

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
21st Century Oncology, Inc. Political Action Committee

ADDRESS (number and street) 2234 Colonial Blvd.
Attn: Margarita Suarez
Fort Myers FL 33907
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00385120
3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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)
[X] 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 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel E. Dosoretz MD

Signature of Treasurer Daniel E. Dosoretz MD [Electronically Filed] Date 07 / 28 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

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="2015"/>	<input type="text" value="12174.57"/>	<input type="text" value="12174.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12174.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="27906.00"/>	<input type="text" value="27906.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="40080.57"/>	<input type="text" value="40080.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34015.00"/>	<input type="text" value="34015.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6065.57"/>	<input type="text" value="6065.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**21st Century Oncology, Inc. Political Action Committee**

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

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).....	27451.00	27451.00
(ii) Unitemized .....	455.00	455.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27906.00	27906.00
(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) .....	27906.00	27906.00
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 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))..... ▶	27906.00	27906.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27906.00	27906.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	34000.00	34000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	15.00	15.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	34015.00	34015.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34015.00	34015.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	27906.00	27906.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27906.00	27906.00
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: (check only one)	PAGE 6 OF 17
	<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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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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Andrew L Woods**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15021 Rolling Hills Drive  
 City State Zip Code  
 Glenwood MD 21738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 21st Century Oncology, Inc Attorney-Director BD & Federal Regulat  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : 38305667**  
 Amount of Each Receipt this Period  
 5000.00  
 Contribution

**B. Dr Christopher Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1010 SEMINOLE DRIVE  
 APT 1107  
 City State Zip Code  
 FORT LAUDERDALE FL 33304-3220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 21st Century Oncology, LLC Medical Doctor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR1567028838239**  
 Amount of Each Receipt this Period  
 2496.00  
 P/R Deduction (\$192.00 Bi-Weekly)

**C. Mr. DAVID E. LEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9741 Mar Largo Circle  
 City State Zip Code  
 Fort Myers FL 33919-7325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 21st Century Oncology, LLC Physician Assistant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR1567085138239**  
 Amount of Each Receipt this Period  
 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8146.00
<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 7 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Mrs. VICTORIA DANTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1409 Davis Drive  
 City Fort Myers State FL Zip Code 33919-1069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology Services, Inc  
 Occupation Director of Revenue Integrity  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR1580095138239**  
 Amount of Each Receipt this Period  
 975.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. Quinten Curtis Black MD**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR1580879438239**  
 Amount of Each Receipt this Period  
 1040.00  
 P/R Deduction (\$80.00 Bi-Weekly)

**C. Mark Robert Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 LONG RUN ROAD  
 City LOUISVILLE State KY Zip Code 40245-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology of Kentucky (KEN)  
 Occupation Medical Doctor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR1580886838239**  
 Amount of Each Receipt this Period  
 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2665.00
<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:	PAGE 8 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Tam Nguyen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2798 Bellini Road

City Henderson	State NV	Zip Code 89052-3118
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FEC ID number of contributing federal political committee. **C**

Name of Employer Michael J. Katin, MD, PC - MJK	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1580891938239**

Amount of Each Receipt this Period  
1300.00

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

**B. Paul Treadwell MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9916 COZY GLEN CIRCLE

City LAS VEGAS	State NV	Zip Code 89117-0940
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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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1580898538239**

Amount of Each Receipt this Period  
260.00

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

**C. Dr Patrick Michael Francke**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Winnebago Road

City Sea Ranch Lakes	State FL	Zip Code 33308-2305
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Regional Cancer Center, LLC	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR1633307938239**

Amount of Each Receipt this Period  
520.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2080.00
<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 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Dr Keith Lawrence Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12731 Terabella Way  
 City Fort Myers State FL Zip Code 33912-0910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology, LLC Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR1692755738239**  
 Amount of Each Receipt this Period  
 1950.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**B. Dr. Dwight Fitch**  
 Full Name (Last, First, Middle Initial)  
 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, LLC Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR2127270538239**  
 Amount of Each Receipt this Period  
 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Brian P Quaranta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Vista Lake Drive Apt 108  
 City Candler State NC Zip Code 28715-5103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiation Therapy Associates of Wester Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR2127272438239**  
 Amount of Each Receipt this Period  
 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3770.00
<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 10 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Madlyn Dornaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18930 Knoll Landing Drive  
 City Fort Myers State FL Zip Code 33908-4760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology Services, Inc Occupation VP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR2232241738239**  
 Amount of Each Receipt this Period  
 975.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. Chaundre Cross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6845 Wellington Drive  
 City Naples State FL Zip Code 34109-7207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology, LLC Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR2232246238239**  
 Amount of Each Receipt this Period  
 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Alexis Harvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2127 Race St  
 City Philadelphia State NJ Zip Code 19103-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology of New Jersey, I Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : PR2232248538239**  
 Amount of Each Receipt this Period  
 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1560.00
<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 11 OF 17
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Dr. Peter Greenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 77-840 Flora Rd

