



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

21st Century Oncology, 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="2014"/>		25588.00
(b) Cash on Hand at Beginning of Reporting Period.....	6483.57	
(c) Total Receipts (from Line 19) .....	10572.00	40078.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17055.57	65666.00
7. Total Disbursements (from Line 31).....	17000.00	65610.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55.57	55.57
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

Write or Type Committee Name

**21st Century Oncology, 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).....	10362.00	32063.00
(ii) Unitemized .....	210.00	1415.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10572.00	33478.00
(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) .....	10572.00	33478.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	1600.00
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	5000.00
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 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))..... ▶	10572.00	40078.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10572.00	40078.00

**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	110.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	110.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	65500.00
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 .....	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) 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)) ..	17000.00	65610.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	65610.43

**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) .....	10572.00	33478.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10572.00	33478.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	110.43
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	110.43

**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 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr Christopher Chen</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR1567028835240</b>
Mailing Address 1010 SEMINOLE DRIVE APT 1107		Amount of Each Receipt this Period 1152.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3648.00	P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Mr. DAVID E. LEE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR1567085135240</b>
Mailing Address 9741 Mar Largo Circle		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Mrs. VICTORIA DANTON</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : PR1580095135240</b>
Mailing Address 1409 Davis Drive		Amount of Each Receipt this Period 450.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1902.00
<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: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. QUINTEN CURTIS BLACK MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Kenton Lane  
 City Asheville State NC Zip Code 28803-2468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RTA of Western NC, PA Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1520.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1580879435240**  
 Amount of Each Receipt this Period **480.00**  
 P/R Deduction (\$80.00 Bi-Weekly)

**B. Mark Robert Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 LONG RUN ROAD  
 City LOUISVILLE State KY Zip Code 40245-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology of Kentucky (KEN) Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **950.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1580886835240**  
 Amount of Each Receipt this Period **300.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. TAM NGUYEN MD**  
 Full Name (Last, First, Middle Initial)  
 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 - MJK Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1580891935240**  
 Amount of Each Receipt this Period **600.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1380.00</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 OF 15  
(check only one)  
 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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. PAUL TREADWELL MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9916 COZY GLEN CIRCLE  
 City LAS VEGAS State NV Zip Code 89117-0940  
 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 ▼ **380.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1580898535240**  
 Amount of Each Receipt this Period **120.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Dr Patrick Michael Francke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Winnebago Road  
 City Sea Ranch Lakes State FL Zip Code 33308-2305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Regional Cancer Center, LLC Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1633307935240**  
 Amount of Each Receipt this Period **240.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Dr Keith Lawrence Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12731 Terabella Way  
 City Fort Myers State FL Zip Code 33912-0910  
 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 ▼ **2850.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR1692755735240**  
 Amount of Each Receipt this Period **900.00**  
 P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1260.00**  
**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 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Dr. Dwight Fitch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9122 16th Ave Circle, NW  
City Bradenton State FL Zip Code 34209-8133  
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 **1900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2127270535240**  
Amount of Each Receipt this Period **600.00**  
P/R Deduction (\$100.00 Bi-Weekly)

**B. Brian P Quaranta MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Vista Lake Drive Apt 108  
City Candler State NC Zip Code 28715-5103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Radiation Therapy Associates of Wester Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **760.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2127272435240**  
Amount of Each Receipt this Period **240.00**  
P/R Deduction (\$40.00 Bi-Weekly)

**C. 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 **1425.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2232241735240**  
Amount of Each Receipt this Period **450.00**  
P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1290.00</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: (check only one)	PAGE 10 OF 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. 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 **475.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2232246235240**  
Amount of Each Receipt this Period **150.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**B. 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 **380.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2232248535240**  
Amount of Each Receipt this Period **120.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 **3800.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2366842335240**  
Amount of Each Receipt this Period **1200.00**  
P/R Deduction (\$200.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1470.00**  
**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 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. 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 **950.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2366842535240**  
Amount of Each Receipt this Period **300.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**B. 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 **1900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2412064435240**  
Amount of Each Receipt this Period **600.00**  
P/R Deduction (\$100.00 Bi-Weekly)

**C. 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 **380.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2492181135240**  
Amount of Each Receipt this Period **120.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1020.00**  
**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 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Robert L. Long</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 909 Mar Walt Drive		<b>Transaction ID : PR2492181535240</b>
City Fort Walton Beach	State FL	Zip Code 32547-6635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
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 ▼ 1900.00	

Full Name (Last, First, Middle Initial) <b>B. Jake J. Strikowski</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 1360 S. Ocean Blvd #2001		<b>Transaction ID : PR2492181835240</b>
City Pompano Beach	State FL	Zip Code 33062-7164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Regional Director	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 ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Michael J. Tompkins</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014
Mailing Address 9070 Pittsburgh Blvd		<b>Transaction ID : PR2492181935240</b>
City Fort Myers	State FL	Zip Code 33967-7205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1020.00
<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: (check only one)	PAGE 13 OF 15
	<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

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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Jonathan D. Weinbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 W 19th St  
 Apt 2 J  
 City New York State NY Zip Code 10011-4067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology Services, Inc Occupation Dir Referrals, Marketing & Network Dev  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2492182035240**  
 Amount of Each Receipt this Period **120.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Rie Alhara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14270 Royal Harbor  
 City Fort Myers State FL Zip Code 33908-6503  
 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 **950.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2497582235240**  
 Amount of Each Receipt this Period **300.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Kevin J. Kerlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 904 Mill Rd  
 City Goldsboro State NC Zip Code 27534-8951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiation Therapy Associates of Wester Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : PR2598671235240**  
 Amount of Each Receipt this Period **600.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1020.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>10362.00</b>

**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

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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Vern Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : 37345440**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. LEGPAC**

Mailing Address 38 ivy St

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**LEGPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 37514632**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Johnny Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

**Transaction ID : 37521186**

Amount of Each Disbursement this Period

5000.00

Contribution

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

12500.00

**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)

<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

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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Johnny Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : 37521221**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Impact**

Mailing Address 192 Lexington Ave  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
Contribution

011

Candidate Name

**Impact**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : 37521223**

Amount of Each Disbursement this Period

2500.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

4500.00

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

17000.00