

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Radiation Therapy Services, Inc Political Action Committee

ADDRESS (number and street)

2234 Colonial Blvd.

Attn: Margarita Suarez

Check if different than previously reported. (ACC)

Fort Myers

FL

33907

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00385120

3. IS THIS REPORT

X

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)

X January 31 Quarterly 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

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

07

01

2005

through

12

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Daniel E. Dosoretz, MD

Signature of Treasurer

Electronically Filed by Daniel E. Dosoretz, MD

Date

01

31

2006

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		60080.00
(b) Cash on Hand at Beginning of Reporting Period .....	71360.00	
(c) Total Receipts (from Line 19) .....	35490.00	72760.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	106850.00	132850.00
7. Total Disbursements (from Line 31) .....	38000.00	64000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68850.00	68850.00
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. 02/2003)

Page 3

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2005

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) .....	35490.00	70540.00
(ii) Unitemized .....	0.00	220.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	35490.00	70760.00
(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) .....	35490.00	70760.00
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35490.00	72760.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35490.00	72760.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	64000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	36000.00	64000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	36000.00	64000.00

**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) .....	35490.00	70760.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35490.00	70760.00
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

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

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. Dr GRACIELA Roldan GARTON MD		Date of Receipt M / D / Y 08 / 16 / 2005
Mailing Address 773D SILVER BELL DRIVE		Transaction ID: 22637675
City	State	Zip Code
SARASOTA	FL	34241-6412
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. DR. JAMES H. RUBENSTEIN MD		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 133D1 PONDEROSA WAY		Transaction ID: 22648618
City	State	Zip Code
FORT MYERS	FL	33907
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Sarah L.D. Woods		Date of Receipt M / D / Y 08 / 24 / 2005
Mailing Address 15021 Rolling Hills Drive		Transaction ID: 22848233
City	State	Zip Code
Glenwood	MD	21738
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation Housewife	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>15000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. James Eaton</b>		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address PD Box 1713		Transaction ID: 23052717
City Tallahassee	State FL	Zip Code 32302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Director of Business Development and R	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr DAVID J RICE, MD</b>		Date of Receipt M / D / Y 11 / 09 / 2005
Mailing Address 304D RIVERSHORE LANE		Transaction ID: 23080289
City PORT CHARLOTTE	State FL	Zip Code 33953
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Elaine Murphy Rice</b>		Date of Receipt M / D / Y 11 / 09 / 2005
Mailing Address 3303 Grand Vista Ct		Transaction ID: 23080290
City Port Charlotte	State FL	Zip Code 33953
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer Fowler, White, Boggs, Bar- ker, PA	Occupation Attorney	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>11000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8/13

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. JAMES H. STEVENS, MD</b>		Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 488D DESTINY WAY		Transaction ID: 23483597	
City DESTIN	State FL	Zip Code 32541	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Transaction exceeds limit- s- Refunded 1/30/08-Will be reported next period	
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00		
Full Name (Last, First, Middle Initial) <b>B. Mr. DAVID E. LEE</b>		Date of Receipt M / D / Y 12 / 08 / 2005	
Mailing Address 9741 MAR LARGO C		Transaction ID: PR1567085113386	
City FORT MYERS	State FL	Zip Code 33919	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi- Weekly)	
Name of Employer 21st Century Oncology, Inc	Occupation Physician Assistant		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. JAMES H. STEVENS, MD</b>		Date of Receipt M / D / Y 12 / 08 / 2005	
Mailing Address 488D DESTINY WAY		Transaction ID: PR1567284913388	
City DESTIN	State FL	Zip Code 32541	Amount of Each Receipt this Period 2800.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$200.00 Bi- Weekly)	
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3080.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. VICTORIA DANTON</b>		Date of Receipt M / D / Y
Mailing Address 1408 DAVIS DRIVE		
City <b>FT. MYERS</b>	State <b>FL</b>	Zip Code <b>33919</b>
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR1580095113386
Name of Employer 21st Century Oncology, Inc		Occupation Admin Manager
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1050.00</b>	Amount of Each Receipt this Period <b>1050.00</b>
		P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Ms. ROSETTA ROSARIA WATSON</b>		Date of Receipt M / D / Y
Mailing Address 151 D MAPLE DRIVE		
City <b>FT. MYERS</b>	State <b>FL</b>	Zip Code <b>33907</b>
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR1580097113386
Name of Employer Financial Services of SW Florida		Occupation Director of Coding
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>280.00</b>	Amount of Each Receipt this Period <b>140.00</b>
		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. QUINTEN CURTIS BLACK, MD</b>		Date of Receipt M / D / Y
Mailing Address 1404 KENTON LANE		
City <b>ASHEVILLE</b>	State <b>NC</b>	Zip Code <b>28803</b>
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR1580879413388
Name of Employer RTA of Western NC, PA		Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1040.00</b>	Amount of Each Receipt this Period <b>520.00</b>
		P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 13

