

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. Radiation Therapy Services, Inc Political Action Committee

12FE4M5

ADDRESS (number and street) 2234 Colonial Blvd. Attn: Margarita Suarez 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 (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 01 2012 through 09 30 2012

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 Daniel E. Dosoretz MD [Electronically Filed] Date 10 15 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Radiation Therapy Services, 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="2012"/>	<input type="text" value="8331.00"/>	<input type="text" value="8331.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7282.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="53399.00"/>	<input type="text" value="80350.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="60681.00"/>	<input type="text" value="88681.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58500.00"/>	<input type="text" value="86500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2181.00"/>	<input type="text" value="2181.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 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).....	52994.00	78405.00
(ii) Unitemized .....	405.00	1945.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	53399.00	80350.00
(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) .....	53399.00	80350.00
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))..... ▶	53399.00	80350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53399.00	80350.00

**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.....	48500.00	76500.00
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 .....	10000.00	10000.00
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)) ..	58500.00	86500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58500.00	86500.00

**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) .....	53399.00	80350.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53399.00	80350.00
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 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

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

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

Full Name (Last, First, Middle Initial) <b>A. HOWARD SHERIDAN MD</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 <b>Transaction ID : 35330202</b>
Mailing Address 842 CAL COVE DRIVE		Amount of Each Receipt this Period 5000.00
City FORT MYERS	State FL	Zip Code 33919-6003
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Radiation Therapy Services, 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	

Full Name (Last, First, Middle Initial) <b>B. Mrs Celia Dosoretz</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2012 <b>Transaction ID : 35330203</b>
Mailing Address 13221 Ponderosa Way		Amount of Each Receipt this Period 5000.00
City Fort Myers	State FL	Zip Code 33907
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer n/a	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. DR. JAMES H. RUBENSTEIN MD</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2012 <b>Transaction ID : 35330204</b>
Mailing Address 13301 PONDEROSA WAY		Amount of Each Receipt this Period 5000.00
City FORT MYERS	State FL	Zip Code 33907-7823
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<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 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

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

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

Full Name (Last, First, Middle Initial) <b>A. Betty Rubenstein</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2012 <b>Transaction ID : 35330205</b>
Mailing Address 13301 Ponderosa Way		Amount of Each Receipt this Period 5000.00
City Fort Myers	State FL	Zip Code 33907-7823
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Housewife	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. DR. DANIEL E. DOSORETZ MD</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2012 <b>Transaction ID : 35330206</b>
Mailing Address 13221 PONDEROSA WAY		Amount of Each Receipt this Period 5000.00
City FORT MYERS	State FL	Zip Code 33907
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	

Full Name (Last, First, Middle Initial) <b>C. Dr STEPHEN J PATRICE MD</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2012 <b>Transaction ID : 35330271</b>
Mailing Address 245 OSPREY POINT DRIVE		Amount of Each Receipt this Period 5000.00
City OSPREY	State FL	Zip Code 34229
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<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 8 OF 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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Meir Daller</b>			Date of Receipt 09 / 24 / 2012 <b>Transaction ID : 35330553</b>
Mailing Address 14270 Royal Harbour Ct 423			Amount of Each Receipt this Period 1500.00
City Fort Myers	State FL	Zip Code 33908-6551	Contribution
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 ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Silvina Cuneo Nakfor</b>			Date of Receipt 09 / 24 / 2012 <b>Transaction ID : 35330555</b>
Mailing Address 8787 Bay Colony Drive Apartment # 702			Amount of Each Receipt this Period 5000.00
City Naples	State FL	Zip Code 34108	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr BRUCE M. NAKFOOR MD</b>			Date of Receipt 09 / 24 / 2012 <b>Transaction ID : 35330556</b>
Mailing Address 8787 BAY COLONY DR. APT. #702			Amount of Each Receipt this Period 5000.00
City NAPLES	State FL	Zip Code 34108	Contribution
FEC ID number of contributing federal political committee. C			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<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 9 OF 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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Christopher Chen</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR1567028828472</b>
Mailing Address 1010 SEMINOLE DRIVE APT 1107		Amount of Each Receipt this Period 1344.00
City FORT LAUDERDALE	State FL	Zip Code 33304-3220
FEC ID number of contributing federal political committee. C	Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3840.00	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 / 2012 <b>Transaction ID : PR1567085128472</b>
Mailing Address 9741 Mar Largo Circle		Amount of Each Receipt this Period 350.00
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 ▼ 1000.00	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 / 2012 <b>Transaction ID : PR1580095128472</b>
Mailing Address 1409 Davis Drive		Amount of Each Receipt this Period 525.00
City Fort Myers	State FL	Zip Code 33919-1069
FEC ID number of contributing federal political committee. C	Name of Employer 21st Century Oncology 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 ▼ 1500.00	P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2219.00
<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 10 OF 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

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. 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 **1600.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR1580879428472**  
 Amount of Each Receipt this Period **560.00**  
 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 **1000.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR1580886828472**  
 Amount of Each Receipt this Period **350.00**  
 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 Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR1580891928472**  
 Amount of Each Receipt this Period **700.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1610.00</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 11 OF 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

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. PAUL TREADWELL MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9916 COZY GLEN CIRCLE

City LAS VEGAS	State NV	Zip Code 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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR1580898528472**

Amount of Each Receipt this Period  

140.00
--------

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

**B. 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 ▼ **3000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR1692755728472**

