

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

5. Covering Period 04 01 2006 through 06 30 2006

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 John D. Ogle Signature of Treasurer Electronically Filed by John D. Ogle Date 07 11 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		27362.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	21774.82									
(c) Total Receipts (from Line 19) .....	31573.00	35148.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	53347.82	62510.00								
7. Total Disbursements (from Line 31) .....	51518.53	60680.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1829.29	1829.29								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	31500.00	35000.00
(i) Itemized (use Schedule A) .....	73.00	73.00
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31573.00	35073.00
(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) .....	31573.00	35073.00
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	75.00
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)) .....	31573.00	35148.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31573.00	35148.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	8000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	8000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51518.53	52518.53
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.....	0.00	162.18
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))..	51518.53	60680.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	51518.53	60680.71

**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) .....	31573.00	35073.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31573.00	35073.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	8000.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	75.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	7925.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Julie D. Asch		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2006	
Mailing Address 7381 Buckboard Dr		Transaction ID: SA11A1.4248	
City State Zip Code Park City UT 84098-5310	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Utah Cancer Specialists	Occupation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Louis Avvento		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2006	
Mailing Address 1333 East Main Street		Transaction ID: SA11A1.4353	
City State Zip Code Riverhead NY 11901	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Eastern Long Island Hem/O-nc	Occupation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Vicki C. Baker		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2006	
Mailing Address 2649 E 26th St		Transaction ID: SA11A1.4351	
City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self	Occupation Oncologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Venkatadri C. Beeki		Date of Receipt MM / DD / YYYY 05 / 03 / 2006
Mailing Address 17003 W. 84th St		Transaction ID: SA11A1.4287
City Lenexa	State KS	Zip Code 66219
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Heartland Hem/Onc Associates	Occupation Oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Bruce T. Burns		Date of Receipt MM / DD / YYYY 06 / 27 / 2006
Mailing Address 240 Trotters Run		Transaction ID: SA11A1.4347
City Macon	State GA	Zip Code 31210-8653
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Nitin B Chandramouli		Date of Receipt MM / DD / YYYY 04 / 24 / 2006
Mailing Address 937 Johnson Way Dr		Transaction ID: SA11A1.4277
City Sandy	State UT	Zip Code 84094-6308
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Utah Cancer Specialists	Occupation Oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Tarek Chidiac Mailing Address 7690 Kestrel Way E City State Zip Code Dublin OH 43017 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4307 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Occupation Mid-Ohio Onc/Hem Inc Oncologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John C. Clay Mailing Address 3707 Hwy 39 North City State Zip Code Meridian MS 39301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4253 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Occupation Meridian Oncology Associa- Oncologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Patrick W Cobb Mailing Address 4316 Rio Vista Drive City State Zip Code Billings MT 59106-1580 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.4334 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Occupation Self Oncologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Steven M. Coplon		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2006	
Mailing Address 4145 Park Ave		<b>Transaction ID:</b> SA11A1.4332	
City State Zip Code Memphis TN 38117		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Mark H. Dewolfe		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2006	
Mailing Address 2806 W. 49thTer		<b>Transaction ID:</b> SA11A1.4293	
City State Zip Code Westwood KS 66205-1722		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Heartland Hem/Onc Associa-tes Occupation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Patrick Elwood		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 4931 Yantis Drive		<b>Transaction ID:</b> SA11A1.4309	
City State Zip Code New Albany OH 43054		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Mid-Ohio Onc/Hem Inc Occupation Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Patricia A. Ford

Mailing Address 26 Belmont Blvd

City State Zip Code  
Sewell NJ 08080

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

Name of Employer Occupation  
PA Onc/Hem Associates Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2006

