

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)

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2008 through 03 31 2008

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. John D. Ogle

Signature of Treasurer Electronically Filed by Mr. John D. Ogle Date 05 07 2008

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 **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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25278.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	25278.00									
(c) Total Receipts (from Line 19)	27688.17	27688.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52966.17	52966.17								
7. Total Disbursements (from Line 31)	4503.00	4503.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48463.17	48463.17								
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**

Write or Type Committee Name
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	27550.00	27550.00
(i) Itemized (use Schedule A)	138.17	138.17
(ii) Unitemized	27688.17	27688.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27688.17	27688.17
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))	27688.17	27688.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27688.17	27688.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	4500.00	4500.00
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.....	3.00	3.00
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))..	4503.00	4503.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4503.00	4503.00

DETAILED SUMMARY PAGE
of Disbursements

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)	27688.17	27688.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27688.17	27688.17
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 / 18
(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. Full Name (Last, First, Middle Initial)
Mr. Tom Anderson

Mailing Address 1314 - 12th Street

City State Zip Code
Cody WY 82414

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: 02 / 05 / 2008
Transaction ID: SA11AI.4543
Amount of Each Receipt this Period: 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Dr Sonia Benn

Mailing Address 1127 Harbor River Cv

City State Zip Code
Memphis TN 38103

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

Name of Employer The West Clinic Occupation Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 17 / 2008
Transaction ID: SA11AI.4561
Amount of Each Receipt this Period: 1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Johnetta Blakely

Mailing Address 3956 Grandview Ave

City State Zip Code
Memphis TN 38111

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: 01 / 21 / 2008
Transaction ID: SA11AI.4555
Amount of Each Receipt this Period: 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) David F. Christianson	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 3916 Bushwood Dr	Transaction ID: SA11AI.4542
	City Billings State MT Zip Code 59106-9701	Amount of Each Receipt this Period 1000.00
	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 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Patrick W Cobb	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 4316 Rio Vista Drive	Transaction ID: SA11AI.4548
	City Billings State MT Zip Code 59106-1580	Amount of Each Receipt this Period 2500.00
	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 2500.00	

C.	Full Name (Last, First, Middle Initial) Dr Robert L. Cody	Date of Receipt MM / DD / YYYY 01 / 01 / 2008
	Mailing Address 11347 Avant Ln	Transaction ID: SA11AI.4567
	City Cincinnati State OH Zip Code 45249	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Cincinnati Hema/Onc Occupation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) Dr. Steven M. Coplon		Date of Receipt
	Mailing Address 4145 Park Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Memphis	TN	38117
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4553
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Oncologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. David A. Eagle		Date of Receipt
	Mailing Address 19017 Peninsula Point Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Cornelius	NC	28031-7601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4575
Name of Employer		Occupation	Amount of Each Receipt this Period
Lake Norman Hem/Onc Specialist		Oncologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr Justin Peter Favaro		Date of Receipt
	Mailing Address 830 Wismar Ct.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Charlotte	NC	28270
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4546
Name of Employer		Occupation	Amount of Each Receipt this Period
Onc Specialists of Charlotte		Oncologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 18
(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. 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 Occupation
Utah Cancer Specialists Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.4540

Amount of Each Receipt this Period
1000.00

Contribution

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

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
M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Robert A. Johnson

Mailing Address 2346 Spring Hollow Ln

City State Zip Code
Germantown TN 38139

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
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.4544

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<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.	Full Name (Last, First, Middle Initial) Dr. Markus G. Klass	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 3026 Cravey Trl NE	Transaction ID: SA11AI.4533
	City State Zip Code Atlanta GA 30345	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Emory Clinic Anesthesiology	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr Wilfried Leder	Date of Receipt MM / DD / YYYY 01 / 01 / 2008
	Mailing Address 7362 Rudgate Ct	Transaction ID: SA11AI.4571
	City State Zip Code Cincinnati OH 45244	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Cincinnati Hema/Onc	Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Philip D. Leming	Date of Receipt MM / DD / YYYY 01 / 26 / 2008
	Mailing Address 7745 Hartford Hill Lane	Transaction ID: SA11AI.4569
	City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Cincinnati Hema/Onc	Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) Mr. Martin K Lucas	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 300 Coles Road	Transaction ID: SA11AI.4549
	City Molt State MT Zip Code 59057-2211	Amount of Each Receipt this Period 1000.00
	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 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr Brian A. Mannion	Date of Receipt MM / DD / YYYY 01 / 01 / 2008
	Mailing Address 3647 Fawnrun Drive	Transaction ID: SA11AI.4563
	City Cincinnati State OH Zip Code 45241	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Cincinnati Hema/Onc Occupation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Benjamin T. Marchello	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 2900 - 12th Ave. N. #160W	Transaction ID: SA11AI.4541
	City Billings State MT Zip Code 59101	Amount of Each Receipt this Period 1000.00
	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 1000.00	

