



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 34494.00 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 22644.00                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 8060.00                 | 21160.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 30704.00                | 55654.00                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 15000.00                | 39950.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 15704.00                | 15704.00                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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  
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 7560.00                       | 18830.00                          |
| (i) Itemized (use Schedule A) .....  | 500.00                        | 2330.00                           |
| (ii) Unitemized .....  | 8060.00                       | 21160.00                          |
| (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) .....     | 8060.00                       | 21160.00                          |
| 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)) .....                          | 8060.00                       | 21160.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 8060.00                       | 21160.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)  |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating<br>Expenditures.....   | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b)).....                             | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party<br>Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 15000.00                              | 40000.00                                  |
| 24. Independent Expenditure<br>(use Schedule E) .....  | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                     | 0.00                                  | -50.00                                    |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) .....                              | 0.00                                  | -50.00                                    |
| 29. Other Disbursements.....   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity<br>(from Schedule H6)   |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 15000.00                              | 39950.00                                  |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 15000.00                              | 39950.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 8060.00                       | 21160.00                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | -50.00                            |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 8060.00                       | 21210.00                          |
| 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: PAGE 6 / 14  
(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 |

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)  
Radiation Therapy Services, Inc Political Action Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. DAVID E. LEE</p> <p>Mailing Address 9741 Mar Largo Circle</p> <p>City State Zip Code<br/>Fort Myers FL 33919-7325</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer 21st Century Oncology, Inc Occupation Physician Assistant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">06 / 30 / 2008</span></p> <p><b>Transaction ID:</b> PR1567085119678</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p> |
|--|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Dr Theodore Masek</p> <p>Mailing Address 9 Ivy League Circle</p> <p>City State Zip Code<br/>Rancho Mirage CA 92270-3909</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer California Radiation Therapy Management Occupation Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2400.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">06 / 30 / 2008</span></p> <p><b>Transaction ID:</b> PR1567097119678</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">1200.00</span></p> <p>P/R Deduction (\$200.00 Bi-Weekly)</p> |
|---|---|

|  |   |
|--|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mrs. GAIL CUMMINGS</p> <p>Mailing Address 11574 TIMBERLINE CIRCLE</p> <p>City State Zip Code<br/>FORT MYERS FL 33912</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer 21st Century Oncology, Inc Occupation Technical Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">06 / 30 / 2008</span></p> <p><b>Transaction ID:</b> PR1580094819678</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p> |
|--|---|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">1650.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14  
(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 |
|                                     |     |                          |     |                          |     |                          | 17 |

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mrs. VICTORIA DANTON   |   | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2008 |
| Mailing Address 1409 Davis Drive  |   | <b>Transaction ID:</b> PR1580095119678              |
| City<br>Fort Myers  | State<br>FL                                 | Zip Code<br>33919-1069                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>450.00        |
| Name of Employer<br>21st Century Oncology Management, Inc   | Occupation<br>Director of Revenue Integrity | P/R Deduction (\$75.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>900.00          |   |

**B.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Mrs MONICA ROLDAN  |  | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2008 |
| Mailing Address 17350 GARDEN COURT  |  | <b>Transaction ID:</b> PR1580096619678              |
| City<br>FORT MYERS  | State<br>FL                                | Zip Code<br>33908                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>180.00        |
| Name of Employer<br>21st Century Oncology, Inc  | Occupation<br>Director Information Systems | P/R Deduction (\$30.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00         |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>MARK BIR   |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2008 |
| Mailing Address 13060 Shoreside Court   |                                    | <b>Transaction ID:</b> PR1580879119678              |
| City<br>Fort Myers  | State<br>FL                        | Zip Code<br>33913-6931                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>150.00        |
| Name of Employer<br>21st Century Oncology, Inc  | Occupation<br>Physician Assistant  | P/R Deduction (\$25.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>780.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14

(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)

Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

QUINTEN CURTIS BLACK, MD

Mailing Address 1404 Kenton Lane

City

Asheville

State

NC

Zip Code

28803-2468

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RTA of Western NC, PA

Occupation  
Medical Doctor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: PR1580879419678

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

TAM NGUYEN, MD

Mailing Address 2798 Bellini Road

City

Henderson

State

NV

Zip Code

89052-3118

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Michael J. Katin, MD, PC

Occupation  
Medical Doctor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: PR1580891919678

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL TREADWELL, MD

Mailing Address 9916 COZY GLEN CIRCLE

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Michael J. Katin, MD, PC

Occupation  
Medical Doctor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2008

Transaction ID: PR1580898519678

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Bi-Weekly)

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

960.00

**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 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MRS. NANCY A. WISE

Mailing Address 11540 BAYSHORE ROAD

City State Zip Code  
NORTH FORT MYERS FL 33917-4201

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

Name of Employer: Financial Services of SW Florida  
Occupation: Director Financial Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR1580900219678  
 Amount of Each Receipt this Period: 150.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Dr Patrick Michael Francke

Mailing Address 7 Winnebago Road

City State Zip Code  
Sea Ranch Lakes FL 33308-2305

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

Name of Employer: 21st Century Oncology, Inc  
Occupation: Medical Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR1633307919678  
 Amount of Each Receipt this Period: 240.00  
 P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 12731 Terabella Way

City State Zip Code  
Fort Myers FL 33912-0910

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

Name of Employer: 21st Century Oncology, Inc  
Occupation: Medical Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR1692755719678  
 Amount of Each Receipt this Period: 900.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1290.00

**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 10 / 14  
(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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Dwight Fitch

Mailing Address 9122 16th Ave Circle, NW

City Bradenton State FL Zip Code 34209-8133

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

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR2127270519678

Amount of Each Receipt this Period 300.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mary Pat Pat Jarnagin

