



**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22614.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	22614.00									
(c) Total Receipts (from Line 19) .....	19975.00	19975.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	42589.00	42589.00								
7. Total Disbursements (from Line 31) .....	14000.00	14000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28589.00	28589.00								
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) .....	19105.00	19105.00
(ii) Unitemized .....	870.00	870.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19975.00	19975.00
(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) .....	19975.00	19975.00
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 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)) .....	19975.00	19975.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19975.00	19975.00

**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.....	14000.00	14000.00
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))..	14000.00	14000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14000.00	14000.00

**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) .....	19975.00	19975.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19975.00	19975.00
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 / 14  
(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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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.**

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  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR1567085122192

Amount of Each Receipt this Period  
650.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Dr THEODORE MASEK

Mailing Address 9 Ivy League Circle

City State Zip Code  
Rancho Mirage CA 92270-3909

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

Name of Employer California Radiation Therapy Management Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR1567097122192

Amount of Each Receipt this Period  
2400.00

P/R Deduction (\$200.00 Bi-Weekly)

**C.**

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  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR1580094822192

Amount of Each Receipt this Period  
325.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3375.00**

**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 / 14  
(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
							17

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Mrs. VICTORIA DANTON		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1409 Davis Drive		<b>Transaction ID:</b> PR1580095122192
City Fort Myers	State FL	Zip Code 33919-1069
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 975.00
Name of Employer 21st Century Oncology Management, Inc	Occupation Director of Revenue Integrity	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

**B.**

Full Name (Last, First, Middle Initial) QUINTEN Curtis BLACK, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1404 Kenton Lane		<b>Transaction ID:</b> PR1580879422192
City Asheville	State NC	Zip Code 28803-2468
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 520.00
Name of Employer RTA of Western NC, PA	Occupation Medical Doctor	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

**C.**

Full Name (Last, First, Middle Initial) Mark Robert Jones, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 1400 LONG RUN ROAD		<b>Transaction ID:</b> PR1580886822192
City LOUISVILLE	State KY	Zip Code 40245-4334
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 650.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2145.00</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 / 14  
(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)  
TAM NGUYEN, MD

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 Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR1580891922192

Amount of Each Receipt this Period 1300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
PAUL TREADWELL, MD

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 ▼ 260.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR1580898522192

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MRS. NANCY A. WISE

Mailing Address 11540 BAYSHORE ROAD

City NORTH FORT MYERS State FL Zip Code 33917-4201

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

Name of Employer Financial Services of SW Florida Occupation Director Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2009

**Transaction ID:** PR1580900222192

Amount of Each Receipt this Period 325.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1885.00

**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 / 14  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr Patrick Michael Francke</p> <p>Mailing Address 7 Winnebago Road</p> <p>City State Zip Code Sea Ranch Lakes FL 33308-2305</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">520.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR1633307922192</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">520.00</span></p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr Keith Lawrence Miller</p> <p>Mailing Address 12731 Terabella Way</p> <p>City State Zip Code Fort Myers FL 33912-0910</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1950.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR1692755722192</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1950.00</span></p> <p>P/R Deduction (\$150.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Dwight Fitch</p> <p>Mailing Address 9122 16th Ave Circle, NW</p> <p>City State Zip Code Bradenton FL 34209-8133</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2009</span></p> <p><b>Transaction ID:</b> PR2127270522192</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">650.00</span></p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3120.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 14  
(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  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR2127272422192

Amount of Each Receipt this Period  
520.00

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  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR2127272522192

Amount of Each Receipt this Period  
1300.00

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  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** PR2232241722192

Amount of Each Receipt this Period  
1950.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3770.00**

**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 11 / 14  
(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)  
Chaundre Cross

Mailing Address 6845 Wellington Drive

City State Zip Code  
Naples FL 34109-7207

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 ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR2232246222192

Amount of Each Receipt this Period  
325.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Shirnett Matthews

Mailing Address 35 Bryce's Ct

City State Zip Code  
Sicklerville NJ 08081-1675

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

Name of Employer 21st Century Oncology of New Jersey, I Occupation Medical Doctor

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 0 9

**Transaction ID:** PR2232246422192

Amount of Each Receipt this Period  
650.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Alexis Harvey

Mailing Address 2127 Race St

City State Zip Code  
Philadelphia NJ 19103-1009

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

Name of Employer 21st Century Oncology of New Jersey, I Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

**Transaction ID:** PR2232248522192

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1235.00**

**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 12 / 14  
(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.** Full Name (Last, First, Middle Initial)  
Joseph Baisden, MD  
Mailing Address 14306 Willow Grove Circle

City State Zip Code  
Louisville KY 40245-5159

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

Name of Employer: 21st Century Oncology of Kentucky  
Occupation: Medical Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** PR2364173722192  
 Amount of Each Receipt this Period: 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Dr. Peter Greenberg  
Mailing Address 77-840 Flora Rd

City State Zip Code  
Palm Desert CA 92211-4109

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

Name of Employer: 21st Century Oncology of California, P  
Occupation: Medical Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** PR2366842322192  
 Amount of Each Receipt this Period: 2600.00  
 P/R Deduction (\$200.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Dr David Horvick  
Mailing Address 953 Creek Rock Rd

City State Zip Code  
Bel Air MD 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 ▼ 650.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** PR2366842522192  
 Amount of Each Receipt this Period: 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3575.00**

**TOTAL** This Period (last page this line number only) ..... ► **19105.00**

**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

A.	Full Name (Last, First, Middle Initial) Friends Of Chris Dodd  Mailing Address PO Box 270701  City West Hartford State CT Zip Code 06127  Purpose of Disbursement Contribution Candidate Name Sen. Christopher Dodd 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: CT District:	Transaction ID: 29340290 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00  Contribution
B.	Full Name (Last, First, Middle Initial) Republican Majority Fund  Mailing Address P.O. Box 144  City Alexandria State VA Zip Code 22313  Purpose of Disbursement Contribution Candidate Name Republican Majority Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30218356 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  Contribution
C.	Full Name (Last, First, Middle Initial) Ameripac  Mailing Address 607 14th Street, NW Suite 800  City Washington State DC Zip Code 20005  Purpose of Disbursement Contribution Candidate Name Ameripac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30218516 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00  Contribution

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

9000.00

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

**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)

PAGE 14 / 14

<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

A.

Full Name (Last, First, Middle Initial)

Stabenow For US Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Debbie Stabenow

Office Sought:  House  
 Senate  
 President

State: MI District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 30218847

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

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

5000.00

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

14000.00