

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 46  
(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)

**Friends of Community Oncology PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patt, Debra, , , MD**

Mailing Address 3005 Scenic Drive

City  
AustinState  
TXZip Code  
78703-1057FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas OncologyOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	23	2020

**Transaction ID : 13699891**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Okon, Theodore, A., ,**

Mailing Address 30 Wintergreen Drive

City  
MonroeState  
CTZip Code  
06468-1061FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Community Oncology AllianceOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
02	23	2020

**Transaction ID : 13699893**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Atkins, Miriam, , , MD, FACP**Mailing Address 1 Seventh Street  
Suite 1803City  
AugustaState  
GAZip Code  
30901-5004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Augusta Oncology AssociatesOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M	D D	Y Y Y Y
01	01	2020

**Transaction ID : 13700000**

Amount of Each Receipt this Period

416.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2916.66

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