Amount of Each Receipt this Period  

1050.00
---------

P/R Deduction (\$150.00 Bi-Weekly)

**C. 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 ▼ **2000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

**Transaction ID : PR2127270528472**

Amount of Each Receipt this Period  

700.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1890.00</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 12 OF 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

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. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Carolina RT Management Services, Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR2127272428472**  
 Amount of Each Receipt this Period **280.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. 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 Management, Inc Occupation VP Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR2232241728472**  
 Amount of Each Receipt this Period **1050.00**  
 P/R Deduction (\$150.00 Bi-Weekly)

**C. 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 **500.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR2232246228472**  
 Amount of Each Receipt this Period **175.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1505.00</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 13 OF 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

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

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

Full Name (Last, First, Middle Initial) <b>A. Alexis Harvey</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR2232248528472</b>
Mailing Address 2127 Race St		Amount of Each Receipt this Period 140.00
City Philadelphia	State NJ	Zip Code 19103-1009
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer 21st Century Oncology of New Jersey, I	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Peter Greenberg</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR2366842328472</b>
Mailing Address 77-840 Flora Rd		Amount of Each Receipt this Period 1400.00
City Palm Desert	State CA	Zip Code 92211-4109
FEC ID number of contributing federal political committee. C		P/R Deduction (\$200.00 Bi-Weekly)
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 ▼ 3800.00	

Full Name (Last, First, Middle Initial) <b>C. Dr David Horvick</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR2366842528472</b>
Mailing Address 953 Creek Rock Rd		Amount of Each Receipt this Period 350.00
City Bel Air	State MD	Zip Code 21014
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer 21st Century Onc of Harford County, Ma	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>SUBTOTAL</b> of Receipts This Page (optional).....▶	1890.00
<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 14 OF 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	

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. 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 Marc A. Melser, MD (MMU) Occupation Medical Doctor - Urologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR2412064428472**

Amount of Each Receipt this Period 700.00

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

**B. Robert L. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Mar Walt Drive

City Fort Walton Beach State FL Zip Code 32547-6635

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 ▼ 2000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR2492181528472**

Amount of Each Receipt this Period 700.00

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

**C. Jake J. Strikowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 1360 S. Ocean Blvd #2001

City Pompano Beach State FL Zip Code 33062-7164

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

Name of Employer 21st Century Oncology Management, Inc Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR2492181828472**

Amount of Each Receipt this Period 140.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1540.00

**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 15 OF 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

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. Michael J. Tompkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 9070 Pittsburgh Blvd

City Fort Myers State FL Zip Code 33967-7205

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

Name of Employer 21st Century Oncology Management, Inc Occupation Director of Ancillary Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR2492181928472**

Amount of Each Receipt this Period 350.00

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

**B. 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 New York Management Occupation Dir Referrals, Marketing & Network Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR2492182028472**

Amount of Each Receipt this Period 140.00

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

**C. 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 ▼ 1000.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR2497582228472**

Amount of Each Receipt this Period 350.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> This Period (last page this line number only).....▶	52994.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. LEGPAC**

Mailing Address 38 ivy St

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

**LEGPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : 35070006**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mccaskill For Missouri 2012**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Claire McCaskill**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District:

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2012

**Transaction ID : 35330289**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. McCaskill Victory Fund**

Mailing Address 208 Madison Ave

City Jefferson City State MO Zip Code 65101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : 35330300**

Amount of Each Disbursement this Period

7500.00

Contribution

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

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

12500.00



**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

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

NAME OF COMMITTEE (In Full)

**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee (DSCC)**

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Democratic Senatorial Campaign Committee (DSCC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2012

**Transaction ID : 35330341**

Amount of Each Disbursement this Period

7500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Stabenow 2012 Victory Fund**

Mailing Address PO Box 4462

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35330349**

Amount of Each Disbursement this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Kay Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2012

**Transaction ID : 35330352**

Amount of Each Disbursement this Period

5000.00

Contribution

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

22500.00

**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)

**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Searchlight Tahoe Victory Fund**

Mailing Address 700 13th Street  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

**Transaction ID : 35330362**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Rice For Congress**

Mailing Address 950 48th Avenue North Ste 200

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Tom Rice**

Office Sought:  House  
 Senate  
 President  
State: SC District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

**Transaction ID : 35330551**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Menendez for Senate**

Mailing Address One Gateway Center  
Suite 520

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
Contribution

Candidate Name

**Menendez for Senate**

Office Sought:  House  
 Senate  
 President  
State: NJ District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35330552**

Amount of Each Disbursement this Period

2500.00

Contribution

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

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

8500.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. Montanans For Tester**

Mailing Address PO Box 3171

City Billings State MT Zip Code 59103

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

**Transaction ID : 35330794**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Treasure State PAC**

Mailing Address 3242 Cummings Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement  
Contribution

011

Candidate Name

**Treasure State PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2012

**Transaction ID : 35330817**

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

5000.00
---------

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

48500.00
----------

**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 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 checked="" 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)

**Radiation Therapy Services, Inc Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New Jersey Democratic State Committee**

Mailing Address 196 West State Street

City State Zip Code  
Trenton NJ 08608

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35330359**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B. Montana Democratic Party**

Mailing Address PO Box 802

City State Zip Code  
Helena MT 59624

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 35330801**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

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

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