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Only

FEC

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) 21st Century Oncology, Inc. Political Action Committee 2270 Colonial Blvd. ADDRESS (number and street) Attn: Margarita Suarez (Check if address is changed) Fort Myers FL 33907 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS margarita.suarez@21co.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00385120 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Stewart, LeAnne, , , Type or Print Name of Treasurer Stewart, LeAnne,,, [Electronically Filed] 10 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political /	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.		
3.	FEC ID number	

FEC Form 1 (Revised 02/:	2009)		Page 3
Write or Type Committee Name			1 age 0
	cology, Inc. Political Action	on Committee	
	anization, Affiliated Committee, Joint Fundrais		dership PAC Sponsor
-		3	
21st Century Oncology,			
Mailing Address	270 Colonial Blvd		
L L	ort Myers CITY	FL 3390 STATE	ZIP CODE
Relationship: x Connected O	rganization Affiliated Committee Joint Fu	undraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify books and records. 	by name, address (phone number optional) a	and position of the person in	possession of committee
Suarez, Marg	arita, , ,		1
2	270 Colonial Blvd		
Mailing Address			
	-i -	, , FL , ,3390	07
L			
Title or Position	CITY	STATE	ZIP CODE
Custodian of records	Telepi	hone number 239	931 - 7277
Treasurer: List the name and a any designated agent (e.g., ass	ddress (phone number optional) of the treasu stant treasurer).	rer of the committee; and the	e name and address of
Full Name Stewart, LeAr	ne, , ,		ı
of Treasurer	270 Colonial Blvd.		
Mailing Address			
_	See Maria		
LF	fort Myers	FL 3390	
Title or Position Treasurer	CITY	STATE	ZIP CODE
		hone number	

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Full Name of Designated Agent	Howard, Blake, , ,	
Mailing Address	2270 Colonial Blvd	
	Fort Myers FL 339	
Title or Position	CITY STATE	ZIP CODE
Asst. Treas.	Telephone number	
safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc. Edison National Bank	
safety deposit bo	Depository, etc.	
safety deposit be Name of Bank, I	Depository, etc. Edison National Bank	
safety deposit be Name of Bank, I	Depository, etc. Edison National Bank	07
safety deposit be Name of Bank, I	Depository, etc. Edison National Bank 13000 South Cleveland Ave	07 ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Edison National Bank	
safety deposit be Name of Bank, I	Depository, etc. Edison National Bank	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Edison National Bank	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Edison National Bank	ZIP CODE
Name of Bank, I	Depository, etc. Edison National Bank	ZIP CODE

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Updating Treasurer Information Book Keeper added.

Form/Schedule: Transaction ID: