

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 C00385120

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 01 29 2010

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)
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22614.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	28589.00									
(c) Total Receipts (from Line 19)	42825.00	62800.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71414.00	85414.00								
7. Total Disbursements (from Line 31)	34600.00	48600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36814.00	36814.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	41945.00	61050.00
(ii) Unitemized	880.00	1750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42825.00	62800.00
(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)	42825.00	62800.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42825.00	62800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42825.00	62800.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	34400.00	48400.00
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	200.00	200.00
(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))	200.00	200.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34600.00	48600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34600.00	48600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	42825.00	62800.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42625.00	62600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20

(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

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

NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr CHARLES THOMAS II, MD

Mailing Address 21 E Forest Road

City State Zip Code
Asheville NC 28803-2909

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

Name of Employer Occupation
RTA of Western NC, PA Medical Doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: 30316402

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr LARRY Neil SILVERMAN, MD

Mailing Address 7691 DONALD ROSS RD W

City State Zip Code
SARASOTA FL 34240-8652

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

Name of Employer Occupation
21st Century Oncology, Inc Medical Doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2009

Transaction ID: 30466604

Amount of Each Receipt this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Betty Rubenstein

Mailing Address 13301 Ponderosa Way

City State Zip Code
Fort Myers FL 33907-7823

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

Name of Employer Occupation
Housewife Housewife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: 30474174

Amount of Each Receipt this Period

5000.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

15000.00

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 / 20
	<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.	Full Name (Last, First, Middle Initial) Vladimir Ioffe	Date of Receipt MM / DD / YYYY 08 / 29 / 2009
	Mailing Address 5583 North Nithsdale Drive	Transaction ID: 30474760
	City State Zip Code Salisbury MD 21801-2440	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Katin Radiation Therapy, PA	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Valerie R. Dyke	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 2091 SE 28th Street	Transaction ID: 30642507
	City State Zip Code Cape Coral FL 33904-3284	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Peter Greenberg	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 77-840 Flora Rd	Transaction ID: 31226169
	City State Zip Code Palm Desert CA 92211-4109	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer 21st Century Oncology of California, P	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional)	6200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Peter Greenberg

Mailing Address 77-840 Flora Rd

City State Zip Code
Palm Desert CA 92211-4109

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

Name of Employer
21st Century Oncology of California, P

Occupation
Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 31256822

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$200.00 This changes the YTD Total to \$50-00.00

B.

Full Name (Last, First, Middle Initial)
Mr. DAVID E. LEE

Mailing Address 9741 Mar Largo Circle

City State Zip Code
Fort Myers FL 33919-7325

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

Name of Employer
21st Century Oncology, Inc

Occupation
Physician Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1567085123162

Amount of Each Receipt this Period
650.00

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

C.

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

Mailing Address 9 Ivy League Circle

City State Zip Code
Rancho Mirage CA 92270-3909

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

Name of Employer
California Radiation Therapy Management

Occupation
Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1567097123162

Amount of Each Receipt this Period
2600.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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 / 20
	<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.	Full Name (Last, First, Middle Initial) Mrs. GAIL CUMMINGS	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 11574 TIMBERLINE CIRCLE	Transaction ID: PR1580094823162
	City State Zip Code FORT MYERS FL 33912	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 21st Century Oncology, Inc Occupation Technical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mrs. VICTORIA DANTON	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 1409 Davis Drive	Transaction ID: PR1580095123162
	City State Zip Code Fort Myers FL 33919-1069	Amount of Each Receipt this Period 975.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 21st Century Oncology Management, 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 ▼ 1950.00	P/R Deduction (\$75.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MARIA J. ANNAZONE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Mailing Address 10361 Witts End	Transaction ID: PR1580877823162
	City State Zip Code Alva FL 33936	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer 21st Century Oncology, Inc Occupation Director Health Information Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1430.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) QUINTEN Curtis BLACK, MD		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 1404 Kenton Lane		Transaction ID: PR1580879423162
City Asheville	State NC	Zip Code 28803-2468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
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 ▼ 1320.00	

B.

Full Name (Last, First, Middle Initial) Mark Robert Jones, MD		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 1400 LONG RUN ROAD		Transaction ID: PR1580886823162
City LOUISVILLE	State KY	Zip Code 40245-4334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer 21st Century Oncology of Kentucky (KEN	Occupation Medical Doctor	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) TAM NGUYEN, MD		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 2798 Bellini Road		Transaction ID: PR1580891923162
City Henderson	State NV	Zip Code 89052-3118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Michael J. Katin, MD, PC	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 ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Claire Skowronski

Mailing Address 1312 SW 7th TERRACE

City State Zip Code
CAPE CORAL FL 33991-2145

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

Name of Employer 21st Century Oncology Management, Inc
Occupation Director - Radiation Therapy School

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR1580896423162

Amount of Each Receipt this Period
130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

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

Mailing Address 9916 COZY GLEN CIRCLE

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Michael J. Katin, MD, PC
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR1580898523162

Amount of Each Receipt this Period
260.00

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

C.

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

Mailing Address 11540 BAYSHORE ROAD

City State Zip Code
NORTH FORT MYERS FL 33917-4201

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: PR1580900223162

Amount of Each Receipt this Period
75.00

P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **465.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 20
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr Patrick Michael Francke		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 7 Winnebago Road		Transaction ID: PR1633307923162
City Sea Ranch Lakes	State Zip Code FL 33308-2305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 960.00
Name of Employer 21st Century Oncology, Inc	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 ▼ 1480.00	

B.

