



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**COMMUNITY ONCOLOGY ALLIANCE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		39680.55
(b) Cash on Hand at Beginning of Reporting Period.....	39680.55	
(c) Total Receipts (from Line 19) .....	34900.00	34900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74580.55	74580.55
7. Total Disbursements (from Line 31).....	33146.64	33146.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	41433.91	41433.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**COMMUNITY ONCOLOGY ALLIANCE PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34400.00	34400.00
(ii) Unitemized .....	500.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34900.00	34900.00
(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) .....	34900.00	34900.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34900.00	34900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34900.00	34900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6146.64	6146.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6146.64	6146.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	27000.00
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)) ..	33146.64	33146.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33146.64	33146.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34900.00	34900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34900.00	34900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6146.64	6146.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6146.64	6146.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Miriam Atkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3993 Hammonds Ferry  
 City Evans State GA Zip Code 30809  
 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 / 28 / 2015  
**Transaction ID : SA11AI.6010**  
 Amount of Each Receipt this Period 200.00  
 contributions

**B. Miriam Atkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3993 Hammonds Ferry  
 City Evans State GA Zip Code 30809  
 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 / 2015  
**Transaction ID : SA11AI.6011**  
 Amount of Each Receipt this Period 200.00  
 contribution

**C. Dr. Harry M. Barnes III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4145 Carmichael Road  
 City Montgomery State AL Zip Code 36106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montgomery Cancer Center Occupation Oncologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : SA11AI.6012**  
 Amount of Each Receipt this Period 500.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3119 Lookout Court

City Cincinnati State OH Zip Code 45208

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 / 17 / 2015  
**Transaction ID : SA11AI.6034**

Amount of Each Receipt this Period  
 2000.00  
 contribution

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

Mailing Address 175 Gnarled Hill Road

City Setauket State NY Zip Code 11733

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

Name of Employer self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 03 / 11 / 2015  
**Transaction ID : SA11AI.6035**

Amount of Each Receipt this Period  
 2000.00  
 contribution

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

Mailing Address 22 LedgeWood Circle

City West Setauket State NY Zip Code 11733

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 03 / 11 / 2015  
**Transaction ID : SA11AI.6013**

Amount of Each Receipt this Period  
 2000.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Noshir DaCosta**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Dorm Court  
City Setauket State NY Zip Code 11733  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 11 / 2015**  
**Transaction ID : SA11AI.6014**  
Amount of Each Receipt this Period **2000.00**  
contribution

**B. Michael Diaz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 S Dakota Ave 401  
City Tampa State FL Zip Code 33606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 08 / 2015**  
**Transaction ID : SA11AI.6015**  
Amount of Each Receipt this Period **5000.00**  
Contribution

**C. Dr. Bruce Gould**  
Full Name (Last, First, Middle Initial)  
Mailing Address 766 Tate Overlook  
City Marietta State GA Zip Code 30064  
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 / 11 / 2015**  
**Transaction ID : SA11AI.6017**  
Amount of Each Receipt this Period **1000.00**  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... **8000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Regina Jablonski**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Davids Way

City Port Jefferson State NY Zip Code 11777

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015  
**Transaction ID : SA11AI.6018**

Amount of Each Receipt this Period  
 2000.00  
 contribution

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

Mailing Address 695 Short Beach Road

City Nissequogue State NY Zip Code 11780

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : SA11AI.6019**

Amount of Each Receipt this Period  
 2000.00  
 contribution

**C. Andrew J Lipman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2060 Laguna Way

City Naples State FL Zip Code 34109

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : SA11AI.6020**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Method**

Mailing Address 62092 Carlton Drive

City Cassopolis	State MI	Zip Code 49031
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2015

**Transaction ID : SA11AI.6037**

Amount of Each Receipt this Period  

500.00
--------

contribution

Full Name (Last, First, Middle Initial)  
**B. Shahid Nawaz**

Mailing Address 6 Elbridge Court

City S Setauket	State NY	Zip Code 11720
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2015

**Transaction ID : SA11AI.6021**

Amount of Each Receipt this Period  

2000.00
---------

contribution

Full Name (Last, First, Middle Initial)  
**C. Peter Ruehlman**

Mailing Address 5053 Wooster Road

City Cincinnati	State OH	Zip Code 45226
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SA11AI.6038**

Amount of Each Receipt this Period  

1000.00
---------

contribution

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

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

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

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

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

Mailing Address 12 Salt Meadow Lane

City State Zip Code  
Stony Brook NY 11790

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
03 / 11 / 2015  
Transaction ID : SA11AI.6022

Amount of Each Receipt this Period  
2000.00  
contribution

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

Mailing Address 70 Wilmington Drive

City State Zip Code  
Melville NY 11747

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
03 / 11 / 2015  
Transaction ID : SA11AI.6023

Amount of Each Receipt this Period  
2000.00  
contribution

**C. Gurmohan Syali**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 N Belle Mead Avenue

City State Zip Code  
East Setauket NY 11733

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
03 / 11 / 2015  
Transaction ID : SA11AI.6024

