

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 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 10 16 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

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	1829.29									
(c) Total Receipts (from Line 19)	6024.59	41172.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7853.88	68534.59								
7. Total Disbursements (from Line 31)	7710.00	68390.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	143.88	143.88								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

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	6000.00	41000.00
(i) Itemized (use Schedule A)	0.00	73.00
(ii) Unitemized	6000.00	41073.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6000.00	41073.00
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)	24.59	99.59
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))	6024.59	41172.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6024.59	41172.59

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	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.....	7700.00	60218.53
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.....	10.00	172.18
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))..	7710.00	68390.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7710.00	68390.71

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)	6000.00	41073.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6000.00	41073.00
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)	24.59	99.59
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-24.59	7900.41

**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 / 12
	<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) A. Mr. Tom Anderson		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address 1314 - 12th Street		Transaction ID: SA11A1.4403
City State Zip Code Cody WY 82414	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	check	
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. James Commers		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address 1111 S. 80th St		Transaction ID: SA11A1.4399
City State Zip Code Omaha NE 68124	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	check	
Name of Employer Hematology & Oncology Con-sulta 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) C. Hillary Hahm		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address 657 Vinings Estates Dr SE		Transaction ID: SA11A1.4406
City State Zip Code Mableton GA 30126	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	check	
Name of Employer Northwest Georgia Oncology Occupation Oncologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 7 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial)
Arnel Palleria

Mailing Address 140 Jamerson Farm

City State Zip Code
Collierville TN 38017

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

Name of Employer Occupation
The West Clinic, PC Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.4404

Amount of Each Receipt this Period
1000.00

check

B. Full Name (Last, First, Middle Initial)
Re-Elect Nancy Johnson to Congress Committee

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11A1.4393

Amount of Each Receipt this Period
500.00

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

Mailing Address 6250 Green Meadows Road

City State Zip Code
Memphis TN 38120

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

Name of Employer Occupation
The West Clinic, PC Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.4401

Amount of Each Receipt this Period
1000.00

check

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Full Name (Last, First, Middle Initial) Dr Kurt Tauer		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 2530 Johnson Road		Transaction ID: SA11A1.4391	
City State Zip Code Germantown TN 38139-6710	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oncologist Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Joseph D. Verdirame		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address 17505 Island Circle		Transaction ID: SA11A1.4395	
City State Zip Code Bennington NE 68007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oncologist Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr John P. Whitecar, Jr		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 31 Megan Lane		Transaction ID: SA11A1.4397	
City State Zip Code Columbus MS 39705-3195	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oncologist Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	6000.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial) A. CONGRESSMAN JOE BARTON COMMITTEE, THE		Transaction ID: SB23.4423
Mailing Address P.O. Box 1444		Date of Disbursement 09 / 26 / 2006
City Ennis	State TX	Zip Code 75120
Purpose of Disbursement void check, originally issued 3/23/05		Amount of Each Disbursement this Period -1000.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 06	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BURNS		Transaction ID: SB23.4381
Mailing Address P.O. Box 1965		Date of Disbursement 07 / 21 / 2006
City Sylvania	State GA	Zip Code 30467
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 3700.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 12	

Full Name (Last, First, Middle Initial) C. LEE PAC		Transaction ID: SB23.4408
Mailing Address 2875 TOWERVIEW RD STE 1000		Date of Disbursement 09 / 26 / 2006
City HERNDON	State VA	Zip Code 20171
Purpose of Disbursement check		Amount of Each Disbursement this Period 3500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	6200.00
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)

PAGE 10 / 12

<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. MAC COLLINS FOR CONGRESS		Transaction ID: SB23.4383 Date of Disbursement
Mailing Address P.O. Box 962		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Jackson	State GA	Zip Code 30233
Purpose of Disbursement Campaign Contribution	<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: GA	District: 08	

Full Name (Last, First, Middle Initial) B. MONTANANS FOR TESTER		Transaction ID: SB23.4385 Date of Disbursement
Mailing Address PO BOX 1248		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City BIG SANDY	State MT	Zip Code 59520
Purpose of Disbursement Campaign Contribution	<input type="text" value="2000.00"/>	
Candidate Name	Category/Type	
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: MT	District: 00	

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.4425 Date of Disbursement
Mailing Address 320 FIRST STREET		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement void check, originally issued 5/9/05	<input type="text" value="-2500.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="500.00"/>
TOTAL 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 11 / 12

<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. SIMMONS FOR CONGRESS

Mailing Address P.O. Box 268 Drawer 271
P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CT District: 2

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.4378

Date of Disbursement

/ /

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)

PAGE 12 / 12

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

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Independent Bank Independent Bank

Mailing Address 5050 Poplar Avenue

City Memphis State TN Zip Code 38157

Purpose of Disbursement
Bank charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)