

**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="2013"/>	<input type="text" value="18896.00"/>	<input type="text" value="18896.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18896.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28596.00"/>	<input type="text" value="28596.00"/>
(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="47492.00"/>	<input type="text" value="47492.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42000.00"/>	<input type="text" value="42000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5492.00"/>	<input type="text" value="5492.00"/>
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

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).....	27646.00	27646.00
(ii) Unitemized	950.00	950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28596.00	28596.00
(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)	28596.00	28596.00
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))..... ▶	28596.00	28596.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28596.00	28596.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	44500.00	44500.00
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	-2500.00	-2500.00
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)) ..	42000.00	42000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42000.00	42000.00

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)	28596.00	28596.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28596.00	28596.00
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:	PAGE 6 OF 18
	(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

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. James Eaton			Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2013 Transaction ID : 36239420
Mailing Address PO Box 1713			Amount of Each Receipt this Period 5000.00
City Tallahassee	State FL	Zip Code 32302	Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology, Inc	Occupation Director of Business Development and R		
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. Dr Christopher Chen			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2013 Transaction ID : PR1567028829539
Mailing Address 1010 SEMINOLE DRIVE APT 1107			Amount of Each Receipt this Period 2496.00
City FORT LAUDERDALE	State FL	Zip Code 33304-3220	P/R Deduction (\$192.00 Bi-Weekly)
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 ▼ 2496.00		

Full Name (Last, First, Middle Initial) C. Mr. DAVID E. LEE			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2013 Transaction ID : PR1567085129539
Mailing Address 9741 Mar Largo Circle			Amount of Each Receipt this Period 650.00
City Fort Myers	State FL	Zip Code 33919-7325	P/R Deduction (\$50.00 Bi-Weekly)
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 ▼ 650.00		

SUBTOTAL of Receipts This Page (optional).....▶	8146.00
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 7 OF 18
(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

A. Mrs. VICTORIA DANTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Davis Drive
 City State Zip Code
 Fort Myers FL 33919-1069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology Services, Inc Director of Revenue Integrity
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1580095129539
 Amount of Each Receipt this Period
 975.00
 P/R Deduction (\$75.00 Bi-Weekly)

B. QUINTEN Curtis BLACK MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Kenton Lane
 City State Zip Code
 Asheville NC 28803-2468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RTA of Western NC, PA Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1580879429539
 Amount of Each Receipt this Period
 1040.00
 P/R Deduction (\$80.00 Bi-Weekly)

C. Mark Robert Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 LONG RUN ROAD
 City State Zip Code
 LOUISVILLE KY 40245-4334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology of Kentucky (KEN) Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1580886829539
 Amount of Each Receipt this Period
 650.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 2665.00
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 18
<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)
Radiation Therapy Services, Inc Political Action Committee

A. 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 - MJK	Occupation Medical Doctor
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1580891929539

Amount of Each Receipt this Period
1300.00

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

B. PAUL TREADWELL MD
Full Name (Last, First, Middle Initial)
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 Michael J. Katin, MD, PC	Occupation Medical Doctor
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1580898529539

Amount of Each Receipt this Period
260.00

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

C. Dr Keith Lawrence Miller
Full Name (Last, First, Middle Initial)
Mailing Address 12731 Terabella Way

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

Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

Transaction ID : PR1692755729539

Amount of Each Receipt this Period
1950.00

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

SUBTOTAL of Receipts This Page (optional).....▶	3510.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<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)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Dwight Fitch		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2127270529539
Mailing Address 9122 16th Ave Circle, NW		Amount of Each Receipt this Period 1300.00
City Bradenton	State FL	Zip Code 34209-8133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
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 ▼ 1300.00	

Full Name (Last, First, Middle Initial) B. Brian P Quaranta MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2127272429539
Mailing Address 100 Vista Lake Drive Apt 108		Amount of Each Receipt this Period 520.00
City Candler	State NC	Zip Code 28715-5103
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Radiation Therapy Associates of Wester	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Madlyn Dornaus		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2232241729539
Mailing Address 18930 Knoll Landing Drive		Amount of Each Receipt this Period 1950.00
City Fort Myers	State FL	Zip Code 33908-4760
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Bi-Weekly)
Name of Employer 21st Century Oncology Services, Inc	Occupation VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

SUBTOTAL of Receipts This Page (optional).....▶	3770.00
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 18
<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)
Radiation Therapy Services, Inc Political Action Committee

A. 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 **325.00**

Date of Receipt **06 / 30 / 2013**
Transaction ID : PR2232246229539
 Amount of Each Receipt this Period **325.00**
 P/R Deduction (\$25.00 Bi-Weekly)

