

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) X

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 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Patrick W Cobb

Signature of Treasurer Electronically Filed by Mr. Patrick W Cobb Date 10 14 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25278.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	48463.17									
(c) Total Receipts (from Line 19) .....	21132.31	48820.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	69595.48	74098.48								
7. Total Disbursements (from Line 31) .....	50000.00	54503.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19595.48	19595.48								
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	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20000.00	47550.00
(i) Itemized (use Schedule A) .....	132.31	270.48
(ii) Unitemized .....	20132.31	47820.48
(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) .....	20132.31	47820.48
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	1000.00
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)) .....	21132.31	48820.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21132.31	48820.48

**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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	54500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	3.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50000.00	54503.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50000.00	54503.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	20132.31	47820.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20132.31	47820.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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. Julie D. Asch

Mailing Address 7381 Buckboard Dr

City State Zip Code  
Park City UT 84098-5310

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 / 21 / 2008

**Transaction ID:** SA11AI.4592

Amount of Each Receipt this Period  
500.00

check

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Vicki C. Baker

Mailing Address 2649 E 26th St

City State Zip Code  
Tulsa OK 74114

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  
05 / 02 / 2008

**Transaction ID:** SA11AI.4643

Amount of Each Receipt this Period  
500.00

check

**C.**

Full Name (Last, First, Middle Initial)  
Bernard Bernhardt

Mailing Address 50 Guion Place

City State Zip Code  
New Rochelle NY 10801

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

Name of Employer Occupation  
self MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

**Transaction ID:** SA11AI.4696

Amount of Each Receipt this Period  
500.00

check

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian Berry

Mailing Address 1715 Palma Sola

City State Zip Code  
**Bradenton FL 34209**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FCS MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 11 / 2008

**Transaction ID: SA11AI.4623**

Amount of Each Receipt this Period 500.00

check

**B.**

Full Name (Last, First, Middle Initial)  
Richard Brown

Mailing Address 5306 Siesta Cove

City State Zip Code  
**Sarasota FL 34242**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FCS MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 11 / 2008

**Transaction ID: SA11AI.4621**

Amount of Each Receipt this Period 500.00

check

**C.**

Full Name (Last, First, Middle Initial)  
Richard Buck

Mailing Address PO Box 25304

City State Zip Code  
**Sarasota FL 34277**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
FCS MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 11 / 2008

**Transaction ID: SA11AI.4633**

Amount of Each Receipt this Period 500.00

check

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Luis Chu

Mailing Address 1424 Westbrook

City State Zip Code  
Sarasota FL 34231

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

Name of Employer Occupation  
FSC MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2008

**Transaction ID:** SA11AI.4615

Amount of Each Receipt this Period  
500.00

check

**B.**

Full Name (Last, First, Middle Initial)  
Bonnie Dunbar

Mailing Address 89 E N Shore

City State Zip Code  
North Fort Myers FL 33917

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

Name of Employer Occupation  
FCS MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2008

**Transaction ID:** SA11AI.4593

Amount of Each Receipt this Period  
500.00

check

**C.**

Full Name (Last, First, Middle Initial)  
James Eakle

Mailing Address 6381 Yellow Wood Pl

City State Zip Code  
Sarasota FL 34241

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

Name of Employer Occupation  
FCS MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** SA11AI.4694

Amount of Each Receipt this Period  
500.00

check

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<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) John Eckenrode		Date of Receipt
Mailing Address 2909 E 97th Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Tulsa OK 74137		<input type="text"/> 05 / <input type="text"/> 02 / <input type="text"/> 2008
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.4644
Name of Employer Oklahoma Oncology		Amount of Each Receipt this Period
Occupation MD		<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		check
Aggregate Year-to-Date ▼ <input type="text"/> 500.00		

**B.**

Full Name (Last, First, Middle Initial) Dr. W Graydon Harker		Date of Receipt
Mailing Address 4504 Parkview Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Salt Lake City UT 84124		<input type="text"/> 04 / <input type="text"/> 21 / <input type="text"/> 2008
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.4590
Name of Employer Utah Cancer Specialists		Amount of Each Receipt this Period
Occupation Oncologist		<input type="text"/> 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		check
Aggregate Year-to-Date ▼ <input type="text"/> 1000.00		

**C.**

Full Name (Last, First, Middle Initial) Thomas Hauch		Date of Receipt
Mailing Address 411 Billingsley Suite 103		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Charlotte NC 28211		<input type="text"/> 05 / <input type="text"/> 05 / <input type="text"/> 2008
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.4681
Name of Employer Carolinas Cancer Care		Amount of Each Receipt this Period
Occupation MD		<input type="text"/> 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		check
Aggregate Year-to-Date ▼ <input type="text"/> 1000.00		

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

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

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

FOR LINE NUMBER: PAGE 10 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr Regina Klein  
 Mailing Address 144 Viewcrest Cir  
 City Bountiful State FL Zip Code 84010  
 Date of Receipt 04 / 21 / 2008  
**Transaction ID:** SA11AI.4591  
 Amount of Each Receipt this Period 500.00  
 check  
 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

**B.** Full Name (Last, First, Middle Initial)  
Paul Landry  
 Mailing Address 2401 60th Street Court West  
 City Bradenton State FL Zip Code 34209  
 Date of Receipt 04 / 11 / 2008  
**Transaction ID:** SA11AI.4609  
 Amount of Each Receipt this Period 500.00  
 check  
 FEC ID number of contributing federal political committee. C  
 Name of Employer FCS Occupation MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**C.** Full Name (Last, First, Middle Initial)  
Robin Lifton  
 Mailing Address 297 Circle Dr  
 City Venice State FL Zip Code 34285  
 Date of Receipt 04 / 11 / 2008  
**Transaction ID:** SA11AI.4613  
 Amount of Each Receipt this Period 500.00  
 check  
 FEC ID number of contributing federal political committee. C  
 Name of Employer FCS Occupation MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric Lubiner		Date of Receipt
	Mailing Address 1054 Harbour Green		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 11 / 2008
	City	State	Zip Code
	Punta Gorda	FL	33983
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer FCS		Occupation MD	Transaction ID: SA11AI.4627
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	check

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott Lunin		Date of Receipt
	Mailing Address 3621 Kassandra Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 11 / 2008
	City	State	Zip Code
	Punta Gorda	FL	33950
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer FCS		Occupation MD	Transaction ID: SA11AI.4601
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	check

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph P. Lynch		Date of Receipt
	Mailing Address 11706 S. Erie Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 02 / 2008
	City	State	Zip Code
	Tulsa	OK	74137
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Oncologist	Transaction ID: SA11AI.4636
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Noel Maun  
 Mailing Address 234 Pesaro  
 City North Venice State FL Zip Code 34275  
 Date of Receipt 04 / 11 / 2008  
 Transaction ID: SA11AI.4625  
 Amount of Each Receipt this Period 500.00  
 check  
 FEC ID number of contributing federal political committee. C  
 Name of Employer FCS Occupation MD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael McCleod  
 Mailing Address 10070 Magnolia Pointe  
 City Ft. Myers State FL Zip Code 33919  
 Date of Receipt 04 / 11 / 2008  
 Transaction ID: SA11AI.4597  
 Amount of Each Receipt this Period 500.00  
 check  
 FEC ID number of contributing federal political committee. C  
 Name of Employer FCS Occupation MD  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. G. Lance Miller  
 Mailing Address 4321 S. Utica  
 City Tulsa State OK Zip Code 74105  
 Date of Receipt 05 / 02 / 2008  
 Transaction ID: SA11AI.4642  
 Amount of Each Receipt this Period 500.00  
 check  
 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph P Moore

Mailing Address 3810 S Utica Ave

City State Zip Code  
Tulsa OK 74105-8119

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 / 02 / 2008

Transaction ID: SA11AI.4641

Amount of Each Receipt this Period  
500.00

check

**B.**

Full Name (Last, First, Middle Initial)  
Susan Morgan

Mailing Address 3014 Mona Lisa Blvd

City State Zip Code  
Naples FL 34119

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

Name of Employer FCS Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

Transaction ID: SA11AI.4692

Amount of Each Receipt this Period  
500.00

check

**C.**

Full Name (Last, First, Middle Initial)  
Yallappa Nadamiti

Mailing Address PO Box 14730

City State Zip Code  
Bradenton FL 34280

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

Name of Employer FCS Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2008

Transaction ID: SA11AI.4619

Amount of Each Receipt this Period  
500.00

check

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Martin Nicolau

Mailing Address 706 Buttonbush Lane

City State Zip Code  
Naples FL 34108

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

Name of Employer FCS Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

Transaction ID: SA11AI.4690

Amount of Each Receipt this Period  
500.00

check

**B.**

Full Name (Last, First, Middle Initial)  
Steve Orman

Mailing Address 260 Osprey Point Drive

City State Zip Code  
Osprey FL 34229

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

Name of Employer FCS Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2008

Transaction ID: SA11AI.4605

Amount of Each Receipt this Period  
500.00

check

**C.**

Full Name (Last, First, Middle Initial)  
Michael Raymond

Mailing Address 14009 Image Lake Court

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer FCS Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2008

Transaction ID: SA11AI.4629

Amount of Each Receipt this Period  
500.00

check

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.**

Full Name (Last, First, Middle Initial)  
James Reeves

Mailing Address 8591 Belle Meade

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Occupation  
FCS MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.4611

Amount of Each Receipt this Period  
500.00

check

**B.**

Full Name (Last, First, Middle Initial)  
Mark Rubin

Mailing Address 8787 Bay Colony

City State Zip Code  
Naples FL 34108

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

Name of Employer Occupation  
FCS MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.4631

Amount of Each Receipt this Period  
500.00

check

**C.**

Full Name (Last, First, Middle Initial)  
Caryn Silver

Mailing Address 1500 Shelburne Lane

City State Zip Code  
Sarasota FL 34231

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

Name of Employer Occupation  
FCS MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.4595

Amount of Each Receipt this Period  
500.00

check

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

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

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

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

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Koteshwar Telukuntla	Date of Receipt MM / DD / YYYY 05 / 07 / 2008
	Mailing Address 2031 84th Street Cir	<b>Transaction ID:</b> SA11AI.4688
	City State Zip Code Bradenton FL 34209	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	check
	Name of Employer FCS Occupation MD 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. Jennifer E. Trotman	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 1500 South Frisco Ave Apt. 6A	<b>Transaction ID:</b> SA11AI.4637
	City State Zip Code Tulsa OK 74119	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	check
	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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ravikumar Vasireddy	Date of Receipt MM / DD / YYYY 05 / 02 / 2008
	Mailing Address 9831 S Oswego	<b>Transaction ID:</b> SA11AI.4640
	City State Zip Code Tulsa OK 74137	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	check
	Name of Employer Oklahoma Oncology 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) .....	

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

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

FOR LINE NUMBER: PAGE 17 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.** Full Name (Last, First, Middle Initial)  
Brian Walker

Mailing Address 5011 Rustic Oaks Circle

City State Zip Code  
Naples FL 34105

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

Name of Employer Occupation  
FCS MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.4607

Amount of Each Receipt this Period  
500.00

check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Leslie K. Walker

Mailing Address 537 Lexington Rd

City State Zip Code  
Sapula OK 74066

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

Name of Employer Occupation  
Oklahoma Oncology Oncologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 8

**Transaction ID:** SA11AI.4635

Amount of Each Receipt this Period  
500.00

check

**C.** Full Name (Last, First, Middle Initial)  
Robert Whorf

Mailing Address 10627 Cheval Place

City State Zip Code  
Bradenton FL 34202

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

Name of Employer Occupation  
FCS MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

**Transaction ID:** SA11AI.4603

Amount of Each Receipt this Period  
500.00

check

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 23  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

**A.**

Full Name (Last, First, Middle Initial) Vance Wright-Browne		Date of Receipt MM / DD / YYYY 04 / 11 / 2008
Mailing Address 231 Albert Ln		<b>Transaction ID:</b> SA11AI.4599
City Port Charlotte	State FL	Zip Code 33954
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer FCS	Occupation MD	check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Paul Zorsky		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
Mailing Address 2819 S. Hayden		<b>Transaction ID:</b> SA11AI.4638
City Amarillo	State TX	Zip Code 79109
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Oklahoma Oncology	Occupation MD	check
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) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 23
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS		Date of Receipt
	Mailing Address PO BOX 586		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	HELENA	MT	59624
	FEC ID number of contributing federal political committee.		Transaction ID: SA16.4735
	<input type="text" value="C"/> <input type="text" value="C00328211"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="1000.00"/>	
Receipt For: 2008	Aggregate Year-to-Date ▼	Refund of Excessive Contribution	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1000.00"/>



**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 South Capitol Street, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4698 <b>Date of Disbursement</b> 05 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS</p> <p>Mailing Address PO BOX 586</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4685 <b>Date of Disbursement</b> 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CAROLYN B MALONEY</p> <p>Mailing Address 49 EAST 92ND STREET</p> <p>City NEW YORK State NY Zip Code 10128</p> <p>Purpose of Disbursement contribution Candidate Name CAROLYN B MALONEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4702 <b>Date of Disbursement</b> 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

21000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>GREGORY W MEEKS</b>	<b>Transaction ID:</b> SB23.4704 <b>Date of Disbursement</b>	
	Mailing Address 153-01 Jamaica Ave. Suite 535	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>	
	City Jamaica State NY Zip Code 11432	Amount of Each Disbursement this Period	<input type="text" value="1000.00"/>
	Purpose of Disbursement contribution	<input type="text" value="011"/>	Category/Type
	Candidate Name GREGORY W MEEKS		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: NY District: 06	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRANK JR PALLONE</b>	<b>Transaction ID:</b> SB23.4652 <b>Date of Disbursement</b>	
	Mailing Address 1187 OCEAN AVE	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>	
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period	<input type="text" value="4000.00"/>
	Purpose of Disbursement contribution	<input type="text" value="011"/>	Category/Type
	Candidate Name FRANK JR PALLONE		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: NJ District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CHARLES B RANGEL</b>	<b>Transaction ID:</b> SB23.4654 <b>Date of Disbursement</b>	
	Mailing Address 40 WEST 135TH STREET	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>	
	City NEW YORK State NY Zip Code 10037	Amount of Each Disbursement this Period	<input type="text" value="10000.00"/>
	Purpose of Disbursement contribution	<input type="text" value="011"/>	Category/Type
	Candidate Name CHARLES B RANGEL		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: NY District: 15	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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 23 / 23

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

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NAME OF COMMITTEE (In Full)  
COMMUNITY ONCOLOGY ALLIANCE PAC

A.

Full Name (Last, First, Middle Initial)  
EDOLPHUS TOWNS

Transaction ID: SB23.4706

Date of Disbursement

Mailing Address 286 HIGHLAND BOULEVARD

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City State Zip Code  
BROOKLYN NY 11207

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
contribution

011
Category/ Type

Candidate Name  
EDOLPHUS TOWNS

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

2000.00
---------

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

50000.00
----------