

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 Fort Myers FL 33907 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00385120 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, 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, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2006 through 10 18 2006

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 10 24 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		68850.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	23840.00									
(c) Total Receipts (from Line 19) .....	6777.00	34597.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	30617.00	103447.00								
7. Total Disbursements (from Line 31) .....	25000.00	97830.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5617.00	5617.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	6382.00	33702.00
(i) Itemized (use Schedule A) .....	395.00	895.00
(ii) Unitemized .....	6777.00	34597.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6777.00	34597.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6777.00	34597.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6777.00	34597.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	25000.00	96000.00
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	1830.00
(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	1830.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25000.00	97830.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25000.00	97830.00

**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) .....	6777.00	34597.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1830.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6777.00	32767.00
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: (check only one)	PAGE 6 / 9
	<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. Michael L Steinberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 13972 Aubrey Rd		<b>Transaction ID: 24673910</b>	
City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer California Radiation Therapy Management	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. Mr. DAVID E. LEE</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 9741 MAR LARGO C		<b>Transaction ID: PR1567085115391</b>	
City State Zip Code FORT MYERS FL 33919	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer 21st Century Oncology, Inc	Occupation Physician Assistant		
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>C. Dr JAMES H. STEVENS, MD</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 4660 DESTINY WAY		<b>Transaction ID: PR1567294915391</b>	
City State Zip Code DESTIN FL 32541	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 Bi-Weekly)		
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 ▼ 3800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5440.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 9
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. VICTORIA DANTON Mailing Address 1409 DAVIS DRIVE City FT. MYERS State FL Zip Code 33919 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1580095115391 Amount of Each Receipt this Period 150.00 P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer 21st Century Oncology, Inc Occupation Admin Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) QUINTEN CURTIS BLACK, MD Mailing Address 1404 KENTON LANE City ASHEVILLE State NC Zip Code 28803 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1580879415391 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer RTA of Western NC, PA Occupation Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

<b>C.</b> Full Name (Last, First, Middle Initial) PHILLIP ROLAND, MD Mailing Address 962 CLARELLEN DRIVE City FORT MYERS State FL Zip Code 33919 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1580894315391 Amount of Each Receipt this Period 332.00 P/R Deduction (\$166.00 Bi-Weekly)
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 ▼ 2822.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>562.00</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: (check only one)	PAGE 8 / 9		
	<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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Patrick Michael Francke

Mailing Address 31 SABAL ISLAND DRIVE

City State Zip Code  
Ocean Ridge FL 33435

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID: PR1633307915391**

Amount of Each Receipt this Period  
80.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dr Keith Lawrence Miller

Mailing Address 12731 Terabella Way

City State Zip Code  
Fort Myers FL 33912

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID: PR1692755715391**

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>380.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6382.00</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)

<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) <b>A. Hoyer For Congress</b>		<b>Transaction ID: 24884183</b> Date of Disbursement 10 / 18 / 2006
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 5000.00  Contribution
City Clinton State MD Zip Code 20735	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Steny Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Reynolds For Congress</b>		<b>Transaction ID: 24884167</b> Date of Disbursement 10 / 18 / 2006
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 5000.00  Contribution
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Thomas Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		<b>Transaction ID: 24884310</b> Date of Disbursement 10 / 18 / 2006
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 15000.00  Contribution
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	25000.00