Mailing Address 751 Isaac Shelby Circle

City Frankfort State KY Zip Code 40601-8810

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

Name of Employer 21st Century Oncology of Kentucky Occupation Regional Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR2127270819678

Amount of Each Receipt this Period 150.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Brian P Quaranta, MD

Mailing Address 100 Vista Lake Drive Apt 108

City Candler State NC Zip Code 28715

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

Name of Employer North Carolina RT Management Services, Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR2127272419678

Amount of Each Receipt this Period 240.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **690.00**

**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 11 / 14  
(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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Michael Shevach, MD  |                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2008 |
| Mailing Address 7365 Regina Royale  |                                     | <b>Transaction ID:</b> PR2127272519678              |
| City<br>Sarasota  | State<br>FL                         | Zip Code<br>34238-4545                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>600.00        |
| Name of Employer<br>21st Century Oncology, Inc  | Occupation<br>Medical Doctor        | P/R Deduction (\$100.00 Bi-Weekly)                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1200.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Pablo Lavagnini  |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2008 |
| Mailing Address 707 S. President St<br>Apartment *935   |                                    | <b>Transaction ID:</b> PR2232226819678              |
| City<br>Baltimore   | State<br>MD                        | Zip Code<br>21202-4474                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>120.00        |
| Name of Employer<br>21st Century Onc of Harford County, Ma  | Occupation<br>Medical Doctor       | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Madlyn Dornaus   |                                     | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2008 |
| Mailing Address 2172 Lawrence Drive   |                                     | <b>Transaction ID:</b> PR2232241719678              |
| City<br>Clearwater  | State<br>FL                         | Zip Code<br>33764-6466                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>600.00        |
| Name of Employer<br>21st Century Oncology Management, Inc   | Occupation<br>VP Operations         | P/R Deduction (\$100.00 Bi-Weekly)                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1200.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1320.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 14                 |
|   | <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)  
Radiation Therapy Services, Inc Political Action Committee

|   |   |   |  |
|---|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Chaundre Cross           |   | Date of Receipt  |
|   | Mailing Address 6845 Wellington Drive                               |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>06 / 30 / 2008 |
|   | City  | State   | Zip Code   |
|   | Naples  | FL  | 34109-7207   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR2232246219678   |
| Name of Employer<br>21st Century Oncology, Inc  |   | Occupation<br>Medical Doctor                            | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 300.00 | <input type="text"/> 150.00  |
|   |   |   | P/R Deduction (\$25.00 Bi-Weekly)  |

|   |   |   |  |
|---|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Shirnett Matthews        |   | Date of Receipt  |
|   | Mailing Address 35 Bryce's Ct                                       |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>06 / 30 / 2008 |
|   | City  | State   | Zip Code   |
|   | Sicklerville  | NJ  | 08081-1675   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR2232246419678   |
| Name of Employer<br>21st Century Oncology of New Jersey, I  |   | Occupation<br>Medical Doctor                            | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 600.00 | <input type="text"/> 300.00  |
|   |   |   | P/R Deduction (\$50.00 Bi-Weekly)  |

|   |   |   |  |
|---|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Alexis Harvey            |   | Date of Receipt  |
|   | Mailing Address 2127 Race St  |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>06 / 30 / 2008 |
|   | City  | State   | Zip Code   |
|   | Philadelphia  | NJ  | 19103-1009   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> PR2232248519678   |
| Name of Employer<br>21st Century Oncology of New Jersey, I  |   | Occupation<br>Medical Doctor                            | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 240.00 | <input type="text"/> 120.00  |
|   |   |   | P/R Deduction (\$20.00 Bi-Weekly)  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 570.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

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

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 13 / 14                |                             |
|   | (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"/> 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)  
Radiation Therapy Services, Inc Political Action Committee

|           |   |             |  |  |                                   |
|-----------|---|-------------|--|--|-----------------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Kenyon Meadows   |             | Date of Receipt                              |  |                                   |
|           | Mailing Address 124 Montrose Ct<br>Apartment 100  |             | M M / D D / Y Y Y Y<br>06 / 30 / 2008        |  |                                   |
|           | City<br>Dothan  | State<br>CA | Zip Code<br>36305-6632                       | <b>Transaction ID:</b> PR2245170619678 |                                   |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |             | Amount of Each Receipt this Period<br>300.00 |  |                                   |
|           | Name of Employer<br>21st Century Oncology of Alabama, Inc   |             | Occupation<br>Medical Doctor                 |  | P/R Deduction (\$50.00 Bi-Weekly) |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>600.00           |  |                                   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 300.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 7560.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Kendrick Meek Campaign For Congress  | Transaction ID: 27991666<br>Date of Disbursement<br>05 / 19 / 2008   |
|    | Mailing Address 111 Nw 183rd Street<br>Suite 325  | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Miami State FL Zip Code 33169  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Kendrick Meek   | 011<br>Category/<br>Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: FL District: 17 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |   | Contribution   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>America's Leadership PAC  | Transaction ID: 27992200<br>Date of Disbursement<br>05 / 19 / 2008   |
|    | Mailing Address 607 14th Street, NW<br>Suite 800   | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Washington State DC Zip Code 20005  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name America's Leadership PAC  | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Contribution   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>The Freedom Project   | Transaction ID: 27992611<br>Date of Disbursement<br>05 / 19 / 2008   |
|    | Mailing Address 424 C Street NE<br>Basement Unit   | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Washington State DC Zip Code 20002  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name The Freedom Project   | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Contribution   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 15000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 15000.00 |