

RECEIVED

20 DEC -2 AM 10:31
FEC MAIL CENTERFEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1188 INVERNESS DR WEST

SUITE 650

ENGLEWOOD

CO

80112-

☐ Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C00487629

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CO

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)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M

D D

Y Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M

D D

Y Y Y Y Y

in the
State of

5. Covering Period

M M

D D

Y Y Y Y Y

through

M M

D D

Y Y Y Y Y

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

TIMOTHY A. REACH

Signature of Treasurer

Date

M M

D D

Y Y Y Y Y

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
OnlyFEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

ONCLURE MEDICAL CORP POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10 / 01 / 2010

To:

11 / 22 / 2010

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

8. Cash on Hand at Close of
Reporting Period (from Line 27)

2100.00

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

00

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 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

ONCORP MEDICAL CORP POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2010

To:

MM / DD / YYYY
11 / 22 / 2010

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees
(i) Itemized (use Schedule A).....

4,500.00

4,500.00

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions
from individuals ▶

4,500.00

4,500.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees
(such as PACs).....

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

4,500.00

4,500.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0

0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4,500.00

4,500.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

00

00

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

2400.00

2400.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

00

00

(b) Of All Other Loans

00

00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

00

00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

00

00

(b) Political Party Committees.....

00

00

(c) Other Political Committees
(such as PACs)

00

00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

00

00

21. OTHER DISBURSEMENTS

00

00

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

2400.00

2400.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

4500.00

25. SUBTOTAL (add Line 23 and Line 24).....

4500.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

2400.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

2100.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

12 / 01 / 2010

To:

11 / 22 / 2010

I. RECEIPTS

COLUMN A
Total this Period

COLUMN B
Election Cycle Total as of

11 / 02 / 2010

(date of general election)

COLUMN C
Total for

11 / 03 / 2010

(date after general election)

through

11 / 22 / 2010

(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
(i) Itemized (use Schedule A)

4,500.00

0

4,500.00

(ii) Unitemized

0

0

0

(iii) Total of contributions from individuals

4,500.00

0

4,500.00

(b) Political Party Committees

0

0

0

(c) Other Political Committees

0

0

0

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 6

COLUMN A
Total this Period

COLUMN B
Election Cycle Total as of *
(date of general election)
(* See page 5 for date)

COLUMN C
Total for * (date after general election)
through * (last day of reporting period)
(* See page 5 for dates)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the Candidate

(b) All Other Loans

(c) TOTAL LOANS (add Lines 13(a) and (b))

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)

15. OTHER RECEIPTS (Dividends, interest, etc.)

16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 7

Write or Type Committee Name

ONCORP MEDICAL CORP POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

10 / 01 / 2010

To:

11 / 22 / 2010

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="2400.00"/>	<input type="text" value="0"/>	<input type="text" value="2400.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Of All Other Loans		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Political Party Committees		
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 8

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

21. OTHER DISBURSEMENTS

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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)

Oncure Medical Corp. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pealer, William L.

Mailing Address

24402 E. Frost Drive

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oncure Medical Corp.

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

11 / 05 / 2010

Amount of Each Receipt this Period

500.00

B. Peach, Timothy A.

Mailing Address

2251 W. Dry Creek Rd.

City

Littleton

State

CO

Zip Code

80120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oncure Medical Corp.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

11 / 08 / 2010

Amount of Each Receipt this Period

500.00

C. Campbell, Michael

Mailing Address

401 Beryl Cove Way

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oncure Medical Corp.

Occupation

Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

11 / 10 / 2010

Amount of Each Receipt this Period

1000.00

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

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)

Oncure Medical Corp. Political Action Committee

Full Name (Last, First, Middle Initial)

Chan, Esmond

A. Mailing Address

1128 Orinda Way

City

Salinas

State

CA

Zip Code

93901-1081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Radiation Oncology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

11 / 10 / 2010

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

10030503117

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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)

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. STABENOW FOR US SENATE

Mailing Address

PO Box 4945

11 / 17 / 2010

City EAST LANSING

State MI

Zip Code 48826

Amount of Each Disbursement this Period

Purpose of Disbursement

CONTRIBUTION

0.11

Candidate Name

DEBBIE STABENOW

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

2400.00

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

2400.00

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M /

D D /

Y Y Y Y Y Y

M M /

D D /

Y Y Y Y Y Y

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF
 FOR LINE NUMBER:
 (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

OSWEGO MEDICAL CORP POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

00

2) TOTALS This Period (last page this line number only)

00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

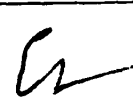
00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

00

10030503120

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping/Date <i>12/1/10</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	<i>12/2/10</i>
PREPARER	DATE PREPARED