Transaction ID: SA11A1.4265

Amount of Each Receipt this Period  
500.00

Contribution

**B.** 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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2006

Transaction ID: SA11A1.4249

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard C. Frank

Mailing Address 142 Ross Hill Road

City State Zip Code  
Fairfield CT 06824

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2006

Transaction ID: SA11A1.4337

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Sanjay R Ganpule		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 262 Posada Lane Ste A		<b>Transaction ID:</b> SA11A1.4356	
City State Zip Code Templeton CA 93465		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Medical Oncology Assoc of Sout Occupation Oncologist		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John C. Halbrook, III		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 1704 23rd Ave Fl 2		<b>Transaction ID:</b> SA11A1.4259	
City State Zip Code Meridian MS 39301		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Meridian Oncology Associa-tes Occupation Oncologist		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. W Graydon Harker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 4504 Parkview Dr		<b>Transaction ID:</b> SA11A1.4251	
City State Zip Code Salt Lake City UT 84124		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Utah Cancer Specialists Occupation Oncologist		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Lee P. Hartner</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address <b>5 Kimberly Way</b>		<b>Transaction ID: SA11A1.4269</b>	
City State Zip Code <b>Broomall PA 19008</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>PA Onc/Hem Associates</b>		Occupation <b>Oncologist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael J. Haut</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address <b>531 Howe Road</b>		<b>Transaction ID: SA11A1.4263</b>	
City State Zip Code <b>Merion Station PA 19066</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>PA Onc/Hem Associates</b>		Occupation <b>Oncologist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David H. Henry</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address <b>131 Drakes Drum Dr</b>		<b>Transaction ID: SA11A1.4261</b>	
City State Zip Code <b>Bryn Mawr PA 19010</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>PA Onc/Hem Associates</b>		Occupation <b>Oncologist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Robert Hermann		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 639 N Saint Marys Ln NW		Transaction ID: SA11A1.4320	
City State Zip Code Marietta GA 30064	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Edward D Horn		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 7158 Gallery Court		Transaction ID: SA11A1.4322	
City State Zip Code Germantown TN 38138	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Kevin Hubbard		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2006	
Mailing Address 136 SE Citadel Dr		Transaction ID: SA11A1.4295	
City State Zip Code Lee's Summit MO 64063	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Heartland Hem/Onc Associates Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert A. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2006	
Mailing Address 2346 Spring Hollow Ln		<b>Transaction ID: SA11A1.4324</b>	
City State Zip Code Germantown TN 38139	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Dwight S. Keady</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2006	
Mailing Address PO Box 186		<b>Transaction ID: SA11A1.4257</b>	
City State Zip Code Union MS 39365	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Meridian Oncology Associates Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Jihad Khattab</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 5821 E. 86th St		<b>Transaction ID: SA11A1.4345</b>	
City State Zip Code Tulsa OK 74137-3024	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr Regina Klein

Mailing Address 144 Viewcrest Cir

City Bountiful State FL Zip Code 84010

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

Name of Employer Utah Cancer Specialists Occupation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
04 / 01 / 2006

Transaction ID: SA11A1.4245

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark H. Knapp

Mailing Address 5469 Kirby Road Apt. 63

City Cincinnati State OH Zip Code 45223

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 ▼ 500.00

Date of Receipt  
05 / 15 / 2006

Transaction ID: SA11A1.4305

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph P. Lynch

Mailing Address 11706 S. Erie Ave

City Tulsa State OK Zip Code 74137

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

Name of Employer Self Occupation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 16 / 2006

Transaction ID: SA11A1.4339

Amount of Each Receipt this Period  
500.00

Contribution

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Benjamin T. Marchello		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 2900 - 12th Ave. N. #160W		Transaction ID: SA11A1.4330	
City State Zip Code Billings MT 59101	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Bernard A. Mason		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 542 Winding Way		Transaction ID: SA11A1.4273	
City State Zip Code Merion Station PA 19066-1127	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer PA Onc/Hem Associates Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. G. Lance Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 4321 S. Utica		Transaction ID: SA11A1.4343	
City State Zip Code Tulsa OK 74105	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David M. Mintzer</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2006	
Mailing Address <b>603 Ballytore Road</b>		<b>Transaction ID: SA11A1.4271</b>	
City <b>Wynnewood</b>	State <b>PA</b>	Zip Code <b>19096-2209</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>PA Onc/Hem Associates</b>	Occupation <b>Oncologist</b>	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Jerry W. Mitchell</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006	
Mailing Address <b>5682 Rocky Shore Dr</b>		<b>Transaction ID: SA11A1.4303</b>	
City <b>Lewis Center</b>	State <b>OH</b>	Zip Code <b>43035</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>Mid-Ohio Onc/Hem Inc</b>	Occupation <b>Oncologist</b>	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph P Moore</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2006	
Mailing Address <b>3810 S Utica Ave</b>		<b>Transaction ID: SA11A1.4349</b>	
City <b>Tulsa</b>	State <b>OK</b>	Zip Code <b>74105-8119</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer <b>Self</b>	Occupation <b>Oncologist</b>	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Timothy D. Moore		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 1790 Roundwyck Lane		<b>Transaction ID:</b> SA11A1.4297	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Mid-Ohio Onc/Hem, Inc Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. William E. Nibley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address 1570 E. 3350 S.		<b>Transaction ID:</b> SA11A1.4275	
City State Zip Code Salt Lake City UT 84106		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Utah Cancer Specialists Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. David Sydney Nix		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 2331 34th Street		<b>Transaction ID:</b> SA11A1.4255	
City State Zip Code Meridian MS 39305		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Occupation Meridian Oncology Associates Oncologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Taral Patel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 2690 Northmont Dr		<b>Transaction ID:</b> SA11A1.4318	
City State Zip Code Blacklick OH 43004	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Mid-Ohio Onc/Hem Inc Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Jamie Petsch Rigden		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6	
Mailing Address 18016 NE 136th St		<b>Transaction ID:</b> SA11A1.4289	
City State Zip Code Kearney MO 64060	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Heartland Hem/Onc Associates Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Ralph W. Roach		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 441 Mountainview Drive		<b>Transaction ID:</b> SA11A1.4301	
City State Zip Code Chillicothe OH 45601-8269	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Occupation Mid-Ohio Onc/Hem Inc Oncologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lester E. Robertson, Jr.

