

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
21st Century Oncology, Inc. Political Action Committee

ADDRESS (number and street) 2270 Colonial Blvd.
Attn: Margarita Galmarini
Fort Myers FL 33907
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00385120
3. IS THIS REPORT NEW OR AMENDED (A)
[x] (N)

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)
[x] 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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Howard, Blake, , ,
Type or Print Name of Treasurer

Signature of Treasurer Howard, Blake, , , [Electronically Filed] Date 07 / 18 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		22143.00
(b) Cash on Hand at Beginning of Reporting Period.....	22143.00	
(c) Total Receipts (from Line 19)	12786.00	12786.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34929.00	34929.00
7. Total Disbursements (from Line 31).....	10.00	10.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	34919.00	34919.00
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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 06 / 30 / 2017

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).....	12321.00	12321.00
(ii) Unitemized	465.00	465.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12786.00	12786.00
(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)	12786.00	12786.00
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 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)).....▶	12786.00	12786.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12786.00	12786.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	10.00	10.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	10.00	10.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10.00	10.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	12786.00	12786.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12786.00	12786.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<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. Miller, Keith, Lawrence, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12731 Terabella Way

City Fort Myers	State FL	Zip Code 33912-0910
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : 16927557

Amount of Each Receipt this Period
600.00

Memo Item

B. Horvick, David, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 953 Creek Rock Rd

City Bel Air	State MD	Zip Code 21014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Onc of Harford County, Ma	Occupation (for Individual) Medical Doctor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : 23668425

Amount of Each Receipt this Period
450.00

Memo Item

C. Chen, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 SEMINOLE DRIVE
APT 1107

City FORT LAUDERDALE	State FL	Zip Code 33304-3220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2496.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : PR1567028846166

Amount of Each Receipt this Period
2496.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	3546.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
<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)
21st Century Oncology, Inc. Political Action Committee

A. Jones, Mark, Robert, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) 21st Century Oncology of Kentucky (KEN)	Occupation (for Individual) Medical Doctor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR1580886846166

Amount of Each Receipt this Period
650.00

Memo Item

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

B. NGUYEN, TAM, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2798 Bellini Road

City Henderson	State NV	Zip Code 89052-3118
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michael J. Katin, MD, PC - MJK	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR1580891946166

Amount of Each Receipt this Period
1300.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

C. TREADWELL, PAUL, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9916 COZY GLEN CIRCLE

City LAS VEGAS	State NV	Zip Code 89117-0940
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michael J. Katin, MD, PC	Occupation (for Individual) Medical Doctor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR1580898546166

Amount of Each Receipt this Period
260.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	2210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<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)
21st Century Oncology, Inc. Political Action Committee

A. Francke, Patrick, Michael, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Winnebago Road

City Sea Ranch Lakes	State FL	Zip Code 33308-2305
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carolina Regional Cancer Center, LLC	Occupation (for Individual) Medical Doctor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR1633307946166

Amount of Each Receipt this Period
520.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

B. Cross, Chaundre, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6845 Wellington Drive

City Naples	State FL	Zip Code 34109-7207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR2232246246166

Amount of Each Receipt this Period
325.00

Memo Item

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

C. Harvey, Alexis, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2127 Race St

City Philadelphia	State NJ	Zip Code 19103-1009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology of New Jersey, I	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR2232248546166

Amount of Each Receipt this Period
260.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	1105.00
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 10
<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)
21st Century Oncology, Inc. Political Action Committee

A. Greenberg, Peter, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77-840 Flora Rd

City Palm Desert	State CA	Zip Code 92211-4109
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology of California, P	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR2366842346166

Amount of Each Receipt this Period
2600.00

Memo Item

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

B. Melser, Marc, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27090 Harbor Oaks Boulevard

City Punta Gorda	State FL	Zip Code 33983-6507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor - Urologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR2412064446166

Amount of Each Receipt this Period
650.00

Memo Item

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

C. Strikowski, Jake, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1360 S. Ocean Blvd #2001

City Pompano Beach	State FL	Zip Code 33062-7164
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology Services, Inc	Occupation (for Individual) Regional Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : PR2492181846166

Amount of Each Receipt this Period
260.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	3510.00
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 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Aihara, Rie, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) 21st Century Oncology, LLC Occupation (for Individual) Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR2497582246166
 Amount of Each Receipt this Period 650.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Kerlin, Kevin, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Radiation Therapy Associates of Wester Occupation (for Individual) Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017
Transaction ID : PR2598671246166
 Amount of Each Receipt this Period 1300.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	12321.00