

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Radiation Therapy Services, Inc Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** C00385120  
**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 Quarterly 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 04 01 2010 through 06 30 2010

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 Electronically Filed by Daniel E. Dosoretz, MD Date 07 15 2010

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**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	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		36814.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	37744.00									
(c) Total Receipts (from Line 19) .....	8580.00	24310.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	46324.00	61124.00								
7. Total Disbursements (from Line 31) .....	9800.00	24600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36524.00	36524.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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 20463

Toll Free 800-424-9530  
Local 202-694-1100

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) .....	8160.00	16595.00
(ii) Unitemized .....	420.00	1715.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8580.00	18310.00
(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) .....	8580.00	18310.00
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	6000.00
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)) .....	8580.00	24310.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8580.00	24310.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	9800.00	24600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	9800.00	24600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9800.00	24600.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	8580.00	18310.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8580.00	18310.00
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 / 12  
(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)  
Mr. DAVID E. LEE

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 21st Century Oncology, Inc Occupation Physician Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

**Transaction ID:** PR1567085124076

Amount of Each Receipt this Period  
300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. GAIL CUMMINGS

Mailing Address 11574 TIMBERLINE CIRCLE

City State Zip Code  
FORT MYERS FL 33912

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

Name of Employer 21st Century Oncology, Inc Occupation Technical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

**Transaction ID:** PR1580094824076

Amount of Each Receipt this Period  
150.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. VICTORIA DANTON

Mailing Address 1409 Davis Drive

City State Zip Code  
Fort Myers FL 33919-1069

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

Name of Employer 21st Century Oncology Management, Inc Occupation Director of Revenue Integrity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

**Transaction ID:** PR1580095124076

Amount of Each Receipt this Period  
450.00

P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 7 / 12  
(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		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 1404 Kenton Lane		<b>Transaction ID:</b> PR1580879424076
City Asheville	State Zip Code NC 28803-2468	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 480.00
Name of Employer RTA of Western NC, PA	Occupation Medical Doctor	P/R Deduction (\$80.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

**B.**

Full Name (Last, First, Middle Initial) Mark Robert Jones, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 1400 LONG RUN ROAD		<b>Transaction ID:</b> PR1580886824076
City LOUISVILLE	State Zip Code KY 40245-4334	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer 21st Century Oncology of Kentucky (KEN)	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 ▼ 650.00	

**C.**

Full Name (Last, First, Middle Initial) TAM NGUYEN, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 2798 Bellini Road		<b>Transaction ID:</b> PR1580891924076
City Henderson	State Zip Code NV 89052-3118	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Michael J. Katin, MD, PC	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 ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1380.00</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 / 12  
(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) PAUL TREADWELL, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 9916 COZY GLEN CIRCLE		<b>Transaction ID:</b> PR1580898524076
City LAS VEGAS	State Zip Code NV 89117	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor	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 ▼ 260.00	

**B.**

Full Name (Last, First, Middle Initial) Dr Keith Lawrence Miller		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 12731 Terabella Way		<b>Transaction ID:</b> PR1692755724076
City Fort Myers	State Zip Code FL 33912-0910	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Dwight Fitch		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 9122 16th Ave Circle, NW		<b>Transaction ID:</b> PR2127270524076
City Bradenton	State Zip Code FL 34209-8133	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer 21st Century Oncology, Inc	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 ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1620.00</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 9 / 12

(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)

Brian P Quaranta, MD

Mailing Address 100 Vista Lake Drive  
Apt 108

City State Zip Code  
Candler NC 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2127272424076

Amount of Each Receipt this Period

240.00

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

**B.**

Full Name (Last, First, Middle Initial)

Michael Shevach, MD

Mailing Address 7365 Regina Royale

City State Zip Code  
Sarasota FL 34238-4545

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2127272524076

Amount of Each Receipt this Period

600.00

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

**C.**

Full Name (Last, First, Middle Initial)

Madlyn Dornaus

Mailing Address 18930 Knoll Landing Drive

City State Zip Code  
Fort Myers FL 33908-4760

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

Name of Employer  
21st Century Oncology Management, Inc

Occupation  
VP Operations

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2232241724076

Amount of Each Receipt this Period

900.00

P/R Deduction (\$150.00 Bi-Weekly)

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

1740.00

**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 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chaundre Cross		Date of Receipt
	Mailing Address 6845 Wellington Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Naples	FL	34109-7207
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2232246224076
Name of Employer 21st Century Oncology, Inc		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="150.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Alexis Harvey		Date of Receipt
	Mailing Address 2127 Race St		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Philadelphia	NJ	19103-1009
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2232248524076
Name of Employer 21st Century Oncology of New Jersey, I		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="120.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Baisden, MD		Date of Receipt
	Mailing Address 14306 Willow Grove Circle		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Louisville	KY	40245-5159
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2364173724076
Name of Employer 21st Century Oncology of Kentucky		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>	<input type="text" value="150.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="420.00"/>
<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 12  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Peter Greenberg		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 77-840 Flora Rd		<b>Transaction ID:</b> PR2366842324076		
	City Palm Desert	State CA	Zip Code 92211-4109	Amount of Each Receipt this Period 1200.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$200.00 Bi-Weekly)		
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 ▼ 2000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr David Horvick		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 953 Creek Rock Rd		<b>Transaction ID:</b> PR2366842524076		
	City Bel Air	State MD	Zip Code 21014	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$50.00 Bi-Weekly)		
Name of Employer 21st Century Onc of Harford County, Ma		Occupation Medical Doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Marc A. Melser, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 27090 Harbor Oaks Boulevard		<b>Transaction ID:</b> PR2412064424076		
	City Punta Gorda	State FL	Zip Code 33983-6507	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$100.00 Bi-Weekly)		
Name of Employer Marc A. Melser, MD (MMU)		Occupation Medical Doctor - Urologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8160.00</b>

# 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement contribution Candidate Name Sen. Blanche Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	<b>Transaction ID:</b> 31968752 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 2400.00 contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06	<b>Transaction ID:</b> 31968753 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 2400.00 Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends For Harry Reid <hr/> Mailing Address P.O. Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement Contribution Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>Transaction ID:</b> 32038015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00 Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>9800.00</b>	
<b>TOTAL</b> This Period (last page this line number only) .....		<b>9800.00</b>	