

**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="17945.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11184.00"/>	<input type="text" value="117298.00"/>
(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="29129.00"/>	<input type="text" value="125629.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10300.00"/>	<input type="text" value="106800.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18829.00"/>	<input type="text" value="18829.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	8394.00	107163.00
(ii) Unitemized	290.00	2335.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8684.00	109498.00
(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)	8684.00	109498.00
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.....	2500.00	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))..... ▶	11184.00	117298.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11184.00	117298.00

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.....	10000.00	94000.00
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	300.00	300.00
(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)).....	300.00	300.00
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)) ..	10300.00	106800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10300.00	106800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8684.00	109498.00
34. Total Contribution Refunds (from Line 28(d))	300.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8384.00	109198.00
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 17
<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

Full Name (Last, First, Middle Initial)
A. Kendall L. Wise MD

Mailing Address 546 Gordon Rd

City Naples State FL Zip Code 34108-2658

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
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 35584334

Amount of Each Receipt this Period
 5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. David Khan

Mailing Address 1234 6th Street

City Hermosa Beach State CA Zip Code 90254-4909

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

Name of Employer Cancer Care Consultants Medical Associ Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : 35605826

Amount of Each Receipt this Period
 0.00

[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$300.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)
c. Dr Christopher Chen

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 ▼ 4608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : PR1567028829126

Amount of Each Receipt this Period
 384.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	5384.00
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 7 OF 17
<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. 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 ▼ 1200.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1567085129126

Amount of Each Receipt this Period 100.00

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

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

Mailing Address 1409 Davis Drive

City Fort Myers State FL Zip Code 33919-1069

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1580095129126

Amount of Each Receipt this Period 150.00

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

C. Erica J. Howell
Full Name (Last, First, Middle Initial)

Mailing Address 10361 Witts End

City Alva State FL Zip Code 33936

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

Name of Employer 21st Century Oncology Services, Inc Occupation Director Health Information Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR1580877829126

Amount of Each Receipt this Period 50.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 8 OF 17
	<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	<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) A. QUINTEN Curtis BLACK MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 1404 Kenton Lane		Transaction ID : PR1580879429126
City Asheville	State NC	Zip Code 28803-2468
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 160.00
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 ▼ 1920.00	

Full Name (Last, First, Middle Initial) B. Mark Robert Jones MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 1400 LONG RUN ROAD		Transaction ID : PR1580886829126
City LOUISVILLE	State KY	Zip Code 40245-4334
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. TAM NGUYEN MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 2798 Bellini Road		Transaction ID : PR1580891929126
City Henderson	State NV	Zip Code 89052-3118
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Michael J. Katin, MD, PC - MJK	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 ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional).....▶	460.00
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 9 OF 17
	<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) A. Claire Skowronski		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1580896429126
Mailing Address 1312 SW 7th TERRACE		Amount of Each Receipt this Period 20.00
City CAPE CORAL	State FL	Zip Code 33991-2145
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 - Radiation Therapy School	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. PAUL TREADWELL MD		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1580898529126
Mailing Address 9916 COZY GLEN CIRCLE		Amount of Each Receipt this Period 40.00
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Dr Keith Lawrence Miller		Date of Receipt 11 / 26 / 2012 Transaction ID : PR1692755729126
Mailing Address 12731 Terabella Way		Amount of Each Receipt this Period 300.00
City Fort Myers	State FL	Zip Code 33912-0910
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
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 ▼ 3600.00	

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 17
<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) A. Dr. Dwight Fitch		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 9122 16th Ave Circle, NW		Transaction ID : PR2127270529126
City Bradenton	State FL	Zip Code 34209-8133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer 21st Century Oncology, LLC	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 ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Brian P Quaranta MD		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 100 Vista Lake Drive Apt 108		Transaction ID : PR2127272429126
City Candler	State NC	Zip Code 28715-5103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Radiation Therapy Associates of Wester	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 ▼ 960.00	

Full Name (Last, First, Middle Initial) C. Gwen C Horn		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 17557 Ingram Rd		Transaction ID : PR2231092429126
City Fort Myers	State FL	Zip Code 33967-2958
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Director - Health Information System	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 11 OF 17
<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. Madlyn Dornaus
Full Name (Last, First, Middle Initial)
Mailing Address 18930 Knoll Landing Drive
City Fort Myers State FL Zip Code 33908-4760
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology Services, Inc Occupation VP Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3600.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR2232241729126
Amount of Each Receipt this Period **300.00**
P/R Deduction (\$150.00 Bi-Weekly)

B. Chaundre Cross
Full Name (Last, First, Middle Initial)
Mailing Address 6845 Wellington Drive
City Naples State FL Zip Code 34109-7207
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 **600.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR2232246229126
Amount of Each Receipt this Period **50.00**
P/R Deduction (\$25.00 Bi-Weekly)

C. Alexis Harvey
Full Name (Last, First, Middle Initial)
Mailing Address 2127 Race St
City Philadelphia State NJ Zip Code 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 **480.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR2232248529126
Amount of Each Receipt this Period **40.00**
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **390.00**
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 12 OF 17
<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. Peter Greenberg
Full Name (Last, First, Middle Initial)
Mailing Address 77-840 Flora Rd
City Palm Desert State CA Zip Code 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 **4600.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR2366842329126
Amount of Each Receipt this Period **400.00**
P/R Deduction (\$200.00 Bi-Weekly)

B. 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 **1200.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR2366842529126
Amount of Each Receipt this Period **100.00**
P/R Deduction (\$50.00 Bi-Weekly)

C. 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 **2400.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : PR2412064429126
Amount of Each Receipt this Period **200.00**
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	700.00
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 17
	<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. 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 ▼ 240.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR2492181129126
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Robert L. Long
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Mar Walt Drive
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR2492181529126
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. Jake J. Strikowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1360 S. Ocean Blvd #2001
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 26 / 2012
Transaction ID : PR2492181829126
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 14 OF 17
<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) A. Michael J. Tompkins		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 9070 Pittsburgh Blvd		Transaction ID : PR2492181929126
City Fort Myers	State FL	Zip Code 33967-7205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Director of Ancillary Services	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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Jonathan D. Weinbach		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 210 W 19th St Apt 2 J		Transaction ID : PR2492182029126
City New York	State NY	Zip Code 10011-4067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Rie Alhara		Date of Receipt MM / DD / YYYY 11 / 26 / 2012
Mailing Address 14270 Royal Harbor		Transaction ID : PR2497582229126
City Fort Myers	State FL	Zip Code 33908-6503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	8394.00

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

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

FOR LINE NUMBER: PAGE 15 OF 17
(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. LEGPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 ivy St
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00385534
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 35456573
 Amount of Each Receipt this Period
 2500.00
 Exceeded allowable contribution limit

B.
 Full Name (Last, First, Middle Initial)
 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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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. Carmona For Arizona

Mailing Address PO Box 12339

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Richard Carmona

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : 35584327

Amount of Each Disbursement this Period

5,000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Berkley For Senate

Mailing Address 7437 S Eastern Ave
Suite 427

City Las Vegas State NV Zip Code 89123

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Shelley Berkley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : 35584335

Amount of Each Disbursement this Period

5,000.00

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

10000.00

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

10000.00

**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. David Khan

Mailing Address 1234 6th Street

City Hermosa Beach State CA Zip Code 90254-4909

Purpose of Disbursement Refund of contribution from ineligible individual. See 2012 Pre-General Report, Schedule A, Line 17
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35456574

Amount of Each Disbursement this Period

Refund of contribution from ineligible individual. See 2012 Pre-General Report, Schedule A, Line 17

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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