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: (check only one)	PAGE 12 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) Dr Frank P. McCoy		Date of Receipt
	Mailing Address 4653 Stepping Stone Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Kennesaw	GA	30152
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4537
Name of Employer Northwest GA Oncology		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Arnel Pallera		Date of Receipt
	Mailing Address 140 Jamerson Farm		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Collierville	TN	38017
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4552
Name of Employer The West Clinic, PC		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Dr Randall E. Pierce		Date of Receipt
	Mailing Address 213 Shady Valley Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Carrollton	GA	30116
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4535
Name of Employer Northwest GA Oncology Ctr		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 18
(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
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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Sylvia Richey

Mailing Address 6250 Green Meadows Road

City State Zip Code
Memphis TN 38120

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

Name of Employer Occupation
The West Clinic, PC Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: SA11AI.4560

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Joseph T. Santoso

Mailing Address 1588 Union Ave

City State Zip Code
Memphis TN 38104

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

Name of Employer Occupation
The West Clinic Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2008

Transaction ID: SA11AI.4556

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Linda M. Smiley

Mailing Address 5231 Hedgewyck Ct

City State Zip Code
Memphis TN 38117

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
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: SA11AI.4551

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 18
(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

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)
Wendy J. Smith

Mailing Address 503 South Commerce St

City State Zip Code
Ripley MS 38663-2410

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2008

Transaction ID: SA11AI.4545

Amount of Each Receipt this Period
250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr Slobodan M. Stanisic

Mailing Address 6979 Turpin View Drive

City State Zip Code
Cincinnati OH 45244

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

Name of Employer Cincinnati Hema/Onc Occupation
Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: SA11AI.4565

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms Virginia W. Steele

Mailing Address 10800 Sparkle Creek Cv

City State Zip Code
Eads TN 38028-9604

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

Name of Employer Self Occupation
Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: SA11AI.4576

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 15 / 18
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)
Dr Kurt Tauer

Mailing Address 2530 Johnson Road

City State Zip Code
Germantown TN 38139-6710

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
01 / 15 / 2008

Transaction ID: SA11AI.4550

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr Scott A. Tetreault

Mailing Address 20510 - 79th Ave. E.

City State Zip Code
Bradenton FL 34202

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

Name of Employer Florida Cancer Specialists Occupation
Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: SA11AI.4573

Amount of Each Receipt this Period
1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr G. Gary Tian

Mailing Address 2876 Carnton

City State Zip Code
Germantown TN 38138

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

Name of Employer The West Clinic Occupation
Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2008

Transaction ID: SA11AI.4558

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 16 / 18
(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.

Full Name (Last, First, Middle Initial)
Dr. Benton M. Wheeler

Mailing Address 1560 Central Ave

City State Zip Code
Memphis TN 38104

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

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.4554

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	27550.00

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

A.	Full Name (Last, First, Middle Initial) Cohen for Congress Mailing Address 349 Kenilworth City Memphis State TN Zip Code 38112 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4582 Date of Disbursement 03 / 18 / 2008 Amount of Each Disbursement this Period 2000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Committee to Elect Grace Kendrick for State Representative Mailing Address 3880 W. Montgomery Rd City Loveland State OH Zip Code 45140 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4578 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 500.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Friends of Mary Landrieu Mailing Address PO Box 63 City Kenner State LA Zip Code 70063 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4584 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 2000.00 Category/Type

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

**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 18 / 18

<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

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address 324 25th St

City Ogden State UT Zip Code 84401

Purpose of Disbursement
PAC Income Tax with Form 1120POL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4580

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)