

# 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** 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 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 11 23 2010 through 12 31 2010

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 20 2011

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. 12/2004)

**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 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 36814.00 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 34499.00                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 3070.00                 | 64155.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 37569.00                | 100969.00                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 12400.00                | 75800.00                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 25169.00                | 25169.00                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 2730.00                       | 54890.00                          |
| (ii) Unitemized .....  | 340.00                        | 3265.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 3070.00                       | 58155.00                          |
| (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) .....     | 3070.00                       | 58155.00                          |
| 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                          | 6000.00                           |
| 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)) .....                          | 3070.00                       | 64155.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 3070.00                       | 64155.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....         | 12400.00                              | 75800.00                                  |
| 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 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))..       | 12400.00                              | 75800.00                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12400.00                              | 75800.00                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 3070.00                       | 58155.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 3070.00                       | 58155.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

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

|   |  |             |
|---|--|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 / 13 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
Radiation Therapy Services, Inc Political Action Committee

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. DAVID E. LEE   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 9741 Mar Largo Circle   | <b>Transaction ID:</b> PR1567085125286              |
|           | City State Zip Code<br>Fort Myers FL 33919-7325   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  | P/R Deduction (\$50.00 Bi-Weekly)                   |
|           | Name of Employer 21st Century Oncology, Inc<br>Occupation Physician Assistant<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1300.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. GAIL CUMMINGS   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 11574 TIMBERLINE CIRCLE   | <b>Transaction ID:</b> PR1580094825286              |
|           | City State Zip Code<br>FORT MYERS FL 33912  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  | P/R Deduction (\$25.00 Bi-Weekly)                   |
|           | Name of Employer 21st Century Oncology, Inc<br>Occupation Technical Director<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>650.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. VICTORIA DANTON  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 1409 Davis Drive   | <b>Transaction ID:</b> PR1580095125286              |
|           | City State Zip Code<br>Fort Myers FL 33919-1069  | Amount of Each Receipt this Period<br>150.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   | P/R Deduction (\$75.00 Bi-Weekly)                   |
|           | Name of Employer 21st Century Oncology Management, Inc<br>Occupation Director of Revenue Integrity<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1950.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>300.00</b> |
| <b>TOTAL</b> 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 / 13  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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.**

Full Name (Last, First, Middle Initial)  
MARIA J. ANNAZONE

Mailing Address 10361 Witts End

City Alva State FL Zip Code 33936

FEC ID number of contributing federal political committee. C

Name of Employer 21st Century Oncology, Inc Occupation Director Health Information Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2010

**Transaction ID:** PR1580877825286

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
QUINTEN Curtis BLACK, MD

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 RTA of Western NC, PA Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2010

**Transaction ID:** PR1580879425286

Amount of Each Receipt this Period 160.00

P/R Deduction (\$80.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mark Robert Jones, MD

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 21st Century Oncology of Kentucky (KEN Occupation 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  
12 / 31 / 2010

**Transaction ID:** PR1580886825286

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 280.00

**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 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

**A.** Full Name (Last, First, Middle Initial)  
TAM NGUYEN, MD  
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 Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2600.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1580891925286  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Claire Skowronski  
Mailing Address 1312 SW 7th TERRACE  
City CAPE CORAL State FL Zip Code 33991-2145  
FEC ID number of contributing federal political committee. **C**  
Name of Employer 21st Century Oncology Management, Inc Occupation Director - Radiation Therapy School  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1580896425286  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
PAUL TREADWELL, MD  
Mailing Address 9916 COZY GLEN CIRCLE  
City LAS VEGAS State NV Zip Code 89117  
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 ▼ 520.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1580898525286  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 260.00  
**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 / 13 |
|   | <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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr Keith Lawrence Miller  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 12731 Terabella Way  | <b>Transaction ID:</b> PR1692755725286              |
|           | City State Zip Code<br>Fort Myers FL 33912-0910  | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer 21st Century Oncology, Inc<br>Occupation Medical Doctor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>3900.00 | P/R Deduction (\$150.00 Bi-Weekly)                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Dwight Fitch  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 9122 16th Ave Circle, NW   | <b>Transaction ID:</b> PR2127270525286              |
|           | City State Zip Code<br>Bradenton FL 34209-8133   | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer 21st Century Oncology, Inc<br>Occupation Medical Doctor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2600.00 | P/R Deduction (\$100.00 Bi-Weekly)                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Brian P Quaranta, MD   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 100 Vista Lake Drive Apt 108  | <b>Transaction ID:</b> PR2127272425286              |
|           | City State Zip Code<br>Candler NC 28715   | Amount of Each Receipt this Period<br>80.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer North Carolina RT Management Services<br>Occupation Medical Doctor<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1040.00 | P/R Deduction (\$40.00 Bi-Weekly)                   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>580.00</b> |
| <b>TOTAL</b> 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 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"/> | 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