Mailing Address 10 Cotesworth Pl

City Savannah State GA Zip Code 31411-2876

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

Name of Employer Self Occupation Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2006

Transaction ID: SA11A1.4281

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frederick M Schnell

Mailing Address 1300 Old Forsyth Road

City Macon State GA Zip Code 31210-7205

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  
05 / 16 / 2006

Transaction ID: SA11A1.4355

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark L. Segal

Mailing Address 7033 Perry Place

City Worthington State OH Zip Code 43085

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.4313

Amount of Each Receipt this Period  
500.00

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 30
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Eric J. Seifter

Mailing Address 10324 Kingsbridge Road

City State Zip Code  
Ellicott City MD 21042

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

Name of Employer Occupation  
Park Medical Associates Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2006

Transaction ID: SA11A1.4279

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 26 Quail Hollow

City State Zip Code  
West Hartford CT 06117-1033

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: SA11A1.4326

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frank T. Slovick

Mailing Address 10045 Hemlock

City State Zip Code  
Overland Park KS 66212

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

Name of Employer Occupation  
Heartland Hem/Onc Associates Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: SA11A1.4291

Amount of Each Receipt this Period  
500.00

Contribution

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30
	<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	

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)  
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  
06 / 12 / 2006

Transaction ID: SA11A1.4328

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Arthur P. Staddon

Mailing Address 513 S 45th St

City State Zip Code  
Philadelphia PA 19104-3913

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

Name of Employer PA Onc/Hem Associates Occupation  
Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2006

Transaction ID: SA11A1.4267

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Poonkothai Sundaram

Mailing Address 766 Silverlead Oak Ct

City State Zip Code  
Westerville OH 43081

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: SA11A1.4316

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Mark A. Taylor		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 104 Chriswoodelle Dr		Transaction ID: SA11A1.4283
City State Zip Code Savannah GA 31406	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gary W. Thomas		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 5 Reef Club		Transaction ID: SA11A1.4285
City State Zip Code Hilton Head Island SC 29926-1223	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Mark E. Thompson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 6
Mailing Address 7175 Fox Lake Dr		Transaction ID: SA11A1.4311
City State Zip Code Blacklick OH 43004	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Mid-Ohio Onc/Hem Inc Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 30
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jennifer E. Trotman

Mailing Address 1500 South Frisco Ave  
Apt. 6A

City State Zip Code  
Tulsa OK 74119

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

Name of Employer Self Occupation  
Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2006

Transaction ID: SA11A1.4341

Amount of Each Receipt this Period  
500.00

Contribution

**B.** 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  
MM / DD / YYYY  
06 / 20 / 2006

Transaction ID: SA11A1.4335

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffery Zangmeister

Mailing Address 391 Saddle Path Lane N

City State Zip Code  
Pataskala OH 43062

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2006

Transaction ID: SA11A1.4299

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	31500.00

**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 25 / 30

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A. CONNECTICUT VICTORY FOR 2006</b>		<b>Transaction ID: SB23.4208</b> Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name CONNECTICUT VICTORY FOR 2006		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 2	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC COMPETITIVE POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID: SB23.4368</b> Date of Disbursement
Mailing Address 209 PENNSYLVANIA AVE SE		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="15000.00"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DAVE REICHERT</b>		<b>Transaction ID: SB23.4232</b> Date of Disbursement
Mailing Address P. O. Box 53322		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Bellevue	State WA	Zip Code 98015
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 8	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="18000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 26 / 30

