FE6AN026

2011 JUL 26 AM 11: 20

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTSFor Other Than An Authorized Committee

					Office U	se Only
NAME OF COMMITTEE (in fu	TYPE OR PRII		ample: If typing, er the lines.	, type	2FE4M5	f
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than previously reported. (ACC	ENGL	EWOOD I		ے لــ	10 8 0 1	12
2. FEC IDENTIFICAT	TON NUMBER ▼	CITY A		STA	TE ▲	ZIP CODE A
C 0,0 48	7.6.2.9	3. IS THIS REPORT	NE (N)	OR	AMENDED (A)	
4. TYPE OF REPO (Choose One), ,	ORT (b) Monthly Report Due On	[<u></u>	ا <u>نا</u> (ت-نا		Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Repor	rts:	Mar 20 (M3)	resta		1'=1'	(Non-Election Year Only)
April 15 Quarterly F	Report (Q1)	-Dav Apr 20 (M4)	i.=.'	20 (M7) 	Oct 20 (M10)	Li-di
July 15 Quarterly F	Report (Q2)	المناعة RE-Election	Primary (12P)		General (12G)	Runoff (12R)
October 15 Quarterly F		port for the:	Convention (12	PC)	Special (12S)	
January 31 Year-End F	Report (YE)	Election on	MT (/ TMT) /		YEYNY	in the State of
July 31 Mi Report (No Year Only)	on-election (d) 30 (MY) PC	-Day DST-Election	General (30G)		Runoff (30R)	Special (30S)
Termination (TER)		port for the: Election on	-M	/ (Y)	** **********************************	in the State of
5. Covering Period	01 / 01	2011	through	06	30 20	
I certify that I have example or Print Name of	<i></i>	Λ .		lief it is true,	correct and comple	te.
Signature of Treasurer				Date	07 1	3 2511
NOTE: Submission of fals	se, erroneous, or incomp	lete information may s	ubject the person	n signing this I	Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only						FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DNOWRE MEDICAL CORP POLITICAL ACTION COMMITTEE

Report Covering the Period:













		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		5.20.0.00
	(b) Cash on Hand at Beginning of Reporting Period	5,20,0.00	
	(c) Total Receipts (from Line 19)	3,70000	3,7,0,0,0,0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	[[
7 .	Total Disbursements (from Line 31)	0.0	[
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	[[
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	; ;

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

103064056

DETAILED SUMMARY PAGE

of Receipts

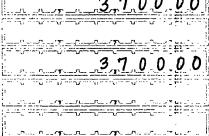
FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

DNOURE MEDICAL CORP. POLITICAL ACTION COMMITTEE					
Report Covering the Period: From:		то: 0 0 1 1			
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schadule A)	3,7,0,0,0,0	3,7,0.0.0.0			

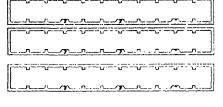
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	3,70,0,0,0
(b)	Political Party Committees	
(c)	Other Political Committees	
	(such as PACs)	
(d)	Total Contributions (add Lines	
	11(a)(iii), (b), and (c)) (Carry	
	Totals to Line 33 page 5)	

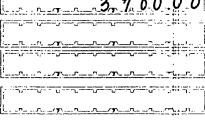


12.	Transfers From Affiliated/Other Party Committees
13.	All Loans Received

14. Loan Repayments Received.....

(ii) Unitemized





15.	Offsets To Operating Expenditures
	(Refunds, Rebates, etc.)
	(Carry Totals to Line 37, page 5)
16.	Refunds of Contributions Made
	to Federal Candidates and Other



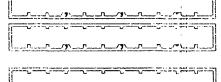


17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account

(from Schedule H3).....

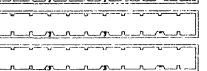
Political Committees.....

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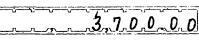


(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

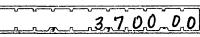






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20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶



3,700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A	COLUMN B
g Expenditures:	Total This Period	Calendar Year-to-Date
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Non-Federal Share		
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l 21(a)(i), (a)(ii), and (b))▶	. !	· [
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nedule E) nted Party Expenditures . §441a(d))		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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d Contribution Refunds	Handara da antica a	
d Lines 28(a), (b), and (c))▶	7	
sbursements		
Election Activity (2 U.S.C. §431(20) cated Federal Election Activity m Schedule H6)		
ederal Share		
'Levin" Shareeral Election Activity Paid Entirely		
With Federal Funds		
es 30(a)(i), 30(a)(ii) and 30(b))▶		
bursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	0.0	[
deral Disbursements Line 21(a)(ti) and Line 30(a)(ii)		
bu 25, der	rsements (add Lines 21(c), 22, 26, 27, 28(d), 29 and 30(c))	rsements (add Lines 21(c), 22, 26, 27, 28(d), 29 and 30(c)) al Disbursements ne 21(a)(ii) and Line 30(a)(ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** penditures Calendar Year-to-Dete 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (fram Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X)	Lies congrete schodulo(c)	FOR LINE NUMBER: PAGE OF 5
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements	may not be sold or used by any pe	rson for the purpose of soliciting contributions
or for commercial purposes, other than using the name ar	d.address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Fait)	ATLANT AND MAINTEE	
ONCURE MEDICAL CORP. POLITICAL A	UTION COMPITIES	
Full Name (Last, First, Middle Initial) A. Pealer, William		Date of Receipt
Mailing Address		06 17 2011
24462 E. Frost Drive State	Zip Code	
<u>Hurora</u> Co	80016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		, , , , , , , , , , , , , , , , , , , ,
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Receipt For:	COO	4
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Full Name (Last, First, Middle Initial) B. Pegler, William		Date of Receipt
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Name of Employer Medical Corp. Occupa	COO	
Receipt For: Aggreg	ate Year-to-Date ▼	
	~ ^ _ ^ L.O .O.^ O.O.	
Full Name (Last, First, Middle Initial) C. Pealer, William		Date of Receipt
Mailing Address		05 20 20 11
24462 E. Frost Drive State	Zip Code	- U.S. de U. de U. 1.1.
<u>Hurora</u> C	0 80016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100,00
Name of Employer Occupa	COO	
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Primary General Other (specify)		
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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 2 OF5 (check only one)	
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NAME OF COMMITTEE (In Full)	ATION AND WALLET		
ONCURE MEDICAL CORP. POLITICAL A Full Name (Last, First, Middle Initial)	CHIVN COMMITTEE		
a. <u>Pealer</u> , William		Date of Receipt	
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City State	Zip Code 80016		
EEC ID number of contributing		Amount of Each Receipt this Period	
federal political committee.	Section 2007 of Park the	,100.00	
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Primary General	Tage section engine and a mangaran p		
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City State	Zip Code 80010		
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NAME OF COMMITTEE (In Full)				
ONCURE MEDICAL CORP. POLIT	ICAL ACT	ION COMMITTEE		
Full Name (Last, First, Middle Initial) A. Pegler, William			Date of Receipt	
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City M	State	Zip Code		
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Full Name (Last, First, Middle Initial) B. Pealer, William			Date of Receipt	
Mailing Address 24462 E Frost Drive	•			
City_/	State	Zip Code 30016		
Hurora		80016	Amount of Each Receipt this Period	
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Ducure Medical Corp.	Occupation	000		
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Mailing Address 244 102 F Frost Dri	VA .		02 25 20 11	
City 10	State	Zip Code		
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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 4 OF5		
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or for commercial purposes, other than using the nar	ne and address of any political committee	to solicit contributions from such committee.		
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ONCURE MEDICAL CORP. POLITICAL	ACTUAL COMMITTEE			
	- INTINIA COPIETITIE			
Full Name (Last, First, Middle Initial)				
. Kuruvilla, Amand		Date of Receipt		
Mailing Address				
= 2414 State Rd. 13N	State Zin Code			
city St. John's	State Zip Gode			
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Name of Employer A . O	ccupation _	-		
Cancer Center of Putnam	Physician			
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. Pealer, William		Date of Receipt		
Mailing Address				
244102 E. Frost Drive		_ 02 11 2011		
City M	State Zip Code			
Hurora	CO 80016	Amount of Each Receipt this Period		
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federal political committee.		,100.00		
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SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 OF 5		
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Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar				
NAME DF COMMITTEE (In Full)				
ONCURE MEDICAL CORP. POLITICAL A	CTION COMMITTEE			
Full Name (Last, First, Middle Initial) A. Pegler, William		Date of Receipt		
Mailing Address 24462 E. Frost Drive City .0 State Zip Code		01 14 2011		
<u>Hurora</u>	Hurora CO 80016			
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE OF		
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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)						
\	ου ι Λο σια, αα					
ONCURE MEDICAL CORP POLITION	CHL MOTION COMM	11166				
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent		
				57 / [[¥77]¥77]		
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Candidate Name Category/ Type						
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Oncure Medical Corp. Political Action Committee Summary of Receipts and Disbursements 30-Jun-11 FEO PEOEINAD DENTER 2011 JUL 26 AH 11: 20

Cash Receipts

\$16,300.00

Disbursements

Stabenow for US Senate \$2 Moving America Forward 5

\$2,400.00 5,000.00

Total Disbursements

7,400.00

Balance

\$ 8,900.00

1

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date LPS Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED