

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 10 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. John D. Ogle

Signature of Treasurer Electronically Filed by Mr. John D. Ogle Date 01 30 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		10419.15
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	466.02									
(c) Total Receipts (from Line 19)	24811.98	24858.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25278.00	35278.00								
7. Total Disbursements (from Line 31)	0.00	10000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25278.00	25278.00								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	24750.00	24750.00
(i) Itemized (use Schedule A)	61.98	108.85
(ii) Unitemized	24811.98	24858.85
(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)	24811.98	24858.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24811.98	24858.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24811.98	24858.85

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.....	0.00	10000.00
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	0.00
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))..	0.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	10000.00

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	24811.98	24858.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24811.98	24858.85
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 / 21
	<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. Tom Anderson	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 1314 - 12th Street	Transaction ID: SA11AI.4500
	City State Zip Code Cody WY 82414	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation HOCNR Oncologist	
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) Dr. Vicki C. Baker	Date of Receipt MM / DD / YYYY 10 / 11 / 2007
	Mailing Address 2649 E 26th St	Transaction ID: SA11AI.4519
	City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Harry M. Barnes, III	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 4145 Carmichael Road	Transaction ID: SA11AI.4511
	City State Zip Code Montgomery AL 36106	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Montgomery Cancer Center Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 7 / 21
	<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) Margaret M. Barnes		Date of Receipt
	Mailing Address 9111 S. Hwy 59		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Gillette	WY	82718
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4505
Name of Employer Self		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Johnetta Blakely		Date of Receipt
	Mailing Address 3956 Grandview Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Memphis	TN	38111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4493
Name of Employer The West Clinic		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Dr. Bruce T. Burns		Date of Receipt
	Mailing Address 240 Trotters Run		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Macon	GA	31210-8653
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4552
Name of Employer Self		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contributions

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

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

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

FOR LINE NUMBER: PAGE 8 / 21
(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. Tarek Chidiac

Mailing Address 7690 Kestrel Way E

City State Zip Code
Dublin OH 43017

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2007

Transaction ID: SA11AI.4551

Amount of Each Receipt this Period
500.00

Contributions

B. Full Name (Last, First, Middle Initial)
Dr. David F. Christianson

Mailing Address 3916 Bushwood Dr

City State Zip Code
Billings MT 59106-9701

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

Name of Employer Occupation
HOCNR Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2007

Transaction ID: SA11AI.4503

Amount of Each Receipt this Period
500.00

Contribution

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

Name of Employer Occupation
HOCNR Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2007

Transaction ID: SA11AI.4497

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:	PAGE 9 / 21
(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 Commers		Date of Receipt
	Mailing Address 1111 S. 80th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 08 / 2007
	City	State	Zip Code
	Omaha	NE	68124
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4542
Name of Employer Hematology & Oncology Con- sulta		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Stephen L. Davidson		Date of Receipt
	Mailing Address 4145 Carmichael Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 08 / 2007
	City	State	Zip Code
	Montgomery	AL	36106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4508
Name of Employer Montgomery Cancer Center		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Dr. Sherri S. Durica		Date of Receipt
	Mailing Address 3913 Briarcrest Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 01 / 2007
	City	State	Zip Code
	Norman	OK	73072
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4489
Name of Employer Cancer Care Associates - Norma		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 21

(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. David A. Eagle

Mailing Address 19017 Peninsula Point Dr

City State Zip Code
Cornelius NC 28031-7601

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

Name of Employer Occupation
Lake Norman Hem/Onc Specialist Oncologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.4530

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Patrick Elwood

Mailing Address 4931 Yantis Drive

City State Zip Code
New Albany OH 43054

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.4548

Amount of Each Receipt this Period

500.00

Contribution

C.

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

Mailing Address 639 N Saint Marys Ln NW

City State Zip Code
Marietta GA 30064

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

Name of Employer Occupation
Self Oncologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.4517

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<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. Jihad Khattab		Date of Receipt
	Mailing Address 5821 E. 86th St		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tulsa	OK	74137-3024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4513
Name of Employer Oklahoma Oncology		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Dr. Mark H. Knapp		Date of Receipt
	Mailing Address 5469 Kirby Road Apt. 63		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Cincinnati	OH	45223
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4546
Name of Employer Mid-Ohio Onc/Hem Inc		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) Dr. George S Lewandowski		Date of Receipt
	Mailing Address 866 Pipestone Dr.		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Columbus	OH	43235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4536
Name of Employer Self		Occupation Oncologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<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. Martin K Lucas	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 300 Coles Road	Transaction ID: SA11AI.4501
	City Molt State MT Zip Code 59057-2211	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer HOCNR Occupation Oncologist 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) Dr. Joseph P. Lynch	Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address 11706 S. Erie Ave	Transaction ID: SA11AI.4516
	City Tulsa State OK Zip Code 74137	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Benjamin T. Marchello	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 2900 - 12th Ave. N. #160W	Transaction ID: SA11AI.4502
	City Billings State MT Zip Code 59101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer HOCNR Occupation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	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 / 21
(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. Scott A. McDaniel

Mailing Address 2515 Fenway Drive

City State Zip Code
Montgomery AL 36111

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

Name of Employer Occupation
Montgomery Cancer Center Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.4509

Amount of Each Receipt this Period
500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Jerry W. Mitchell

Mailing Address 5682 Rocky Shore Dr

City State Zip Code
Lewis Center OH 43035

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4545

Amount of Each Receipt this Period
500.00

Contribution

C.

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 Occupation
Self Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.4518

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21

(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. Timothy D. Moore

Mailing Address 1790 Roundwyck Lane

City State Zip Code
Powell OH 43065

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.4532

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Theodore A. Okon,

Mailing Address 30 Wintergreen Drive

City State Zip Code
Monroe CT 06468

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

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Arnel Pallera

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.4490

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 21
	<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) Robyn S. Pallera	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 140 Jamerson Farm Rd	Transaction ID: SA11AI.4491
	City State Zip Code Collierville TN 38017	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Self	Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Chris A Rhoades	Date of Receipt MM / DD / YYYY 10 / 11 / 2007
	Mailing Address 2144 Fairfax Road	Transaction ID: SA11AI.4533
	City State Zip Code Columbus OH 43221	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Self	Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Sylvia Richey	Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 6250 Green Meadows Road	Transaction ID: SA11AI.4512
	City State Zip Code Memphis TN 38120	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Self	Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 16 / 21
(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. Ralph W. Roach

Mailing Address 441 Mountainview Drive

City State Zip Code
Chillicothe OH 45601-8269

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.4547

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 State Zip Code
Macon GA 31210-7205

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

Name of Employer Occupation
Self Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.4544

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Lee S. Schwartzberg

Mailing Address 530 Riverview Rd

City State Zip Code
Memphis TN 38120

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

Name of Employer Occupation
The West Clinic Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.4498

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 17 / 21		
	<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

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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A.	Full Name (Last, First, Middle Initial) Linda M. Smiley	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 5231 Hedgewyck Ct	Transaction ID: SA11AI.4528
	City State Zip Code Memphis TN 38117	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Wendy J. Smith	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 503 South Commerce St	Transaction ID: SA11AI.4531
	City State Zip Code Ripley MS 38663-2410	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Bradley Somer	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 443 Birchbark Ln	Transaction ID: SA11AI.4495
	City State Zip Code Memphis TN 38120	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 21
	<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. Poonkothai Sundaram	Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 7165 Pleasant Colony Cir	Transaction ID: SA11AI.4538
	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	
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) Dr. Keith A. Thompson	Date of Receipt MM / DD / YYYY 10 / 22 / 2007
	Mailing Address 4145 Carmichael Road	Transaction ID: SA11AI.4524
	City State Zip Code Montgomery AL 36106	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Baptist Medical Center Ho-spice Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jennifer E. Trotman	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 1500 South Frisco Ave Apt. 6A	Transaction ID: SA11AI.4520
	City State Zip Code Tulsa OK 74119	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 19 / 21
(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. Luis Vaccarello

Mailing Address 2257 Old Stone Road

City State Zip Code
Blacklick OH 43004

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
10 / 22 / 2007

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Ravikumar Vasireddy

Mailing Address 9831 S Oswego

City State Zip Code
Tulsa OK 74137

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

Name of Employer Oklahoma Oncology Occupation
Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 11 / 2007

Transaction ID: SA11AI.4514

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Joseph D. Verdirame

Mailing Address 17505 Island Circle

City State Zip Code
Bennington NE 68007

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
11 / 19 / 2007

Transaction ID: SA11AI.4543

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 21
(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. 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
MM / DD / YYYY
10 / 11 / 2007

Transaction ID: SA11AI.4515

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 Occupation
The West Clinic Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2007

Transaction ID: SA11AI.4507

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Dr John P. Whitecar, Jr

Mailing Address 31 Megan Lane

City State Zip Code
Columbus MS 39705-3195

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

Name of Employer Occupation
Columbus Hematology & Oncology Oncologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2007

Transaction ID: SA11AI.4521

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 21
	(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) Kathleen L. Whitecar		Date of Receipt MM / DD / YYYY 10 / 06 / 2007
Mailing Address 31 Megan Lane		Transaction ID: SA11AI.4522
City Columbus	State MS	Zip Code 39705-3195
FEC ID number of contributing federal political committee. C		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	

B.

Full Name (Last, First, Middle Initial) Dr. Jeffery Zangmeister		Date of Receipt MM / DD / YYYY 10 / 14 / 2007
Mailing Address 391 Saddle Path Lane N		Transaction ID: SA11AI.4535
City Pataskala	State OH	Zip Code 43062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mid-Ohio Onc/Hem Inc	Occupation Oncologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	24750.00