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MIKE SODREL</b>		<b>Transaction ID: SB23.4217</b>	
Mailing Address 702 North Shore Drive Suite 500		Date of Disbursement 06 / 09 / 2006	
City Jeffersonville	State IN	Zip Code 47130	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IN	District: 09		

Full Name (Last, First, Middle Initial) <b>B. GEOFF DAVIS FOR CONGRESS</b>		<b>Transaction ID: SB23.4234</b>	
Mailing Address 3161 Dixie Highway Suite F		Date of Disbursement 06 / 27 / 2006	
City Erlanger	State KY	Zip Code 41018	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY	District: 04		

Full Name (Last, First, Middle Initial) <b>C. HAWKEYE PAC, THE</b>		<b>Transaction ID: SB23.4223</b>	
Mailing Address PO Box 7255		Date of Disbursement 06 / 12 / 2006	
City Des Moines	State IA	Zip Code 50309	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Campaign Contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 30

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A. Independent Bank Independent Bank</b>		<b>Transaction ID:</b> SB23.4361
Mailing Address 5050 Poplar Avenue		Date of Disbursement MM / DD / YYYY 04 / 01 / 2006
City Memphis	State TN	Amount of Each Disbursement this Period 18.53
Zip Code 38157		
Purpose of Disbursement Interest Income-Adjustment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOHNSON FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4221
Mailing Address BOX 111 BOX 111		Date of Disbursement MM / DD / YYYY 06 / 12 / 2006
City SHELDAHL	State IA	Amount of Each Disbursement this Period 5000.00
Zip Code 50243		
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>C. LINCOLN DIAZ-BALART FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.4230
Mailing Address 2801 Ponce de Leon Blvd. Ste 1000		Date of Disbursement MM / DD / YYYY 06 / 20 / 2006
City Coral Gables	State FL	Amount of Each Disbursement this Period 1000.00
Zip Code 33134		
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6018.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A. MIKE DEWINE FOR US SENATE</b>		<b>Transaction ID: SB23.4219</b> Date of Disbursement
Mailing Address PO BOX 340188		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City COLUMBUS	State OH	Zip Code 43234
Purpose of Disbursement Campaign Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 00	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>Transaction ID: SB23.4365</b> Date of Disbursement
Mailing Address 320 FIRST STREET		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Campaign Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>Transaction ID: SB23.4367</b> Date of Disbursement
Mailing Address 320 FIRST STREET		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Campaign Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="10000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A. RANGEL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4209 Date of Disbursement
Mailing Address PO Box 5577 MANHATTANVILLE STA		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 15		Category/ Type

Full Name (Last, First, Middle Initial) <b>B. ROULSTONE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4215 Date of Disbursement
Mailing Address 2932 139TH AVENUE SE		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City SNOHOMISH	State WA	Zip Code 98290
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 02		Category/ Type

Full Name (Last, First, Middle Initial) <b>C. TENNESSEE SENATE 2006</b>		<b>Transaction ID:</b> SB23.4228 Date of Disbursement
Mailing Address 120 MARYLAND AVENUE NE		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 00		Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 30 / 30

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) <b>A. TEXAS FREEDOM FUND</b>		<b>Transaction ID:</b> SB23.4212
Mailing Address 104 East Hume Avenue		Date of Disbursement MM / DD / YYYY 05 / 22 / 2006
City Alexandria	State VA	Zip Code 22301
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 3000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VOLPAC VCAP VICTORY VOLPAC VCAP VICTORY FUND</b>		<b>Transaction ID:</b> SB23.4211
Mailing Address 49 CULPEPER STREET		Date of Disbursement MM / DD / YYYY 05 / 22 / 2006
City WARRENTON	State VA	Zip Code 20186
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WYNN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4225
Mailing Address P. O. BOX 39139		Date of Disbursement MM / DD / YYYY 06 / 12 / 2006
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement Campaign Contribution	Amount of Each Disbursement this Period 1500.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>51518.53</b>