

# 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.   
Radiation Therapy Services, Inc Political Action Committee

ADDRESS (number and street)   
Attn: Margarita Suarez  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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

**Radiation Therapy Services, 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="2012"/>	<input type="text" value="8331.00"/>	<input type="text" value="8331.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18829.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5251.00"/>	<input type="text" value="122549.00"/>
(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="24080.00"/>	<input type="text" value="130880.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5184.00"/>	<input type="text" value="111984.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18896.00"/>	<input type="text" value="18896.00"/>
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

**Radiation Therapy Services, 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).....	5146.00	112279.00
(ii) Unitemized .....	105.00	2470.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5251.00	114749.00
(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) .....	5251.00	114749.00
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	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	300.00
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))..... ▶	5251.00	122549.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5251.00	122549.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	99000.00
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 .....	184.00	484.00
(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)).....	184.00	484.00
29. Other Disbursements .....	0.00	12500.00
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)) ..	5184.00	111984.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5184.00	111984.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5251.00	114749.00
34. Total Contribution Refunds (from Line 28(d)) .....	184.00	484.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5067.00	114265.00
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 16
<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**

**A. Dr Christopher Chen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1010 SEMINOLE DRIVE  
APT 1107  
City FORT LAUDERDALE State FL Zip Code 33304-3220  
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 ▼ 5000.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : 35746778**  
Amount of Each Receipt this Period 0.00  
**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$184.00 This changes the YTD Total to \$5000.00

**B. Dr Christopher Chen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1010 SEMINOLE DRIVE  
APT 1107  
City FORT LAUDERDALE State FL Zip Code 33304-3220  
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 ▼ 5000.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1567028829493**  
Amount of Each Receipt this Period 576.00  
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 Fort Myers State FL Zip Code 33919-7325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 21st Century Oncology, LLC Occupation Physician Assistant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1567085129493**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	726.00
<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 7 OF 16
	(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)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mrs. VICTORIA DANTON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 1409 Davis Drive			<b>Transaction ID : PR1580095129493</b>
City Fort Myers	State FL	Zip Code 33919-1069	Amount of Each Receipt this Period 225.00
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology Services, Inc	Occupation Director of Revenue Integrity		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2025.00		P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Maria Annazone</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 10361 Witts End			<b>Transaction ID : PR1580877829493</b>
City Alva	State FL	Zip Code 33936	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology Services, Inc	Occupation Director Health Information Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. QUINTEN Curtis BLACK MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 1404 Kenton Lane			<b>Transaction ID : PR1580879429493</b>
City Asheville	State NC	Zip Code 28803-2468	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			
Name of Employer RTA of Western NC, PA	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2160.00		P/R Deduction (\$80.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.00
<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 8 OF 16
	<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**

**A. 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 ▼ 1350.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1580886829493**

Amount of Each Receipt this Period 150.00

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

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

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 - MJK Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1580891929493**

Amount of Each Receipt this Period 300.00

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

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

Mailing Address 1312 SW 7th TERRACE

City CAPE CORAL State FL Zip Code 33991-2145

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

Name of Employer 21st Century Oncology Services, Inc Occupation Director - Radiation Therapy School

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1580896429493**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 480.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(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. PAUL TREADWELL MD**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 540.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1580898529493**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. 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 ▼ 4050.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR1692755729493**  
 Amount of Each Receipt this Period 450.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**C. 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 ▼ 2700.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR2127270529493**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 810.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<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**

Full Name (Last, First, Middle Initial) <b>A. Brian P Quaranta MD</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2127272429493</b>
Mailing Address 100 Vista Lake Drive Apt 108		Amount of Each Receipt this Period 120.00
City Candler	State NC	Zip Code 28715-5103
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Radiation Therapy Associates of Wester	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) <b>B. Gwen C Horn</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2231092429493</b>
Mailing Address 17557 Ingram Rd		Amount of Each Receipt this Period 30.00
City Fort Myers	State FL	Zip Code 33967-2958
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer 21st Century Oncology Services, Inc	Occupation Director - Health Information System	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Madlyn Dornaus</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2232241729493</b>
Mailing Address 18930 Knoll Landing Drive		Amount of Each Receipt this Period 450.00
City Fort Myers	State FL	Zip Code 33908-4760
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer 21st Century Oncology Services, Inc	Occupation VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 11 OF 16
	(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)  
**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Chaundre Cross</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2232246229493</b>
Mailing Address 6845 Wellington Drive			Amount of Each Receipt this Period 75.00
City Naples	State FL	Zip Code 34109-7207	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) <b>B. Alexis Harvey</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2232248529493</b>
Mailing Address 2127 Race St			Amount of Each Receipt this Period 60.00
City Philadelphia	State NJ	Zip Code 19103-1009	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology of New Jersey, I	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Peter Greenberg</b>			Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2366842329493</b>
Mailing Address 77-840 Flora Rd			Amount of Each Receipt this Period 400.00
City Palm Desert	State CA	Zip Code 92211-4109	P/R Deduction (\$200.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology of California, P	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.00
<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 16
<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. Dr David Horvick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 953 Creek Rock Rd  
City Bel Air State MD Zip Code 21014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 21st Century Onc of Harford County, Ma Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1350.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR2366842529493**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B. 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  
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 2700.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR2412064429493**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C. 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 270.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : PR2492181129493**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 480.00  
**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 16
<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**

Full Name (Last, First, Middle Initial) <b>A. Robert L. Long</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2492181529493</b>
Mailing Address 909 Mar Walt Drive		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Jake J. Strikowski</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2492181829493</b>
Mailing Address 1360 S. Ocean Blvd #2001		Amount of Each Receipt this Period 60.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Michael J. Tompkins</b>		Date of Receipt 12 / 31 / 2012 <b>Transaction ID : PR2492181929493</b>
Mailing Address 9070 Pittsburgh Blvd		Amount of Each Receipt this Period 150.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	510.00
<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 14 OF 16
	<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**

Full Name (Last, First, Middle Initial) <b>A. Jonathan D. Weinbach</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 210 W 19th St Apt 2 J		<b>Transaction ID : PR2492182029493</b>
City New York	State NY	Zip Code 10011-4067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Dir Referrals, Marketing & Network Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Rie Alhara</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 14270 Royal Harbor		<b>Transaction ID : PR2497582229493</b>
City Fort Myers	State FL	Zip Code 33908-6503
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin J. Kerlin</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
Mailing Address 904 Mill Rd		<b>Transaction ID : PR2598671229493</b>
City Goldsboro	State NC	Zip Code 27534-8951
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer Radiation Therapy Associates of Wester	Occupation Medical Doctor	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	510.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5146.00

**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**

Full Name (Last, First, Middle Initial)

**A. Friends For Harry Reid**

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Harry Reid**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2012

**Transaction ID : 35621186**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Max Baucus**

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2012

**Transaction ID : 35621188**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

5000.00

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Christopher Chen**

Mailing Address 1010 SEMINOLE DRIVE  
APT 1107

City State Zip Code  
FORT LAUDERDALE FL 33304-3220

Purpose of Disbursement  
Refund of inadvertent payroll deduction in excess of annual limit

010
Category/ Type

Candidate Name

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
12		27		2012

**Transaction ID : 35706240**

Amount of Each Disbursement this Period

184.00
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Refund of inadvertent payroll deduction in excess of annual limit

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

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

Amount of Each Disbursement this Period

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

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

184.00
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184.00
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