

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

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

FOR LINE NUMBER: PAGE 23 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Community Oncology Alliance

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Milton Seiler, Jr. Mailing Address 2820 Napoleon Avenue Suite 480 City State Zip Code New Orleans LA 70115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hematology & Oncology Spec Occupation oncologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 03 01 2005 Transaction ID: SA11A1.4514 Amount of Each Receipt this Period 500.00 check
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Inaganti Shah Mailing Address 13804 Cuming St. City State Zip Code Omaha NE 68154 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation oncologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 03 14 2005 Transaction ID: SA11A1.4528 Amount of Each Receipt this Period 500.00 check
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Stephen Shaker Mailing Address 2423 Walton Way City State Zip Code Augusta GA 30504 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MO Associates of Augusta Occupation oncologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 05 23 2005 Transaction ID: SA11A1.4582 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) ▶