B. Alexis Harvey
 Full Name (Last, First, Middle Initial)
 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 21st Century Oncology of New Jersey, I Occupation Medical Doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 30 / 2013**
Transaction ID : PR2232248529539
 Amount of Each Receipt this Period **260.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. Dr. Peter Greenberg
 Full Name (Last, First, Middle Initial)
 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 21st Century Oncology of California, P Occupation Medical Doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt **06 / 30 / 2013**
Transaction ID : PR2366842329539
 Amount of Each Receipt this Period **2600.00**
 P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	3185.00
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 18
<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)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr David Horvick		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2366842529539
Mailing Address 953 Creek Rock Rd		Amount of Each Receipt this Period 650.00
City Bel Air	State MD	Zip Code 21014
FEC ID number of contributing federal political committee. C	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 ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Marc A. Melser MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2412064429539
Mailing Address 27090 Harbor Oaks Boulevard		Amount of Each Receipt this Period 1300.00
City Punta Gorda	State FL	Zip Code 33983-6507
FEC ID number of contributing federal political committee. C	Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor - Urologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Robert L. Long		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR2492181529539
Mailing Address 909 Mar Walt Drive		Amount of Each Receipt this Period 1300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 12 OF 18
	(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)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Jake J. Strikowski		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 1360 S. Ocean Blvd #2001		Transaction ID : PR2492181829539
City Pompano Beach	State FL	Zip Code 33062-7164
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 260.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Regional Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Michael J. Tompkins		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 9070 Pittsburgh Blvd		Transaction ID : PR2492181929539
City Fort Myers	State FL	Zip Code 33967-7205
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 650.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Director of Ancillary Services	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Jonathan D. Weinbach		Date of Receipt MM / DD / YYYY 06 / 30 / 2013
Mailing Address 210 W 19th St Apt 2 J		Transaction ID : PR2492182029539
City New York	State NY	Zip Code 10011-4067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 260.00
Name of Employer 21st Century Oncology Services, Inc	Occupation Dir Referrals, Marketing & Network Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
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 13 OF 18
(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

A. Rie Alhara
 Full Name (Last, First, Middle Initial)
 Mailing Address 14270 Royal Harbor
 City State Zip Code
 Fort Myers FL 33908-6503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology, LLC Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2497582229539
 Amount of Each Receipt this Period
 650.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Kevin J. Kerlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 Mill Rd
 City State Zip Code
 Goldsboro NC 27534-8951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radiation Therapy Associates of Wester Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR2598671229539
 Amount of Each Receipt this Period
 1300.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	27646.00

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

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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
Void - Check not deposited by DSCC

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
02 / 04 / 2013

Transaction ID : 35748511

Amount of Each Disbursement this Period

000,000.00
-7500.00

Void - Check not deposited by DSCC

Full Name (Last, First, Middle Initial)

B. Friends For Harry Reid

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Harry Reid

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 35823630

Amount of Each Disbursement this Period

000,000.00
2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends For Harry Reid

Mailing Address P.O. Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Harry Reid

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 35824203

Amount of Each Disbursement this Period

000,000.00
5000.00

Contribution

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

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

000,000.00
0.00

000,000.00

**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

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. America's Leadership PAC

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

America's Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 35824536

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. 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
05 / 02 / 2013

Transaction ID : 36028990

Amount of Each Disbursement this Period

15000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : 36238759

Amount of Each Disbursement this Period

1000.00

Contribution

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

21000.00

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

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Conservatives Organized To Advance Tomorrow's Solutions

Mailing Address PO Box 34303

City Indianapolis State IN Zip Code 46234

Purpose of Disbursement
Contribution

011

Candidate Name

Conservatives Organized To Advance Tomorrow's Solutions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 36238770

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

011

Candidate Name

Mr. Tom Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2013

Transaction ID : 36238774

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Joe Kennedy For Congress

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph Kennedy III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2013

Transaction ID : 36238775

Amount of Each Disbursement this Period

2500.00

Contribution

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

8500.00

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 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

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NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee (DSCC)

Date of Disbursement

Mailing Address 120 Maryland Ave, NE

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

City Washington State DC Zip Code 20002

Transaction ID : 35748510

Purpose of Disbursement
Void - Check not deposited by DSCC

011
Category/ Type

Amount of Each Disbursement this Period

-2500.00

Candidate Name

Democratic Senatorial Campaign Committee (DSCC)

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Void - Check not deposited by DSCC

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

-2500.00

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

-2500.00