Full Name (Last, First, Middle Initial) Dr Keith Lawrence Miller		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 12731 Terabella Way		Transaction ID: PR1692755723162
City Fort Myers	State Zip Code FL 33912-0910	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1950.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3900.00	

C.

Full Name (Last, First, Middle Initial) Dr. Dwight Fitch		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 9122 16th Ave Circle, NW		Transaction ID: PR2127270523162
City Bradenton	State Zip Code FL 34209-8133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer 21st Century Oncology, Inc	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 ▼ 1650.00	

SUBTOTAL of Receipts This Page (optional)	3910.00
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 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brian P Quaranta, MD		Date of Receipt
	Mailing Address 100 Vista Lake Drive Apt 108		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Candler	NC	28715
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2127272423162
Name of Employer North Carolina RT Management Services.		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	520.00
			P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Michael Shevach, MD		Date of Receipt
	Mailing Address 7365 Regina Royale		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Sarasota	FL	34238-4545
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2127272523162
Name of Employer 21st Century Oncology, Inc		Occupation Medical Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2600.00	1300.00
			P/R Deduction (\$100.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Madlyn Dornaus		Date of Receipt
	Mailing Address 18930 Knoll Landing Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Fort Myers	FL	33908-4760
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2232241723162
Name of Employer 21st Century Oncology Management, Inc		Occupation VP Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3900.00	1950.00
			P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	3770.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Chaundre Cross

Mailing Address 6845 Wellington Drive

City State Zip Code
Naples FL 34109-7207

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

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2232246223162

Amount of Each Receipt this Period 325.00

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

B.

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

Mailing Address 35 Bryce's Ct

City State Zip Code
Sicklerville NJ 08081-1675

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2232246423162

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Angela Ogwo

Mailing Address 364 Rutgers St

City State Zip Code
Rockville MD 20850-1138

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

Name of Employer Maryland Radiation Therapy Management Occupation Regional Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR2232247923162

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **705.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 20
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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

A.

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

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 ▼ 520.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR2232248523162

Amount of Each Receipt this Period 260.00

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

B.

Full Name (Last, First, Middle Initial)
Ashraf Youssef, MD

Mailing Address 11 Julia Ct

City Moorestown State NJ Zip Code 08057-2155

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR2364173523162

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Joseph Baisden, MD

Mailing Address 14306 Willow Grove Circle

City Louisville State KY Zip Code 40245-5159

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR2364173723162

Amount of Each Receipt this Period 325.00

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

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Dr. Peter Greenberg		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 77-840 Flora Rd		Transaction ID: PR2366842323162
City Palm Desert	State CA	Zip Code 92211-4109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer 21st Century Oncology of California, P	Occupation Medical Doctor	P/R Deduction (\$200.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Dr David Horvick		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 953 Creek Rock Rd		Transaction ID: PR2366842523162
City Bel Air	State MD	Zip Code 21014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer 21st Century Onc of Harford County, Ma	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 ▼ 1300.00	

C.

Full Name (Last, First, Middle Initial) Marc A. Melsner, MD		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 27090 Harbor Oaks Boulevard		Transaction ID: PR2412064423162
City Punta Gorda	State FL	Zip Code 33983-6507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Marc A. Melsner, MD (MMU)	Occupation Medical Doctor - Urologist	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 ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	41945.00

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

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Democratic Congressional Campaign Committee Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 30216258 Date of Disbursement: 07 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Democratic Congressional Campaign Committee Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 30269314 Date of Disbursement: 07 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate</p> <p>Mailing Address 500 Red Sail Way</p> <p>City Satellite Beach State FL Zip Code 32937</p> <p>Purpose of Disbursement Inadvertent excessive contribution - Refund has been requested from candidate Candidate Name Sen. Bill Nelson Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District:</p>	<p>Transaction ID: 30642508 Date of Disbursement: 10 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Inadvertent excessive contribution - Refund has been requested from candidate</p>

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

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

A.	Full Name (Last, First, Middle Initial) Stabenow For US Senate	Transaction ID: 30642509
	Mailing Address PO Box 4945	Date of Disbursement 10 / 12 / 2009
	City East Lansing State MI Zip Code 48826	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Inadvertent excessive contribution in the amount of \$1,000 - Refund to be disclosed in next Report	Category/Type 011
	Candidate Name Sen. Debbie Stabenow	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Inadvertent excessive contribution in the amount of \$1,000 - Refund to be disclosed in next Report

B.	Full Name (Last, First, Middle Initial) TOM PAC	Transaction ID: 30786674
	Mailing Address PO Box 752	Date of Disbursement 11 / 03 / 2009
	City Des Moines State IA Zip Code 50303	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/Type 011
	Candidate Name TOM PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

C.	Full Name (Last, First, Middle Initial) Kilpatrick For United States Congress	Transaction ID: 31055153
	Mailing Address PO Box 32175	Date of Disbursement 12 / 17 / 2009
	City Detroit State MI Zip Code 48232	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement Contribution	Category/Type 011
	Candidate Name Rep. Carolyn Kilpatrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution

SUBTOTAL of Disbursements This Page (optional)	12400.00
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

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

<p>A. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31055156 Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Nan Hayworth</p> <p>Mailing Address P. O. Box 189</p> <p>City Mount Kisco State NY Zip Code 10549</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Nan Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31064685 Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31203336 Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

34400.00

**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 20 / 20

<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

A.

Full Name (Last, First, Middle Initial)

Dr. Peter Greenberg

Mailing Address 77-840 Flora Rd

City
Palm Desert

State
CA

Zip Code
92211-4109

Purpose of Disbursement
Refund - exceeded limit

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Transaction ID: 31225460

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

200.00

Refund - exceeded limit

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00