

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) **1634 I Street NW**
Suite 1200
 Check if different than previously reported. (ACC) **Washington DC 20006**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
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 / / 2018 through / / 2018

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

Signature of Treasurer Diaz, Michael, , , [Electronically Filed] Date / / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		129652.54
(b) Cash on Hand at Beginning of Reporting Period.....	129652.54	
(c) Total Receipts (from Line 19)	36049.96	36049.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	165702.50	165702.50
7. Total Disbursements (from Line 31).....	87919.39	87919.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	77783.11	77783.11
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: 01 / 01 / 2018 To: 03 / 31 / 2018

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		
(i) Itemized (use Schedule A).....	35683.30	35683.30
(ii) Unitemized	366.66	366.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	36049.96	36049.96
(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)	36049.96	36049.96
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 Transfers (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)).....▶	36049.96	36049.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36049.96	36049.96

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	56000.00	56000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1000.00	1000.00
(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)).....	1000.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	30919.39	30919.39
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	87919.39	87919.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87919.39	87919.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	36049.96	36049.96
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35049.96	35049.96
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 OF 32
<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

A. Vyas, Harsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 Bellevue Road
 City Dublin State GA Zip Code 31021-2885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cancer Center of Middle Georgia Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2018
Transaction ID : 11782059
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Atkins, Miriam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 Wheeler Road
 City Augusta State GA Zip Code 30909-6520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2018
Transaction ID : 11782060
 Amount of Each Receipt this Period
 416.66
 Memo Item

C. Ferreyros, Nicolas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Worth Street Apt 9C
 City New York State NY Zip Code 10013-6705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Oncology Alliance Occupation (for Individual) Director, Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2018
Transaction ID : 11782061
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2916.66
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 OF 32
	<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. Rivera, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 N. Rose Avenue, Suite 320
 City Oxnard State CA Zip Code 93030-7648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ventura County Hematology Oncology Ass Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 14 / 2018**
Transaction ID : 11782062
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Burns, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1062 Forsyth Street
 City Macon State GA Zip Code 31201-8637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **03 / 08 / 2018**
Transaction ID : 11865579
 Amount of Each Receipt this Period 166.66
 Memo Item

C. Trent, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10005 Ramsbury Way
 City Richmond State VA Zip Code 23238-5410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **03 / 08 / 2018**
Transaction ID : 11865580
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2666.66
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 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Evers, Barbara, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11851 Aberdeen Landing Ter
 City Midlothian State VA Zip Code 23113-1396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Unemployed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2018
Transaction ID : 11865581
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Voelzke, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Spenceley Place
 City Richmond State VA Zip Code 23229-8426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2018
Transaction ID : 11865800
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Mitchell, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13421 Stonegate Road
 City Midlothian State VA Zip Code 23113-3961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2018
Transaction ID : 11865801
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 OF 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 PAC

A. Hagan, Maura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3351 Spillway Lane
 City Mechanicsville State VA Zip Code 23111-6253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2018
Transaction ID : 11865802
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Khatcheressian, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1848 W Grace Street
 City Richmond State VA Zip Code 23220-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2018
Transaction ID : 11865803
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Gonzalez, Pablo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3312 Fox Hurst Drive
 City Midlothian State VA Zip Code 23113-3741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2018
Transaction ID : 11865804
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
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 10 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Machado, Mitchell, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 Colony forest Drive
 City Midlothian State VA Zip Code 23114-4686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Cancer Institute Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 01 / 03 / 2018
Transaction ID : 11865805
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Samdani, Attique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 W Randolph Road
 City Hopewell State VA Zip Code 23860-2938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 01 / 03 / 2018
Transaction ID : 11865806
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Gandhi, Yogesh, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 Handley Road
 City Midlothian State VA Zip Code 23113-3680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Cancer Institute Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 01 / 03 / 2018
Transaction ID : 11865807
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 OF 32
	<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. Friedman, Elke, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11528 Longview Landing Road
 City Richmond State VA Zip Code 23233-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **01 / 03 / 2018**
Transaction ID : 11865808
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Nalluri, Shobha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12413 Liverpool Lane
 City Chester State VA Zip Code 23836-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **01 / 24 / 2018**
Transaction ID : 11865812
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Goble, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 Coalbrook Drive
 City Midlothian State VA Zip Code 23114-5536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **01 / 24 / 2018**
Transaction ID : 11865813
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7000.00
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 12 OF 32
<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. Burns, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1062 Forsyth Street
 City Macon State GA Zip Code 31201-8637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 02 / 05 / 2018
Transaction ID : 11865814
 Amount of Each Receipt this Period 166.66
 Memo Item

