

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

21st Century Oncology, Inc. Political Action Committee

ADDRESS (number and street) 2234 Colonial Blvd.

Check if different than previously reported. (ACC) Attn: Margarita Suarez

Fort Myers FL 33907

2. **FEC IDENTIFICATION NUMBER ▼** C00385120 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYY in the State of  

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

04 / 01 / 2014 through 06 / 30 / 2014

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 Daniel E. Dosoretz MD *[Electronically Filed]* Date MM / DD / YYYY

07 / 07 / 2014

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

21st Century Oncology, 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="2014"/>	<input type="text" value="25588.00"/>	<input type="text" value="25588.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2649.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17334.00"/>	<input type="text" value="29506.00"/>
(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="19983.57"/>	<input type="text" value="55094.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13500.00"/>	<input type="text" value="48610.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6483.57"/>	<input type="text" value="6483.57"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**21st Century Oncology, Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12089.00	21701.00
(ii) Unitemized .....	245.00	1205.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12334.00	22906.00
(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) .....	12334.00	22906.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	1600.00
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.....	5000.00	5000.00
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))..... ▶	17334.00	29506.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17334.00	29506.00

**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	110.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	110.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	48500.00
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 .....	0.00	0.00
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)) ..	13500.00	48610.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	48610.43

**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) .....	12334.00	22906.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12334.00	22906.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	110.43
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	110.43

**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 6 OF 16
<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

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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Dr Christopher Chen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1010 SEMINOLE DRIVE  
APT 1107

City FORT LAUDERDALE State FL Zip Code 33304-3220

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 ▼  
2496.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1567028833985**

Amount of Each Receipt this Period  
1344.00

P/R Deduction (\$192.00 Bi-Weekly)

**B. Mr. DAVID E. LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9741 Mar Largo Circle

City Fort Myers State FL Zip Code 33919-7325

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

Name of Employer 21st Century Oncology, LLC Occupation Physician Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1567085133985**

Amount of Each Receipt this Period  
350.00

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

**C. Mrs. VICTORIA DANTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1409 Davis Drive

City Fort Myers State FL Zip Code 33919-1069

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

Name of Employer 21st Century Oncology Services, Inc Occupation Director of Revenue Integrity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : PR1580095133985**

Amount of Each Receipt this Period  
525.00

P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2219.00

**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 7 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. QUINTEN CURTIS BLACK MD**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1040.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1580879433985**  
 Amount of Each Receipt this Period 560.00  
 P/R Deduction (\$80.00 Bi-Weekly)

**B. Mark Robert Jones MD**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 650.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1580886833985**  
 Amount of Each Receipt this Period 350.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. 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 06 / 30 / 2014  
**Transaction ID : PR1580891933985**  
 Amount of Each Receipt this Period 700.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1610.00
<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 8 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. 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 06 / 30 / 2014  
**Transaction ID : PR1580898533985**  
 Amount of Each Receipt this Period 140.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Dr Patrick Michael Francke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Winnebago Road  
 City Sea Ranch Lakes State FL Zip Code 33308-2305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Regional Cancer Center, LLC Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR1633307933985**  
 Amount of Each Receipt this Period 280.00  
 P/R Deduction (\$40.00 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  
 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 06 / 30 / 2014  
**Transaction ID : PR1692755733985**  
 Amount of Each Receipt this Period 1050.00  
 P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1470.00  
**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 9 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Dr. Dwight Fitch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9122 16th Ave Circle, NW  
 City Bradenton State FL Zip Code 34209-8133  
 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 ▼ 1300.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2127270533985**  
 Amount of Each Receipt this Period 700.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Brian P Quaranta MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Vista Lake Drive Apt 108  
 City Candler State NC Zip Code 28715-5103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiation Therapy Associates of Wester Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2127272433985**  
 Amount of Each Receipt this Period 280.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Madlyn Dornaus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18930 Knoll Landing Drive  
 City Fort Myers State FL Zip Code 33908-4760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 21st Century Oncology Services, Inc Occupation VP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : PR2232241733985**  
 Amount of Each Receipt this Period 525.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1505.00  
**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 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, 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 / 2014  
**Transaction ID : PR2232246233985**  
 Amount of Each Receipt this Period 175.00  
 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 / 2014  
**Transaction ID : PR2232248533985**  
 Amount of Each Receipt this Period 140.00  
 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 / 2014  
**Transaction ID : PR2366842333985**  
 Amount of Each Receipt this Period 1400.00  
 P/R Deduction (\$200.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1715.00
<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: (check only one)	PAGE 11 OF 16
<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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr David Horvick</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2366842533985</b>
Mailing Address 953 Creek Rock Rd		Amount of Each Receipt this Period 350.00
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>B. Marc A. Melser MD</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2412064433985</b>
Mailing Address 27090 Harbor Oaks Boulevard		Amount of Each Receipt this Period 700.00
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) <b>C. Richard Rolland Lewis</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 <b>Transaction ID : PR2492181133985</b>
Mailing Address 9272 River Otter Dr		Amount of Each Receipt this Period 140.00
City Fort Myers	State FL	Zip Code 33912-8922
FEC ID number of contributing federal political committee. C	Name of Employer 21st Century Oncology Services, Inc	Occupation Director of Ops. Financial
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1190.00
<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 12 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Robert L. Long**

