



Medical Corp.



COPY

Political Action Committee

October 21, 2011

VIA E-MAIL

Peggy Gagnon
Treasurer
Bill Nelson for US Senate
972 W. Whitmire Drive
Melbourne, FL 32935

Dear Ms. Gagnon:

I am writing on behalf of the Oncure Medical Corp. Political Action Committee (the "Oncure PAC"), FEC Committee Identification No. C00487629. Oncure PAC is a federal non-multicandidate PAC.

On August 18, 2011, the Oncure PAC made a contribution to Bill Nelson for US Senate in the amount of \$5,000. Because the Oncure PAC is a non-multicandidate PAC, it may only contribute \$2,500 per election for the period 2011-2012. Accordingly, we respectfully request that \$2,500 of the \$5,000 contribution be designated for the 2012 Primary, and that the remaining \$2,500 of the \$5,000 contribution be designated for the 2012 General.

If you have any questions, please do not hesitate to contact me directly by phone at (303) 643-6500 or by email at tpeach@oncure.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy A. Peach".

Timothy A. Peach
Treasurer

12030830183

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2012 JUL -5 AM 9:35

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)

188 INVERNESS DRIVE WEST

SUITE 650

ENGLEWOOD

CO

80112-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000487629

3. IS THIS
REPORT

NEW
(N)

OR

☒

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☒ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

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

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

in the
State of

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

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the
State of

5. Covering Period

07 01 2011

through

12 31 2011

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. PEACH

Signature of Treasurer



Date

09 03 2012

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

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ONLUKE MEDICAL CORP. POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07 01 2011

To:

12 31 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		5,200.00
(b) Cash on Hand at Beginning of Reporting Period.....	8,900.00	
(c) Total Receipts (from Line 19).....	1,800.00	55,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,700.00	107,000.00
7. Total Disbursements (from Line 31).....	10,000.00	10,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	700.00	700.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



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)

Page 3

Write or Type Committee Name

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 01 2011 To: 12 31 2011

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).....	1.80000	6.500 00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1.80000	5.500 00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1.800.00	5.500 00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3.700 00	5.50000
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3.70000	5.500 00

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10.000 00	10.000 00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10.000 00	10.000 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10.000 00	10.000 00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1800 00	5500 00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1800 00	5500 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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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 1 OF 4

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

ENCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Pealer, William

Mailing Address

24462 E. Frost Drive

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Encure Medical Corp

Occupation

COO

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

07 01 2011

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Pealer, William

Mailing Address

24462 E. Frost Drive

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Encure Medical Corp

Occupation

COO

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

07 15 2011

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Pealer, William

Mailing Address

24462 E. Frost Drive

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Encure Medical Corp

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

07 29 2011

Amount of Each Receipt this Period

100.00

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

300.00

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

12030830189

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE <u>2</u> OF <u>4</u>	
(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)

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Peaker, William		Date of Receipt 08 12 2011
Mailing Address 24462 E. Frost Drive		Amount of Each Receipt this Period 100.00
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 <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Choate, Betsy Ann		Date of Receipt 08 18 2011
Mailing Address 10293 E. Sheri Lane		Amount of Each Receipt this Period 700.00
City Englewood	State CO Zip Code 80111-6209	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation N/A	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Peach, Timothy		Date of Receipt 08 18 2011
Mailing Address 2251 W. Dry Creek Rd.		Amount of Each Receipt this Period 300.00
City Littleton	State CO Zip Code 80120	
FEC ID number of contributing federal political committee. C		
Name of Employer Oncure Medical Corp	Occupation CEO	
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)..... **1,100.00**

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

12030830190

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 3 OF 4

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Pegler, William		Date of Receipt 08 26 2011
Mailing Address 24462 E. Frost Drive		Amount of Each Receipt this Period 100.00
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 <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) Pegler, William		Date of Receipt 09 09 2011
Mailing Address 24462 E. Frost Drive		Amount of Each Receipt this Period 100.00
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 <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) Pegler, William		Date of Receipt 09 23 2011
Mailing Address 24462 E. Frost Drive		Amount of Each Receipt this Period 100.00
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 <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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 **4** OF **4**

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ONCURE MEDICAL CORP POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Pegler, William

Mailing Address

24462 E. Frost Drive

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oncur Medical Corp

Occupation

COO

Receipt For:

Primary ☒ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2,600.00

Date of Receipt

10 07 2011

Amount of Each Receipt this Period

100.00

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) ▼

Aggregate Year-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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

100.00

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

1,800.00

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)

PAGE 1 OF 2

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ONCURE MEDICAL CORP. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STABENOW FOR SENATE

Date of Disbursement

Mailing Address

1050 K STREET NW, STE 315

07 20 2011

City

WASHINGTON

State

DC

Zip Code

20001

Purpose of Disbursement

CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

DEBBIE STABENOW

Category/
Type

2,500.00

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: MI

District:

Full Name (Last, First, Middle Initial)

B. STABENOW FOR SENATE

Date of Disbursement

Mailing Address

1050 K STREET NW, STE 315

07 20 2011

City

WASHINGTON

State

DC

Zip Code

20001

Purpose of Disbursement

CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

DEBBIE STABENOW

Category/
Type

2,500.00

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: MI

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

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

5,000.00

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 **2** OF **2**

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ONCORE MEDICAL CORP. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. BILL NELSON FOR SENATE

08 / 18 / 2011

Mailing Address

1050 K STREET NW, STE 315

City

WASHINGTON

State

DC

Zip Code

20001

Purpose of Disbursement

CONTRIBUTION

Candidate Name

BILL NELSON

011
Category/
Type

Amount of Each Disbursement this Period

, 2,500.00

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: **FL**

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. BILL NELSON FOR SENATE

08 / 18 / 2011

Mailing Address

1050 K STREET NW, STE 315

City

WASHINGTON

State

DC

Zip Code

20001

Purpose of Disbursement

CONTRIBUTION

Candidate Name

BILL NELSON

011
Category/
Type

Amount of Each Disbursement this Period

, 2,500.00

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: **FL**

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

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

, 5,000.00

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

, 10,000.00

12030830194

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>FedEx</i>	Shipping Date <i>7/3/12</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>Inid</i> PREPARER	<i>7/5/12</i> DATE PREPARED

(3/2005)

12030830193