B. McFarlane, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Gove Avenue
 City Richmond State VA Zip Code 23220-4602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 05 / 2018
Transaction ID : 11865815
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Eagle, David, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19017 Peninsula Point Dr
 City Cornelius State NC Zip Code 28031-7601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Norman Hem/Onc Specialist Occupation (for Individual) Oncologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 05 / 2018
Transaction ID : 11865816
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3166.66
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 13 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
COMMUNITY ONCOLOGY ALLIANCE PAC

A. Atkins, Miriam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 Wheeler Road
 City Augusta State GA Zip Code 30909-6520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt **01 / 01 / 2018**
Transaction ID : 11865817
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Atkins, Miriam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3696 Wheeler Road
 City Augusta State GA Zip Code 30909-6520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt **03 / 01 / 2018**
Transaction ID : 11865819
 Amount of Each Receipt this Period 416.66
 Memo Item

C. Street, Daron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 E. 26th Place
 City Tulsa State OK Zip Code 74114-4219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 14 / 2018**
Transaction ID : 11872342
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	933.32
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 14 OF 32
	<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. Pillot, Giancarlo, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6435 San Bonita Avenue
 City Saint Louis State MO Zip Code 63105-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 16 / 2018**
Transaction ID : 11872348
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Friedman, Elke, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11528 Longview Landing Road
 City Richmond State VA Zip Code 23233-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **02 / 28 / 2018**
Transaction ID : 12141702
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$2000.00

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	35683.30

**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"/> 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. JEB Fund

Mailing Address PO BOX 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2018

FEC Identification Number

C []

Transaction ID : 11865595

Amount of Each Disbursement this Period

[] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Graves For Congress

Mailing Address PO Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement

011

Category/
Type

Candidate Name

Graves, Tom, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: GA District: 14

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C C00462556

Transaction ID : 11865596

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Upton, Frederick, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00200584

Transaction ID : 11865599

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

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

[] 9000.00

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"/> 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. Upton For All Of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/Type

Candidate Name

Upton, Frederick, , ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00200584

Transaction ID : 11865600

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Mailing Address 228 S WASHINGTON ST
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/Type

Candidate Name

New Pioneers PAC

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number

C C00459123

Transaction ID : 11865602

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Huizenga For Congress

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

011

Category/Type

Candidate Name

Huizenga, Bill, , Rep.,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C C00459297

Transaction ID : 11865603

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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"/> 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. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Category/Type

Candidate Name
Walden, Greg, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: OR District: 02

Date of Disbursement
MM / DD / YYYY
02 / 28 / 2018

FEC Identification Number
C C00333427
Transaction ID : 11865760
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address 434 Fayetteville Street Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement

Category/Type

Candidate Name
Butterfield, G. K., , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: NC District: 01

Date of Disbursement
MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number
C C00401190
Transaction ID : 11872070
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

Category/Type

Candidate Name
Guthrie, S. Brett, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼
State: KY District: 02

Date of Disbursement
MM / DD / YYYY
03 / 26 / 2018

FEC Identification Number
C C00445023
Transaction ID : 11872071
Amount of Each Disbursement this Period
1500.00

Memo Item

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

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

7000.00

**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"/> 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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018
Mailing Address 320 FIRST STREET		FEC Identification Number C C00075820 Transaction ID : 11872357
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement Contribution to Fed PACS/Committees Paid via American Express: See transaction #11872356 Paid via Am		Amount of Each Disbursement this Period 15000.00 (Memo Entry)
Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		<input checked="" type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) B. Walden For Congress		Date of Disbursement MM / DD / YYYY 03 / 01 / 2018
Mailing Address PO Box 1091		FEC Identification Number C C00333427 Transaction ID : 11872363
City Hood River	State OR	Zip Code 97031
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name Walden, Greg, , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District: 02		

Full Name (Last, First, Middle Initial) C. Dutch Ruppensberger For Congress Committee		Date of Disbursement MM / DD / YYYY 03 / 07 / 2018
Mailing Address PO Box 231		FEC Identification Number C C00376673 Transaction ID : 11872587
City Lutherville	State MD	Zip Code 21094
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name Ruppensberger, C.A., , Rep.,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 02		

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

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

3500.00

**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"/> 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. Hudson For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement 011 Category/Type

Candidate Name
Hudson, Richard, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NC District: 08

