

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED... OFFICE USE ONLY

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. RADIATION THERAPY SERVICES INC

POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2234 COLONIAL BLVD FORT MYERS FL 33907

2. FEC IDENTIFICATION NUMBER 00385120 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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) (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 2003 through 06 30 2003

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 DR DANIEL E. DOSORETZ

Signature of Treasurer [Signature] Date 07 31 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**RADIATION THERAPY SERVICES INC POLITICAL  
ACTION COMMITTEE**

Report Covering the Period: From: **01 01 2003** To: **06 30 2003**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2003</b>		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	27,000.00	27,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27,000.00	27,000.00
7. Total Disbursements (from Line 3f)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27,000.00	27,000.00
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 20483

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:

01 01 2003

To:

06 30 2003

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) .....

27,000.00

(ii) Unitemized .....

0.00

(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 30, page 5) .....

0.00

0.00

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)) .....

27,000.00

27,000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

27,000.00

27,000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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 .....	0.00	0.00
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. Losses 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 PAC's) .....	0.00	0.00
(d) Total Contribution Refunds (add Line 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
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)) .....	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31) .....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	27,000.00	27,000.00
34. Total Contribution Refunds (from Line 28(d)) .....	00.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27,000.00	27,000.00
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	OF 2
<input 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 each Report and Statement may not be 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 <sup>INC</sup> POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. KATIN, MICHAEL JOSEPH</b>		Date of Receipt <b>03 25 2003</b>
Mailing Address <b>1212 COCONUT DR</b>		Amount of Each Receipt This Period <b>5,000.00</b>
City <b>FORT MYERS</b>	State <b>FL</b>	
Zip Code <b>33901</b>		
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>21<sup>ST</sup> CENTURY ONCOLOGY</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <b>5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. KATIN, MARY N</b>		Date of Receipt <b>03 25 2003</b>
Mailing Address <b>1212 COCONUT DR</b>		Amount of Each Receipt This Period <b>5,000.00</b>
City <b>FORT MYERS</b>	State <b>FL</b>	
Zip Code <b>33901</b>		
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>N/A</b>	Occupation <b>HOUSEWIFE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <b>5,000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. BLITZER, PETER H.</b>		Date of Receipt <b>03 25 2003</b>
Mailing Address <b>1248 SHADOW LANE</b>		Amount of Each Receipt This Period <b>5,000.00</b>
City <b>FORT MYERS</b>	State <b>FL</b>	
Zip Code <b>33901</b>		
FEC ID number of contributing federal political committee <b>C</b>		
Name of Employer <b>21<sup>ST</sup> CENTURY ONCOLOGY</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <b>5,000.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>15,000.00</b>
TOTAL This Period (from page this line number only).....▶	

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

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE **2** OF **2**

<input 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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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**

Full Name (Last, First, Middle Initial)

**A. RUBENSTEIN, JAMES H.**

Mailing Address

**13301 PONDEROSA WAY**

City

**FORT MYERS**

State

**FL**

Zip Code

**33907**

FEC ID number of contributing federal political committee.

**01**

Date of Receipt

**03 05 2003**

Amount of Each Receipt this Period

**5,000.00**

Name of Employer

Occupation

**21<sup>ST</sup> CENTURY ONCOLOGY PHYSICIAN**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**5,000.00**

Full Name (Last, First, Middle Initial)

**B. RUBENSTEIN, BETTY**

Mailing Address

**13301 PONDEROSA WAY**

City

**FORT MYERS**

State

**FL**

Zip Code

**33907**

FEC ID number of contributing federal political committee.

**01**

Date of Receipt

**03 05 2003**

Amount of Each Receipt this Period

**5,000.00**

Name of Employer

Occupation

**N/A**

**HOUSEWIFE**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**5,000.00**

Full Name (Last, First, Middle Initial)

**C. DOSORETZ, DANIEL E.**

Mailing Address

**13321 PONDEROSA WAY**

City

**FORT MYERS**

State

**FL**

Zip Code

**33907**

FEC ID number of contributing federal political committee.

**01**

Date of Receipt

**02 11 2003**

Amount of Each Receipt this Period

**2,000.00**

Name of Employer

Occupation

**21<sup>ST</sup> CENTURY ONCOLOGY PHYSICIAN**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**2,000.00**

SUBTOTAL of Receipts this Page (optional)

**12,000.00**


TOTAL This Period (last page 3Xs for carrier only)

**27,000.00**

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	8/6/03 DATE PREPARED

(6/2000)

113 05 01 05 10 01