Mailing Address 909 Mar Walt Drive

City State Zip Code  
 Fort Walton Beach FL 32547-6635

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 ▼  
 1300.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2492181533985**

Amount of Each Receipt this Period  
 700.00

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

Full Name (Last, First, Middle Initial)  
**B. Jake J. Strikowski**

Mailing Address 1360 S. Ocean Blvd #2001

City State Zip Code  
 Pompano Beach FL 33062-7164

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

Name of Employer Occupation  
 21st Century Oncology Services, Inc Regional Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2492181833985**

Amount of Each Receipt this Period  
 140.00

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

Full Name (Last, First, Middle Initial)  
**C. Michael J. Tompkins**

Mailing Address 9070 Pittsburgh Blvd

City State Zip Code  
 Fort Myers FL 33967-7205

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

Name of Employer Occupation  
 21st Century Oncology Services, Inc Director of Ancillary Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 06 / 30 / 2014  
**Transaction ID : PR2492181933985**

Amount of Each Receipt this Period  
 350.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1190.00

**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 16
	(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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Jonathan D. Weinbach</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 210 W 19th St Apt 2 J		<b>Transaction ID : PR2492182033985</b>
City New York	State NY	Zip Code 10011-4067
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 140.00	
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	

Full Name (Last, First, Middle Initial) <b>B. Rie Alhara</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 14270 Royal Harbor		<b>Transaction ID : PR2497582233985</b>
City Fort Myers	State FL	Zip Code 33908-6503
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00	
Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor	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) <b>C. Kevin J. Kerlin</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 904 Mill Rd		<b>Transaction ID : PR2598671233985</b>
City Goldsboro	State NC	Zip Code 27534-8951
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00	
Name of Employer Radiation Therapy Associates of Wester	Occupation Medical Doctor	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12089.00

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

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

FOR LINE NUMBER: PAGE 14 OF 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Friends Of Nan Hayworth**

Mailing Address P. O. Box 189

City State Zip Code  
 Mount Kisco NY 10549

FEC ID number of contributing federal political committee. **C** C00466490

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : 37297450**

Amount of Each Receipt this Period  
 5000.00

Refund of contribution made on 3/25/14

Full Name (Last, First, Middle Initial)  
**B.**

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

Full Name (Last, First, Middle Initial)  
**C.**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tom Rice For Congress**

Mailing Address 950 48th Avenue North Ste 200

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Tom Rice**

Office Sought:  House  
 Senate  
 President  
State: SC District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

**Transaction ID : 37131163**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. America's Leadership PAC**

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**America's Leadership PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

**Transaction ID : 37246406**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. ANDER PAC**

Mailing Address PO Box 523383

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Contribution

Candidate Name

**ANDER PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

**Transaction ID : 37246408**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Contribution

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

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)  
**21st Century Oncology, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Nan Hayworth**

Mailing Address P. O. Box 189

City State Zip Code  
Mount Kisco NY 10549

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Nan Hayworth**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37297451**

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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