Zip Code: 30909-6520
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: 400.00
Date of Receipt: 02 / 29 / 2016
Transaction ID : 10589535
Amount of Each Receipt this Period: 200.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1616.66

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Kelly Parling-Lynch MD
Mailing Address: 119 S Shore Drive
City: Holland | State: MI | Zip Code: 49423
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: 01 / 07 / 2016
Transaction ID : 10589541
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Kathleen Y Butler MD
Mailing Address: 5668 N. Solomon Road
City: Middleville | State: MI | Zip Code: 49333-8053
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: 01 / 05 / 2016
Transaction ID : 10589542
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Amy C Vanderwoude MD
Mailing Address: 1960 Steketee Woods Lane SE
City: Grand Rapids | State: MI | Zip Code: 49546-9709
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: 01 / 05 / 2016
Transaction ID : 10589543
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Brett T Brinker MD
Mailing Address: 1043 Monterey Drive SE
City: East Grand Rapids | State: MI | Zip Code: 49506-6517
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: 01 / 05 / 2016
Transaction ID : 10589544
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Stacey K Knox
Mailing Address: 2050 S 116th Cir
City: Walton | State: NE | Zip Code: 68461-2023
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: 03 / 10 / 2016
Transaction ID : 10589545
Amount of Each Receipt this Period: 2000.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Todd O'Connell
Mailing Address: 7957 Hunters Ridge Road
City: Lincoln | State: NE | Zip Code: 68516-3898
FEC ID number of contributing federal political committee: C
Name of Employer: Southeast Nebraska Hematology and Onco | Occupation: Executive Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 10 / 2016
Transaction ID : 10589546
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Miriam Atkins
Mailing Address: 3696 Wheeler Road
City: Augusta | State: GA | Zip Code: 30909-6520
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: 600.00
Date of Receipt: 03 / 29 / 2016
Transaction ID : 10593013
Amount of Each Receipt this Period: 200.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Kathy Oubre
Mailing Address: 120 Lakeview Circle
City: Covington | State: LA | Zip Code: 70433-7512
FEC ID number of contributing federal political committee: C
Name of Employer: Pontchartrain Hematology Oncol | Occupation: Practice Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 03 / 29 / 2016
Transaction ID : 10593014
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Scott McHam MD
Mailing Address: 9819 Wildfire Circle
City: Lincoln | State: NE | Zip Code: 68512-9531
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Doctor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 21 / 2016
Transaction ID : 10613480
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item
PayPal

SUBTOTAL of Receipts This Page (optional) ▶ 1283.33

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.
Full Name (Last, First, Middle Initial): Miriam Atkins
Mailing Address: 3696 Wheeler Road
City: Augusta State: GA Zip Code: 30909-6520
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 ▼: 200.00

Date of Receipt: 02 / 29 / 2016
Transaction ID : 9945756
Amount of Each Receipt this Period: 200.00
[ ] Memo Item
PayPal Donation

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

TOTAL This Period (last page this line number only) ▶ 9599.99

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Theodore A. Okon,
Mailing Address: 30 Wintergreen Drive
City: Monroe State: CT Zip Code: 06468-1061
Purpose of Disbursement: Reimbursement of Expense for the Aspen/Vail trips
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 15 / 2016
Transaction ID : 10593001
Amount of Each Disbursement this Period: 221.85
[ ] Memo Item
Reimbursement of Expense for the Aspen/Vail trips

B. Full Name (Last, First, Middle Initial): Marriott - New York LaGuardia Airport
Mailing Address: 102-05 Ditmars Blvd.
City: East Elmhurst State: NY Zip Code: 11369
Purpose of Disbursement: Multi-Member Event in Vail, CO
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 07 / 2016
Transaction ID : 10594241
Amount of Each Disbursement this Period: 335.13
[ ] Memo Item
Multi-Member Event in Vail, CO

C. Full Name (Last, First, Middle Initial): Four Seasons Resort Vail
Mailing Address: 1 Vail Road
City: Vail State: CO Zip Code: 81657
Purpose of Disbursement: Multi Member Event in Vail, CO
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 12 / 2016
Transaction ID : 10594242
Amount of Each Disbursement this Period: 1967.33
[ ] Memo Item
Multi Member Event in Vail, CO

SUBTOTAL of Disbursements This Page (optional) ▶ 2524.31

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Delta Air Lines
Mailing Address: P.O. Box 20706
City: Atlanta State: GA Zip Code: 20706
Purpose of Disbursement: Whip Scalise's Winter Meeting
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 26 / 2016
Transaction ID : 10594244
Amount of Each Disbursement this Period: 1330.20
[ ] Memo Item
Whip Scalise's Winter Meeting

B. Full Name (Last, First, Middle Initial): Delta Air Lines
Mailing Address: P.O. Box 20706
City: Atlanta State: GA Zip Code: 20706
Purpose of Disbursement: Whip Scalise's Winter Meeting
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 27 / 2016
Transaction ID : 10594246
Amount of Each Disbursement this Period: 24.00
[ ] Memo Item
Whip Scalise's Winter Meeting

C. Full Name (Last, First, Middle Initial): The St. Regis Aspen Resort
Mailing Address: 315 E Dean St
City: Aspen State: CO Zip Code: 81611
Purpose of Disbursement: WHIP Scalise Winter Event
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 30 / 2016
Transaction ID : 10594247
Amount of Each Disbursement this Period: 2481.87
[ ] Memo Item
WHIP Scalise Winter Event

SUBTOTAL of Disbursements This Page (optional) ▶ 3836.07

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): American Express
Mailing Address: P.O. Box 1270
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement:
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 / 15 / 2016
Transaction ID : 10613451
Amount of Each Disbursement this Period: 225.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): American Express
Mailing Address: P.O. Box 1270
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: Buchanan/Scalise Event
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2016
Transaction ID : 10613469
Amount of Each Disbursement this Period: 320.18
[ ] Memo Item
Buchanan/Scalise Event

C. Full Name (Last, First, Middle Initial): American Express
Mailing Address: P.O. Box 1270
City: Newark State: NJ Zip Code: 07101
Purpose of Disbursement: Scalise/Buchanan Event (Feb 18 - 21)
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 19 / 2016
Transaction ID : 10613471
Amount of Each Disbursement this Period: 7.47
[ ] Memo Item
Scalise/Buchanan Event (Feb 18 - 21)

SUBTOTAL of Disbursements This Page (optional) ▶ 552.65

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.
Full Name (Last, First, Middle Initial): Delta Air Lines
Mailing Address: P.O. Box 20706
City: Atlanta State: GA Zip Code: 20706
Purpose of Disbursement:
Candidate Name:
Category/Type: 002
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 01 / D D 08 / Y Y Y Y 2016
Transaction ID : 10613535
Amount of Each Disbursement this Period: 587.40
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 587.40

TOTAL This Period (last page this line number only) ▶ 7500.43

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Patrick Murphy for Senate
Mailing Address: 4521 Pga Blvd #412
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement:
Candidate Name: Rep. Patrick Murphy
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 18
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 02 / D D 03 / Y Y Y Y 2016
Transaction ID : 10592336
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Jim Renacci For Congress
Mailing Address: 150 Smokerise Drive
City: Wadsworth State: OH Zip Code: 44281
Purpose of Disbursement:
Candidate Name: Rep. James Renacci
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 16
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 08 / Y Y Y Y 2016
Transaction ID : 10592992
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Bilirakis For Congress
Mailing Address: PO Box 606
City: Tarpon Springs State: FL Zip Code: 34688
Purpose of Disbursement:
Candidate Name: Gus Bilirakis
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 09
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 02 / D D 25 / Y Y Y Y 2016
Transaction ID : 10592993
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE
Mailing Address: 320 FIRST STREET
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name: NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 08 / 2016
Transaction ID : 10592998
Amount of Each Disbursement this Period: 15000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Jim Renacci For Congress
Mailing Address: 150 Smokerise Drive
City: Wadsworth State: OH Zip Code: 44281
Purpose of Disbursement:
Candidate Name: Rep. James Renacci
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 16
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 15 / 2016
Transaction ID : 10593002
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Trey Gowdy For Congress
Mailing Address: PO Box 3324
City: Spartanburg State: SC Zip Code: 29304
Purpose of Disbursement:
Candidate Name: Trey Gowdy
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 04
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2016
Transaction ID : 10593007
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 18500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Patrick Murphy for Senate
Mailing Address: 4521 Pga Blvd #412
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement:
Candidate Name: Rep. Patrick Murphy
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 18
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2016
Transaction ID : 10593021
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Jim Renacci For Congress
Mailing Address: 150 Smokerise Drive
City: Wadsworth State: OH Zip Code: 44281
Purpose of Disbursement:
Candidate Name: Rep. James Renacci
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 16
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2016
Transaction ID : 10612999
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Patrick Murphy for Senate
Mailing Address: 4521 Pga Blvd #412
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement:
Candidate Name: Rep. Patrick Murphy
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 18
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2016
Transaction ID : 10613000
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Scalise Leadership Fund
Mailing Address: 317 15th St. NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name: Scalise Leadership Fund
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 08 / 2016
Transaction ID : 10613520
Amount of Each Disbursement this Period: 10000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends Of Roy Blunt
Mailing Address: PO Box 10178
City: Columbia State: MO Zip Code: 65205
Purpose of Disbursement:
Candidate Name: Sen. Roy Blunt
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: MO District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 28 / 2016
Transaction ID : 9945333
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Cramer For Congress
Mailing Address: PO Box 396
City: Bismarck State: ND Zip Code: 58502
Purpose of Disbursement:
Candidate Name: Rep. Kevin Cramer
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: ND District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 28 / 2016
Transaction ID : 9945757
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 13500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): Guthrie For Congress
Mailing Address: PO Box 9639
City: Bowling Green State: KY Zip Code: 42102
Purpose of Disbursement:
Candidate Name: S. Brett Guthrie
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 01 / 2016
Transaction ID : 9945758
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Renee Ellmers For Congress Committee
Mailing Address: PO Box 99567
City: Raleigh State: NC Zip Code: 27624
Purpose of Disbursement:
Candidate Name: Renee Ellmers
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 01 / 2016
Transaction ID : 9945759
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Collins For Congress
Mailing Address: PO Box 386
City: Clarence State: NY Zip Code: 14031
Purpose of Disbursement:
Candidate Name: Christopher Collins
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 27
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 01 / 2016
Transaction ID : 9945760
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial): TIM SCOTT FOR SENATE
Mailing Address: 1405 ASHLEY RIVER RD
City: CHARLESTON State: SC Zip Code: 29407-5305
Purpose of Disbursement:
Candidate Name: Timothy Scott
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: SC District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 01 / 2016
Transaction ID : 9945761
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Donnelly For Indiana
Mailing Address: 1050 17th St Nw Ste 590
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement:
Candidate Name: Sen. Joe Donnelly Sr.
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: IN District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2016
Transaction ID : 9945762
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Zeldin For Congress
Mailing Address: 47 Flintlock Drive
City: Shirley State: NY Zip Code: 11967
Purpose of Disbursement:
Candidate Name: Lee Zeldin
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 01
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 16 / 2016
Transaction ID : 9945763
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.
Full Name (Last, First, Middle Initial): Team Ryan
Mailing Address: 320 1ST ST SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 02 / D D 03 / Y Y Y Y 2016
Transaction ID : 9945782
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 51000.00