

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 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 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 10 / 17 / 2016 in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

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

Signature of Treasurer Stewart, LeAnne, , , [Electronically Filed] Date 10 / 24 / 2016

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)

Page 2

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2016"/> | <input type="text" value=""/> | <input type="text" value="16167.57"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="13669.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="1397.00"/> | <input type="text" value="63965.00"/> |
| (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="15066.00"/> | <input type="text" value="80132.57"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="0.00"/> | <input type="text" value="65066.57"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="15066.00"/> | <input type="text" value="15066.00"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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. 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 Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

| 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)..... | 1362.00 | 60880.00 |
| (ii) Unitemized | 35.00 | 1210.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 1397.00 | 62090.00 |
| (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) | 1397.00 | 62090.00 |
| 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 | 1875.00 |
| 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)).....▶ | 1397.00 | 63965.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 1397.00 | 63965.00 |

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 | 65000.00 |
| 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)..... | 0.00 | 66.57 |
| 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)) .. | 0.00 | 65066.57 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 65066.57 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 1397.00 | 62090.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1397.00 | 62090.00 |
| 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 11 |
| <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. BLACK, QUINTEN, Curtis, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) RTA of Western NC, PA | Occupation (for Individual) Medical Doctor |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : 15808794

Amount of Each Receipt this Period
80.00

Memo Item

B. 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 |
|-------------------------|-------------|------------------------|

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 ▼
3840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR1567028843365

Amount of Each Receipt this Period
192.00

Memo Item

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

C. DANTON, VICTORIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1409 Davis Drive

| | | |
|--------------------|-------------|------------------------|
| City Fort Myers | State FL | Zip Code 33919-1069 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR1580095143365

Amount of Each Receipt this Period
75.00

Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 347.00 |
| 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 11 |
| <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 ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR1580886843365

Amount of Each Receipt this Period
50.00

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 |
|-------------------|-------------|------------------------|

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 |
|---|---|

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 |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR1580891943365

Amount of Each Receipt this Period
100.00

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 |
|-------------------|-------------|------------------------|

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 ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR1580898543365

Amount of Each Receipt this Period
20.00

Memo Item

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

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 170.00 |
| 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 11 |
| | <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)
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 |
|-------------------------|-------------|------------------------|

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 ▼
800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : PR1633307943365

Amount of Each Receipt this Period
40.00

Memo Item

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

B. 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 |
|--------------------|-------------|------------------------|

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 ▼
3000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2016 |

Transaction ID : PR1692755743365

Amount of Each Receipt this Period
150.00

Memo Item

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

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

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 (for Individual) 21st Century Oncology, LLC | Occupation (for Individual) 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 |
| 10 | | 19 | | 2016 |

Transaction ID : PR2127270543365

Amount of Each Receipt this Period
100.00

Memo Item

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

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 290.00 |
| 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 9 OF 11 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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)
21st Century Oncology, Inc. Political Action Committee

A. Quaranta, Brian, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Vista Lake Drive
Apt 108

City Candler State NC Zip Code 28715-5103

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

Name of Employer (for Individual) Radiation Therapy Associates of Wester Occupation (for Individual) Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2127272443365

Amount of Each Receipt this Period 40.00

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

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 ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2232246243365

Amount of Each Receipt this Period 25.00

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2232248543365

Amount of Each Receipt this Period 20.00

Memo Item

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

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 85.00 |
| 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 10 OF 11 |
| <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 |
|---------------------|-------------|------------------------|

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 |
|---|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR2366842343365

Amount of Each Receipt this Period
200.00

Memo Item

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

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 |
|-----------------|-------------|-------------------|

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 ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR2366842543365

Amount of Each Receipt this Period
50.00

Memo Item

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

C. 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 |
|---------------------|-------------|------------------------|

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 ▼
1800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 19 | / | 2016 |

Transaction ID : PR2412064443365

Amount of Each Receipt this Period
50.00

Memo Item

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

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 11 |
| | <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. 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
 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 ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2492181843365
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. 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 ▼ 1000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2497582243365
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2598671243365
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 170.00 |
| TOTAL This Period (last page this line number only)..... | 1362.00 |