

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 (12G)
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 01 01 2007 through 06 30 2007

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 07 31 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		28523.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	28523.00									
(c) Total Receipts (from Line 19)	17866.00	17866.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46389.00	46389.00								
7. Total Disbursements (from Line 31)	44000.00	44000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2389.00	2389.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	17140.00	17140.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	726.00	726.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17866.00	17866.00
(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)	17866.00	17866.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17866.00	17866.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17866.00	17866.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	44000.00
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))..	44000.00	44000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44000.00	44000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17866.00	17866.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17866.00	17866.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial) Mrs. Angelica Gukes Mailing Address 4351 NE 22nd Ave City Fort Lauderdale State FL Zip Code 33306 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 7 Transaction ID: 25389978 Amount of Each Receipt this Period 2000.00
Name of Employer n/a Occupation Housewife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00 Contribution

B. Full Name (Last, First, Middle Initial) Andrew L Woods Mailing Address 15021 Rolling Hills Drive City Glenwood State MD Zip Code 21738 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 7 Transaction ID: 26352422 Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc Occupation Attorney-Director BD & Federal Regula Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00 contribution

C. Full Name (Last, First, Middle Initial) Mr. DAVID E. LEE Mailing Address 9741 MAR LARGO C City FORT MYERS State FL Zip Code 33919 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1567085117486 Amount of Each Receipt this Period 260.00
Name of Employer 21st Century Oncology, Inc Occupation Physician Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	7260.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mrs. GAIL CUMMINGS

Mailing Address 11574 TIMBERLINE CIRCLE

City State Zip Code
FORT MYERS FL 33912

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

Name of Employer 21st Century Oncology, Inc Occupation Technical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: PR1580094817486

Amount of Each Receipt this Period
325.00

P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address 1409 DAVIS DRIVE

City State Zip Code
FT. MYERS FL 33919

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

Name of Employer 21st Century Oncology, Inc Occupation Director of Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

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

Transaction ID: PR1580095117486

Amount of Each Receipt this Period
975.00

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

C. Full Name (Last, First, Middle Initial)
Mrs MONICA ROLDAN

Mailing Address 17350 GARDEN COURT

City State Zip Code
FORT MYERS FL 33908

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: PR1580096617486

Amount of Each Receipt this Period
390.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1690.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARK BIR		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580879117486
Mailing Address 13060 Shoreside Court		Amount of Each Receipt this Period 325.00
City State Zip Code Fort Myers FL 33913	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer 21st Century Oncology, Inc	Occupation Physician Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. QUINTEN CURTIS BLACK, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580879417486
Mailing Address 1404 KENTON LANE		Amount of Each Receipt this Period 520.00
City State Zip Code ASHEVILLE NC 28803	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer RTA of Western NC, PA	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. KAREN LOMBARDO		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580889217486
Mailing Address 26061 COPIAPO CIRCLE		Amount of Each Receipt this Period 260.00
City State Zip Code PUNTA GORDA FL 33983	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer 21st Century Oncology, Inc	Occupation Regional Administrator	
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) ▶	1105.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. TAM NGUYEN, MD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2798 BELLINI ROAD		Transaction ID: PR1580891917486
City State Zip Code HENDERSON NV 89059	Amount of Each Receipt this Period _____ 1300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Michael J. Katin, MD, PC 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)

Full Name (Last, First, Middle Initial) B. PAUL TREADWELL, MD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9916 COZY GLEN CIRCLE		Transaction ID: PR1580898517486
City State Zip Code LAS VEGAS NV 89117	Amount of Each Receipt this Period _____ 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Michael J. Katin, MD, PC Occupation Medical Doctor		
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)

Full Name (Last, First, Middle Initial) C. MRS. NANCY A. WISE		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11540 BAYSHORE ROAD		Transaction ID: PR1580900217486
City State Zip Code NORTH FORT MYERS FL 33917	Amount of Each Receipt this Period _____ 260.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Financial Services of SW Florida Occupation Director Financial Services		
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)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1820.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7 Winnebago Road

City State Zip Code
Sea Ranch Lakes FL 33308

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

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

Transaction ID: PR1633307917486

Amount of Each Receipt this Period
520.00

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

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

Mailing Address 12731 Terabella Way

City State Zip Code
Fort Myers FL 33912

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

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

Transaction ID: PR1692755717486

Amount of Each Receipt this Period
1950.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Dwight Fitch

Mailing Address 9122 16th Ave Circle, NW

City State Zip Code
Bradenton FL 34209

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: PR2127270517486

Amount of Each Receipt this Period
650.00

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

SUBTOTAL of Receipts This Page (optional)	3120.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mary Pat Jarnagin Mailing Address 751 Isaac Shelby Circle City State Zip Code Frankfort KY 40601-8810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2127270817486 Amount of Each Receipt this Period 325.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: 21st Century Oncology of Kentucky Occupation: Regional Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

B. Full Name (Last, First, Middle Initial) Brian P Quaranta, MD Mailing Address 100 Vista Lake Drive Apt 108 City State Zip Code Candler NC 28715 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2127272417486 Amount of Each Receipt this Period 520.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer: North Carolina RT Management Services Occupation: Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

C. Full Name (Last, First, Middle Initial) Michael Shevach, MD Mailing Address 7365 Regina Royale City State Zip Code Sarasota FL 34238 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2127272517486 Amount of Each Receipt this Period 1300.00 P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer: 21st Century Oncology, Inc Occupation: Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		

SUBTOTAL of Receipts This Page (optional)	2145.00
TOTAL This Period (last page this line number only)	17140.00

**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. Stabenow For US Senate		Transaction ID: 26356616 Date of Disbursement 03 / 06 / 2007
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00
City East Lansing State MI Zip Code 48826	Purpose of Disbursement Contribution Contribution Candidate Name Sen. Debbie Stabenow Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Transaction ID: 26352377 Date of Disbursement 03 / 26 / 2007
Mailing Address 320 First Street		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: 26352259 Date of Disbursement 03 / 26 / 2007
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	31000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

PAGE 13 / 14

<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. Friends Of Patrick J Kennedy Inc		Transaction ID: 26352777 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 5000.00 contribution
City Pawtucket State RI Zip Code 02862		
Purpose of Disbursement contribution Candidate Name Rep. Patrick Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 1	011 Category/Type	

Full Name (Last, First, Middle Initial) B. Friends Of Gordon Smith		Transaction ID: 26354355 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 228 South Washington Street Suite 115		Amount of Each Disbursement this Period 3000.00 Contribution
City Alexandria State VA Zip Code 22215		
Purpose of Disbursement Contribution Candidate Name Sen. Gordon Smith Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: OR District: 2 2008 General	011 Category/Type	

Full Name (Last, First, Middle Initial) C. Tim Mahoney For Florida		Transaction ID: 26352912 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 2500.00 contribution
City Palm Beach Gardens State FL Zip Code 33410		
Purpose of Disbursement contribution Candidate Name Rep. Timothy Mahoney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 16	011 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
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)

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<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. Whitehead For Congress

Mailing Address PO Box 619

City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name
Mr. James Whitehead

Office Sought: House
 Senate
 President

State: GA District: 10

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 26353102

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

44000.00