

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Radiation Therapy Services, Inc Political Action Committee

ADDRESS (number and street)

2234 Colonial Blvd.

Attn: Margarita Suarez

Check if different than previously reported. (ACC)

Fort Myers

FL

33907

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00385120

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2004

through

03

31

2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Daniel E. Dosoretz, MD

Signature of Treasurer

Electronically Filed by Daniel E. Dosoretz, MD

Date

04

13

2004

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. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: <sup>M</sup>0<sup>M</sup>1 <sup>:</sup>0<sup>:</sup>1 <sup>Y</sup>2004<sup>Y</sup> To: <sup>M</sup>0<sup>M</sup>3 <sup>:</sup>3<sup>:</sup>1 <sup>Y</sup>2004<sup>Y</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		96080.00
(b) Cash on Hand at Beginning of Reporting Period .....	96080.00	
(c) Total Receipts (from Line 19) .....	26617.30	26617.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122697.30	122697.30
7. Total Disbursements (from Line 31) .....	11000.00	11000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	111697.30	111697.30
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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Page 3

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2004

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) .....	26175.00	
(ii) Unitemized .....	442.30	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	26617.30	26617.30
(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) .....	26617.30	26617.30
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)) .....	26617.30	26617.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26617.30	26617.30

## DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	11000.00	11000.00
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 ActMty (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))..	11000.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11000.00	11000.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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) .....	26617.30	26617.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26617.30	26617.30
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(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

Full Name (Last, First, Middle Initial) <b>A. Betty Rubenstein</b>		Date of Receipt M / D / Y 02 / 23 / 2004
Mailing Address 133D1 Ponderosa Way		Transaction ID: 17924124
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation Housewife	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr BRUCE M. NAKFOOR, MD</b>		Date of Receipt M / D / Y 02 / 24 / 2004
Mailing Address 8787 BAY COLONY DR. APT. #702		Transaction ID: 17925171
City NAPLES	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. SIMna Cunao Nakfoor</b>		Date of Receipt M / D / Y 02 / 24 / 2004
Mailing Address 8787 Bay Colony Drive Apartment # 702		Transaction ID: 17925172
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer n/a	Occupation Housewife	contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>15000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 10

(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

Full Name (Last, First, Middle Initial) <b>A. DR. MICHAEL J. KATIN, MD</b>		Date of Receipt M / D / Y 02 / 24 / 2004
Mailing Address 1212 COCONUT DRIVE		Transaction ID: 17925174
City State Zip Code FORT MYERS FL 33901	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. DR. JAMES H. RUBENSTEIN, MD</b>		Date of Receipt M / D / Y 02 / 24 / 2004
Mailing Address 13301 PONDEROSA WAY		Transaction ID: 17925566
City State Zip Code FORT MYERS FL 33907	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. JAMES H. STEVENS, MD</b>		Date of Receipt M / D / Y / /
Mailing Address 4860 DESTINY WAY		Transaction ID: PR15872B498261
City State Zip Code DESTIN FL 32541	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 800.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$200.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>10800.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 10

(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

Full Name (Last, First, Middle Initial) A. Mrs. VICTORIA DANTON		Date of Receipt M / D / Y
Mailing Address 1408 DAVIS DRIVE		Transaction ID: PR158009518261
City FT. MYERS	State FL	Zip Code 33819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 375.00
Name of Employer 21st Century Oncology, Inc	Occupation Admin Manager	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	375.00
TOTAL This Period (last page this line number only) .....	▶	26175.00



**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)

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<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) <b>A. TOMPAC</b>		Transaction ID: 17818522 Date of Disbursement 01 / 20 / 2004	
Mailing Address P.O. Box 16488		Amount of Each Disbursement this Period 5000.00	
City Arlington	State VA	Zip Code 22215	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name			Contribution
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) <b>B. Lindsey Graham For Senate</b>		Transaction ID: 17818215 Date of Disbursement 02 / 04 / 2004	
Mailing Address P.O. Box 1155		Amount of Each Disbursement this Period 1000.00	
City Seneca	State SC	Zip Code 29676	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Lindsey Graham			Contribution
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District D			

Full Name (Last, First, Middle Initial) <b>C. Shelby For U S Senate</b>		Transaction ID: 17909746 Date of Disbursement 02 / 04 / 2004	
Mailing Address Post Office Box 1091		Amount of Each Disbursement this Period 1000.00	
City Tuscaloosa	State AL	Zip Code 35403	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Sen. Richard Shelby			Contribution
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AL District 1			

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **7000.00**

**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 10 / 10

<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. Lindsey Graham For Senate

Transaction ID: 17945214  
Date of Disbursement

Mailing Address P.O. Box 1155

02 / 26 / 2004

City Seneca State SC Zip Code 29678

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

4000.00

Candidate Name  
Lindsey Graham

011  
Category/  
Type

Office Sought: House  
X Senate  
President  
State: District D

Disbursement For: 2004  
X Primary General  
Other (specify) ▼

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

11000.00