City Palm Desert	State CA	Zip Code 92211-4109
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology of California, P	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2366842338239**

Amount of Each Receipt this Period  
2600.00

P/R Deduction (\$200.00 Bi-Weekly)

**B. Dr David Horvick**  
Full Name (Last, First, Middle Initial)

Mailing Address 953 Creek Rock Rd

City Bel Air	State MD	Zip Code 21014
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Onc of Harford County, Ma	Occupation Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2366842538239**

Amount of Each Receipt this Period  
650.00

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

**C. Marc A. Melser MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 27090 Harbor Oaks Boulevard

City Punta Gorda	State FL	Zip Code 33983-6507
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor - Urologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : PR2412064438239**

Amount of Each Receipt this Period  
1300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4550.00
<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 OF 17
	<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Richard Rolland Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9272 River Otter Dr  
 City Fort Myers State FL Zip Code 33912-8922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology Services, Inc Occupation Director of Ops. Financial  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR2492181138239**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Robert L. Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 909 Mar Walt Drive  
 City Fort Walton Beach State FL Zip Code 32547-6635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology, LLC Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1300.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR2492181538239**  
 Amount of Each Receipt this Period 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Jake J. Strikowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1360 S. Ocean Blvd #2001  
 City Pompano Beach State FL Zip Code 33062-7164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology Services, Inc Occupation Regional Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : PR2492181838239**  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1820.00  
**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 13 OF 17
	<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Michael J. Tompkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 9070 Pittsburgh Blvd

City Fort Myers State FL Zip Code 33967-7205

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

Name of Employer 21st Century Oncology Services, Inc Occupation Director of Ancillary Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : PR2492181938239**

Amount of Each Receipt this Period **650.00**

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

**B. Jonathan D. Weinbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 W 19th St Apt 2 J

City New York State NY Zip Code 10011-4067

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

Name of Employer 21st Century Oncology Services, Inc Occupation Dir Referrals, Marketing & Network Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : PR2492182038239**

Amount of Each Receipt this Period **260.00**

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

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

Mailing Address 14270 Royal Harbor

City Fort Myers State FL Zip Code 33908-6503

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : PR2497582238239**

Amount of Each Receipt this Period **650.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **1560.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin J. Kerlin**

Mailing Address 904 Mill Rd

City State Zip Code  
 Goldsboro NC 27534-8951

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

Name of Employer Occupation  
 Radiation Therapy Associates of Wester Medical Doctor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : PR2598671238239**

Amount of Each Receipt this Period  
 1300.00

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

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27451.00

**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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2015

**Transaction ID : 37933216**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City State Zip Code  
Sarasota FL 34230

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Rep. Vern Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2015

**Transaction ID : 37933244**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Vote to Elect Republicans Now PAC**

Mailing Address 22780 Indian Creek Drive  
Suite 100

City State Zip Code  
Dulles VA 20166

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Vote to Elect Republicans Now PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 23 / 2015

**Transaction ID : 37933246**

Amount of Each Disbursement this Period

5000.00

Contribution

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

15000.00

**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"/> 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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Richard Burr Committee; The</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address Post Office Box 5928		<b>Transaction ID : 38305663</b>
City Winston-Salem	State NC	
Zip Code 27113	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Sen. Richard Burr</b>	Category/ Type 011	Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District:	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Schumer</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 192 Lexington Avenue Suite 1001		<b>Transaction ID : 38305726</b>
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Sen. Charles Schumer</b>	Category/ Type 011	Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Schumer</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 192 Lexington Avenue Suite 1001		<b>Transaction ID : 38305730</b>
City New York	State NY	
Zip Code 10016	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Sen. Charles Schumer</b>	Category/ Type 011	Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12500.00
<b>TOTAL</b> 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"/> 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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Next Century Fund**

Mailing Address 116 C. Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name  
**The Next Century Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 38305732

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Void - Friends Of Schumer

011

Candidate Name  
**Sen. Charles Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : 38372295

Amount of Each Disbursement this Period

-2500.00

Void - Friends Of Schumer

Full Name (Last, First, Middle Initial)

**C. Promoting our Republican Team PAC**

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Promoting our Republican Team PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : 38419820

Amount of Each Disbursement this Period

4000.00

Contribution

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

6500.00

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

34000.00