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C00504522
Transaction ID : 11872610
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Bill Cassidy For Us Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement 011 Category/Type

Candidate Name
Cassidy, William, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: LA District:

Date of Disbursement: 02 / 05 / 2018

FEC Identification Number: C00543983
Transaction ID : 11872612
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Collins For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement 011 Category/Type

Candidate Name
Collins, Christopher, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 27

Date of Disbursement: 03 / 07 / 2018

FEC Identification Number: C00520379
Transaction ID : 11872613
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

5500.00

**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"/> 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. Anna Eshoo For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement 011 Category/Type

Candidate Name
Eshoo, Anna, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 18

Date of Disbursement: 03 / 27 / 2018

FEC Identification Number: C00258475
Transaction ID : 11872624
Amount of Each Disbursement this Period: 3000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C
Amount of Each Disbursement this Period:
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C
Amount of Each Disbursement this Period:
 Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	56000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Friedman, Elke, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 11528 Longview Landing Road

City Richmond State VA Zip Code 23233-1114

Purpose of Disbursement 010 Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : 11865607

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	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 type="checkbox"/> 23	<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. American Express		Date of Disbursement MM / DD / YYYY 01 / 30 / 2018
Mailing Address P.O. Box 1270		FEC Identification Number C [REDACTED] Transaction ID : 11782068 Amount of Each Disbursement this Period 1491.79 Travel Expenses
City Newark	State NJ	Zip Code 07101
Purpose of Disbursement Travel Expenses		<input type="checkbox"/> 002 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 01 / 30 / 2018
Mailing Address P.O. Box 1270		FEC Identification Number C [REDACTED] Transaction ID : 11782069 Amount of Each Disbursement this Period 225.00 Annual Bank Fee
City Newark	State NJ	Zip Code 07101
Purpose of Disbursement Annual Bank Fee		<input type="checkbox"/> 001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) C. Snowbound Express		Date of Disbursement MM / DD / YYYY 01 / 02 / 2018
Mailing Address P.O. Box 3402		FEC Identification Number C [REDACTED] Transaction ID : 11782070 Amount of Each Disbursement this Period 550.00 (Memo Entry)
City Avon	State CO	Zip Code 81620
Purpose of Disbursement Travel Expenses Paid via American Express: See Transaction #11782068		<input type="checkbox"/> 002 Category/ Type
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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).....▶	1716.79
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 type="checkbox"/> 23	<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. Snowbound Express		Date of Disbursement MM / DD / YYYY 01 / 06 / 2018
Mailing Address P.O. Box 3402		FEC Identification Number C [REDACTED] Transaction ID : 11782071 Amount of Each Disbursement this Period [REDACTED] 550.00 (Memo Entry)
City Avon	State CO	Zip Code 81620
Purpose of Disbursement Travel Expenses Paid via American Express: See Transaction #11782068		Category/ Type 002
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. New York LaGuardia Airport Marriott		Date of Disbursement MM / DD / YYYY 01 / 05 / 2018
Mailing Address 102-05 Ditmars Blvd.		FEC Identification Number C [REDACTED] Transaction ID : 11782072 Amount of Each Disbursement this Period [REDACTED] 355.79 (Memo Entry)
City East Elmhurst	State NY	Zip Code 11369
Purpose of Disbursement Travel Expenses Paid via American Express: See Transaction #11782068 Paid via American Express - See		Category/ Type 002
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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sonnenalp Hotel		Date of Disbursement MM / DD / YYYY 01 / 08 / 2018
Mailing Address 20 Vail Road		FEC Identification Number C [REDACTED] Transaction ID : 11782073 Amount of Each Disbursement this Period [REDACTED] 36.00 (Memo Entry)
City Vail	State CO	Zip Code 81657
Purpose of Disbursement Travel Expenses Paid via American Express: See Transaction #11782068		Category/ Type 002
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:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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 type="checkbox"/> 23	<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. American Express			Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 30 / 2018		
Mailing Address P.O. Box 1270			FEC Identification Number C [] Transaction ID : 11872356 Amount of Each Disbursement this Period [] 15000.00 <input type="checkbox"/> Memo Item Contributions To Federal PACS/Committees		
City Newark	State NJ	Zip Code 07101	Category/Type 011		
Purpose of Disbursement Contributions To Federal PACS/Committees			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:		
Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y Y Y 02 / 27 / 2018		
Mailing Address P.O. Box 1270			FEC Identification Number C [] Transaction ID : 11872358 Amount of Each Disbursement this Period [] 10575.00 <input type="checkbox"/> Memo Item PAC Software Subscription		
City Newark	State NJ	Zip Code 07101	Category/Type 001		
Purpose of Disbursement PAC Software Subscription			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:		
Full Name (Last, First, Middle Initial) C. Cision US Inc.			Date of Disbursement M M / D D / Y Y Y Y Y Y 02 / 09 / 2018		
Mailing Address 12051 Indian Creek Court			FEC Identification Number C [] Transaction ID : 11872359 Amount of Each Disbursement this Period [] 10575.00 <input checked="" type="checkbox"/> Memo Item (Memo Entry)		
City Beltsville	State MD	Zip Code 20705	Category/Type 001		
Purpose of Disbursement PAC Software Subscription - See transaction #11872358 Paid via American Express - See Transaction #1			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)..... ▶			[] 25575.00		
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 type="checkbox"/> 23	<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