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PHILLIP ROLAND, MD</b>		Date of Receipt M / D / Y
Mailing Address 982 CLARELLEN DRIVE		Transaction ID: PR1580894313386
City	State	Zip Code
FORT MYERS	FL	33819
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$168.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Patrick Michael Franke</b>		Date of Receipt M / D / Y
Mailing Address 31 SABAL ISLAND DRIVE		Transaction ID: PR1633307913386
City	State	Zip Code
Ocean Ridge	FL	33435
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 560.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Keith Lawrence Miller</b>		Date of Receipt M / D / Y
Mailing Address 12731 Terabella Way		Transaction ID: PR1692755713386
City	State	Zip Code
Fort Myers	FL	33912
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2100.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4680.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>35490.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Impact America</b>		Transaction ID: 22497167 Date of Disbursement 07 / 07 / 2005	
Mailing Address 228 South Washington Street Suite 115		Amount of Each Disbursement this Period 5000.00	
City Alexandria	State VA	Zip Code 22314	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name			Contribution
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. White Mountain PAC</b>		Transaction ID: 23450367 Date of Disbursement 09 / 22 / 2005	
Mailing Address P.O. Box 1772		Amount of Each Disbursement this Period 3000.00	
City Concord	State NH	Zip Code 03302-1812	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name			Contribution
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. Ensign For Senate</b>		Transaction ID: 23452867 Date of Disbursement 09 / 22 / 2005	
Mailing Address 8917 Stafford Springs Drive		Amount of Each Disbursement this Period 5000.00	
City Las Vegas	State NV	Zip Code 89134	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Sen. John Ensign			Contribution
Office Sought: House X Senate President	Disbursement For: 2006 Primary X General Other (specify) ▼		
State: NV District 2			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>13000.00</b>
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. American Nationwide Dedicated to Electing Republic**

Mailing Address PO Box 523383

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 23453219  
Date of Disbursement  
09 / 22 / 2005

Amount of Each Disbursement this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. The Senate Victory Fund PAC**

Mailing Address PO Box 7274

City Tupelo State MI Zip Code 48802

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 23483508  
Date of Disbursement  
09 / 22 / 2005

Amount of Each Disbursement this Period  
5000.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Stabenow For US Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Contribution

Candidate Name Sen. Debbie Stabenow

Office Sought: House X Senate President State: MI District 2

Disbursement For: 2006 X Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: 23447301  
Date of Disbursement  
11 / 23 / 2005

Amount of Each Disbursement this Period  
5000.00

Contribution

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

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

**15000.00**

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Friends Of Dick Lugar Inc**

Mailing Address 47 S Meridian St Suite 200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Contribution

Candidate Name Sen. Richard Lugar

Office Sought: House Disbursement For: 2006  
 Senate X Primary General  
 President Other (specify) ▼

State: IN District 1

Transaction ID: 23448138  
Date of Disbursement  
11 / 23 / 2005

Amount of Each Disbursement this Period  
5000.00

Contribution

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Friends Of Connie Mack**

Mailing Address 5100 S Cleveland Avenue Suite 318  
Pmb 388

City Ft. Myers State FL Zip Code 33907

Purpose of Disbursement Contribution

Candidate Name Rep. Connie Mack

Office Sought:  House Disbursement For: 2006  
 Senate X Primary General  
 President Other (specify) ▼

State: FL District 14

Transaction ID: 23448700  
Date of Disbursement  
11 / 23 / 2005

Amount of Each Disbursement this Period  
5000.00

Contribution

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....	▶	10000.00
TOTAL This Period (last page this line number only) .....	▶	38000.00