|   |  |   |   |
|---|--|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Gwen C Horn |   | Date of Receipt   |
|   | Mailing Address 17557 Ingram Rd                        |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 2 / 3 1 / 2 0 1 0 |
|   | City   | State   | Zip Code  |
|   | Fort Myers   | FL  | 33967-2958  |
| FEC ID number of contributing federal political committee.  |  | <input type="text"/> C <input type="text"/>             | <b>Transaction ID:</b> PR2231092425286  |
| Name of Employer<br>21st Century Oncology Management, Inc   |  | Occupation<br>Director - Health Information System      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text"/> 260.00 | <input type="text"/> 20.00  |
|   |  |   | P/R Deduction (\$10.00 Bi-Weekly)   |

|   |   |  |   |
|---|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Madlyn Dornaus |  | Date of Receipt   |
|   | Mailing Address 18930 Knoll Landing Drive                 |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 2 / 3 1 / 2 0 1 0 |
|   | City  | State  | Zip Code  |
|   | Fort Myers  | FL   | 33908-4760  |
| FEC ID number of contributing federal political committee.  |   | <input type="text"/> C <input type="text"/>              | <b>Transaction ID:</b> PR2232241725286  |
| Name of Employer<br>21st Century Oncology Management, Inc   |   | Occupation<br>VP Operations                              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 3900.00 | <input type="text"/> 300.00   |
|   |   |  | P/R Deduction (\$150.00 Bi-Weekly)  |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Chaundre Cross |   | Date of Receipt   |
|   | Mailing Address 6845 Wellington Drive                     |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 2 / 3 1 / 2 0 1 0 |
|   | City  | State   | Zip Code  |
|   | Naples  | FL  | 34109-7207  |
| FEC ID number of contributing federal political committee.  |   | <input type="text"/> C <input type="text"/>             | <b>Transaction ID:</b> PR2232246225286  |
| Name of Employer<br>21st Century Oncology, Inc  |   | Occupation<br>Medical Doctor                            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text"/> 650.00 | <input type="text"/> 50.00  |
|   |   |   | P/R Deduction (\$25.00 Bi-Weekly)   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 370.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 13

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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.**

Full Name (Last, First, Middle Initial)

Alexis Harvey

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 ▼

520.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2010

Transaction ID: PR2232248525286

Amount of Each Receipt this Period

40.00

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

**B.**

Full Name (Last, First, Middle Initial)

Dr. Peter Greenberg

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 ▼

4600.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2010

Transaction ID: PR2366842325286

Amount of Each Receipt this Period

400.00

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

**C.**

Full Name (Last, First, Middle Initial)

Dr David Horvick

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  
21st Century Onc of Harfo-  
rd County, Ma

Occupation

Medical Doctor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2010

Transaction ID: PR2366842525286

Amount of Each Receipt this Period

100.00

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

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

540.00

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 12 / 13                 |
|   | (check only one)             |                              |
| <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.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Marc A. Melsner, MD  |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 27090 Harbor Oaks Boulevard   |  | <b>Transaction ID:</b> PR2412064425286              |
| City<br>Punta Gorda   | State<br>FL                              | Zip Code<br>33983-6507                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer<br>Marc A. Melsner, MD (MMU)   | Occupation<br>Medical Doctor - Urologist | P/R Deduction (\$100.00 Bi-Weekly)                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2600.00      |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Robert L. Long   |                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 909 Mar Walt Drive  |                                    | <b>Transaction ID:</b> PR2492181525286              |
| City<br>Fort Walton Beach   | State<br>FL                        | Zip Code<br>32547-6635                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer<br>21st Century Oncology, Inc  | Occupation<br>Medical Doctor       | P/R Deduction (\$100.00 Bi-Weekly)                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>400.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>2730.00</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 |

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Citizens For Cochran  | Transaction ID: 32708690<br>Date of Disbursement<br>12 / 06 / 2010   |
|    | Mailing Address PO Box 7183  | Amount of Each Disbursement this Period<br>2400.00   |
|    | City Tupelo State MS Zip Code 38802  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Sen. Thad Cochran   | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MS District: | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Contribution   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Heartland Values PAC  | Transaction ID: 32708691<br>Date of Disbursement<br>12 / 06 / 2010   |
|    | Mailing Address PO Box 505   | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Sioux Falls State SD Zip Code 57101   |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Heartland Values PAC  | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Contribution   |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Moving America Forward  | Transaction ID: 32708692<br>Date of Disbursement<br>12 / 06 / 2010   |
|    | Mailing Address 471 Birchington Lane   | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Melbourne State FL Zip Code 32940   |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Moving America Forward  | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Contribution   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>12400.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>12400.00</b> |