A. All Quest Car Service & Limousine

Full Name (Last, First, Middle Initial)

Mailing Address 65 High Ridge Road

City Stamford State CT Zip Code 06905

Purpose of Disbursement
Travel Expenses Paid via American Express: See transaction #11872356
~~Paid via American Express - See~~
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 21 / 2018

FEC Identification Number: C

Transaction ID : 11872502

Amount of Each Disbursement this Period: 263.75

(Memo Entry)

Memo Item

B. All Quest Car Service & Limousine

Full Name (Last, First, Middle Initial)

Mailing Address 65 High Ridge Road

City Stamford State CT Zip Code 06905

Purpose of Disbursement
Travel Expenses Paid via American Express: See transaction #11872356
~~Paid via American Express - See~~
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 24 / 2018

FEC Identification Number: C

Transaction ID : 11872503

Amount of Each Disbursement this Period: 263.75

(Memo Entry)

Memo Item

C. Snow Country Limousine, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 681596

City Park City State UT Zip Code 84068

Purpose of Disbursement
Travel Expenses Paid via American Express: See transaction #11872356
~~Paid via American Express - See~~
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 23 / 2018

FEC Identification Number: C

Transaction ID : 11872508

Amount of Each Disbursement this Period: 186.24

(Memo Entry)

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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 type="checkbox"/> 23	<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. Snow Country Limousine, Inc.		Date of Disbursement MM / DD / YYYY 02 / 27 / 2018	
Mailing Address PO Box 681596		FEC Identification Number C [REDACTED] Transaction ID : 11872509 Amount of Each Disbursement this Period [REDACTED] 186.24 (Memo Entry)	
City Park City	State UT	Zip Code 84068	Category/Type 002
Purpose of Disbursement Travel Expenses Paid via American Express: See transaction #11872356 Paid via American Express - See Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. Park City Transportation, Inc.		Date of Disbursement MM / DD / YYYY 02 / 24 / 2018	
Mailing Address 2300 Deer Valley Drive East		FEC Identification Number C [REDACTED] Transaction ID : 11872510 Amount of Each Disbursement this Period [REDACTED] 48.00 (Memo Entry)	
City Park City	State UT	Zip Code 84060	Category/Type 002
Purpose of Disbursement Travel Expenses Paid via American Express: See transaction #11872356 Paid via American Express - See Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) C. The St. Regis Aspen Resort		Date of Disbursement MM / DD / YYYY 02 / 25 / 2018	
Mailing Address 315 E Dean St		FEC Identification Number C [REDACTED] Transaction ID : 11872511 Amount of Each Disbursement this Period [REDACTED] 1681.12 (Memo Entry)	
City Aspen	State CO	Zip Code 81611	Category/Type 002
Purpose of Disbursement Travel Expenses Paid via American Express: See transaction #11872356 Paid via American Express - See Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 0.00	
TOTAL This Period (last page this line number only)..... ▶		[REDACTED]	

**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 type="checkbox"/> 23	<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. The St. Regis Aspen Resort

Mailing Address 315 E Dean St

City Aspen State CO Zip Code 81611

Purpose of Disbursement
Travel Expenses Paid via American Express: See transaction #11872356
Paid via American Express - See
Candidate Name

001
 002
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
02 / 27 / 2018

FEC Identification Number
C
Transaction ID : 11872512
Amount of Each Disbursement this Period
834.56

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Travel Expenses
Candidate Name

001
 002
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
03 / 30 / 2018

FEC Identification Number
C
Transaction ID : 12140974
Amount of Each Disbursement this Period
3463.66
Travel Expenses

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

001
 002
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

3463.66
30755.45