Amount of Each Receipt this Period  
2000.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Michael Theodorakis**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Shore Oaks Drive

City State Zip Code  
Stony Brook NY 11790

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
03 / 11 / 2015  
Transaction ID : SA11AI.6025

Amount of Each Receipt this Period  
2000.00  
contribution

**B. Dr. Mark E. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7175 Fox Lake Dr

City State Zip Code  
Blacklick OH 43004

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

Name of Employer Mid-Ohio Onc/Hem Inc Occupation Oncologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
02 / 27 / 2015  
Transaction ID : SA11AI.6026

Amount of Each Receipt this Period  
1000.00  
contribution

**C. Jeffrey Vacirca**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Valentine Road

City State Zip Code  
Shoreham NY 11786

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 / 11 / 2015  
Transaction ID : SA11AI.6027

Amount of Each Receipt this Period  
2000.00  
contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	34400.00

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

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

Full Name (Last, First, Middle Initial)

**A. Community Oncology Alliance, Inc.**

Mailing Address 1101 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement reimbursement of PAC travel expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6090**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6072**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.6073**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : SB21B.6074**

Amount of Each Disbursement this Period

29.30

**B. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

**Transaction ID : SB21B.6075**

Amount of Each Disbursement this Period

29.30

**C. PayPal**

Full Name (Last, First, Middle Initial)

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB21B.6076**

Amount of Each Disbursement this Period

58.30

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

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

116.90

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

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

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : SB21B.6077**

Amount of Each Disbursement this Period

58.30

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B.6078**

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2015

**Transaction ID : SB21B.6079**

Amount of Each Disbursement this Period

6.10

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

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

93.70

5959.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. GUS M BILIRAKIS**

Mailing Address PO BOX 606

City State Zip Code  
TARPON SPRINGS FL 34688

Purpose of Disbursement  
contributions

011

Candidate Name

**BILIRAKIS FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB23.6058**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. VERNON BUCHANAN**

Mailing Address P. O. BOX 48928

City State Zip Code  
SARASOTA FL 34230

Purpose of Disbursement  
contribution

011

Candidate Name

**VERNON BUCHANAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB23.6046**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. VERNON BUCHANAN**

Mailing Address P. O. BOX 48928

City State Zip Code  
SARASOTA FL 34230

Purpose of Disbursement  
contribution

011

Candidate Name

**VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB23.6066**

Amount of Each Disbursement this Period

5000.00

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

11000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. DIANA L. DEGETTE**

Mailing Address 290 ELM STREET

City DENVER State CO Zip Code 80220

Purpose of Disbursement contribution

011

Candidate Name

**DIANA DEGETTE FOR CONGRESS INC.**

Category/Type

Office Sought:  House  Senate  President  
State: CO District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : **SB23.6062**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RENEE JACISIN ELLMERS**

Mailing Address 122 KINGSWAY DR

City DUNN State NC Zip Code 28334

Purpose of Disbursement contributions

011

Candidate Name

**RENEE ELLMERS FOR CONGRESS COMMITTEE**

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

Transaction ID : **SB23.6061**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. GUTHRIE, S. BRETT HON.**

Mailing Address 1005 WRENWOOD DRIVE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement contributions

011

Candidate Name

**GUTHRIE FOR CONGRESS**

Category/Type

Office Sought:  House  Senate  President  
State: KY District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB23.6056**

Amount of Each Disbursement this Period

1000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Steven Israel**

Mailing Address P.O. BOX 777

City DEER PARK State NY Zip Code 11729

Purpose of Disbursement contribution

011

Candidate Name

**Steve Israel for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB23.6059**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TIMOTHY MURPHY**

Mailing Address 221 BROOKSIDE BLVD

City PITTSBURGH State PA Zip Code 15241

Purpose of Disbursement contribution

011

Candidate Name

**TIM MURPHY FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : SB23.6060**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. STEVE MR. SCALISE**

Mailing Address 234 JEFFERSON HEIGHTS AVE.

City JEFFERSON State LA Zip Code 70121

Purpose of Disbursement contribution

011

Candidate Name

**SCALISE FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SB23.6051**

Amount of Each Disbursement this Period

5000.00

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

7000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. STEVE MR. SCALISE**

Mailing Address 234 JEFFERSON HEIGHTS AVE.

City State Zip Code  
JEFFERSON LA 70121

Purpose of Disbursement  
contribution

011

Candidate Name  
**THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : **SB23.6054**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ED WHITFIELD**

Mailing Address 108 ALUMNI AVENUE

City State Zip Code  
HOPKINSVILLE KY 42240

Purpose of Disbursement  
contribution

011

Candidate Name  
**WHITFIELD FOR CONGRESS COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : **SB23.6088**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. ED WHITFIELD**

Mailing Address 108 ALUMNI AVENUE

City State Zip Code  
HOPKINSVILLE KY 42240

Purpose of Disbursement  
contribution

Candidate Name  
**WHITFIELD FOR CONGRESS COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : **SB23.6089**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

27000.00