

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


Y Y Y
2012

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

$\square$|  |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- | | Office |
| :--- |
| Use |
| Only | L

FEC FORM 3X

FEC Form 3X (Rev. 02/2003)

## Write or Type Committee Name <br> Radiation Therapy Services, Inc Political Action Committee



| COLUMN A | COLUMN B |
| :---: | :---: |
| This Period | Calendar Year-to-Date |

6. (a) Cash on Hand January 1,
Y-Y
2012
8331.00
(b) Cash on Hand at

Beginning of Reporting Period $\qquad$
$\square 331.00$
11739.00
$\square, 11739.00$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines
6(a) and 6(c) for Column B) $\qquad$
20070.00
20070.00
7. Total Disbursements (from Line 31) $\qquad$
$\square 11000.00$
11000.00
8. Cash on Hand at Close of Reporting Period
(subtract Line 7 from Line 6(d)) $\qquad$
$\square 9070.00$
$\square 9070.00$
9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
0,00
10. Debts and Obligations Owed BY the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
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

## Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

| I. Receipts |
| :--- |
| Report Covering the Period: From: |

19. Total Receipts (add Lines 11(d),
$12,13,14,15,16,17$, and 18(c)) $\ldots \ldots \ldots$ $\square$

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


FEC Form 3X (Rev. 02/2003)

## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share $\qquad$
(ii) Non-Federal Share. $\qquad$
(b) Other Federal Operating Expenditures $\qquad$
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) $\qquad$ $\ldots$
22. Transfers to Affiliated/Other Party Committees
23. Contributions to

Federal Candidates/Committees and Other Political Committees. $\qquad$
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F)... $\qquad$
26. Loan Repayments Made $\qquad$
27. Loans Made
28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees $\qquad$
(b) Political Party Committees $\qquad$
(c) Other Political Committees (such as PACs). $\qquad$ .
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) $\qquad$

| 0.00 |  |
| :--- | :--- |
| , | 0.00 |

$0,0.00$
30. Federal Election Activity (2 U.S.C. §431(20))
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$ ....
(b) Federal Election Activity Paid Entirely With Federal Funds $\qquad$
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).
.. $\downarrow$

| , 0.00 |  |
| :---: | :---: |
| , 0, | 0.00 |
| 0, | 0.00 |
|  | 0.00 |


31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)



DETAILED SUMMARY PAGE
of Disbursements

Page 5
FEC Form 3X (Rev. 02/2003)

## III. Net Contributions/Operating Expenditures

33. Total Contributions (other than loans) (from Line 11(d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ......
37. Offsets to Operating Expenditures (from Line 15, page 3) $\qquad$
38. Net Operating Expenditures (subtract Line 37 from Line 36) $\qquad$

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date


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



Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.
nAME OF COMmitTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee
Full Name (Last, First, Middle Initial)


Date of Receipt


Transaction ID : PR1567028827577
Amount of Each Receipt this Period
1344.00

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

## Full Name (Last, First, Middle Initial)

B. Mr. DAVID E. LEE

Mailing Address 9741 Mar Largo Circle
$\left.\begin{array}{l|ll}\hline \begin{array}{l}\text { City } \\ \text { Fort Myers }\end{array} & \text { State } & \text { Zip Code } \\ \text { 33919-7325 }\end{array}\right]$

Date of Receipt

| 03 | ' | $\begin{gathered} D \\ 31 \end{gathered}$ | 1 | $2012$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : PR1567085127577
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

c. Mrs. VICTORIA DANTON

Mailing Address 1409 Davis Drive

| City | State | Zip Code |
| :--- | :---: | :---: |
| Fort Myers | FL | 33919-1069 |

Date of Receipt

| $\begin{gathered} M 1 \\ 03 \end{gathered}$ | 31 | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1580095127577
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



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NAME OF COMMItTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee
Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) <br> A. QUINTEN Curtis BLACK MD |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 1404 Kenton Lane |  |  |
| City | State Zip Code |  |
| Asheville | NC 28803-2468 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | $560.00$ |
| Name of Employer <br> RTA of Western NC, PA | Occupation <br> Medical Doctor |  |
|  | Aggregate Year-to-Date | P/R Deduction (\$80.00 Bi-Weekly) |

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

Mailing Address 1400 LONG RUN ROAD

| City <br> LOUSVIUE | State Zip Code <br> KY $40245-4334$ |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> 21st Century Oncology of Kentucky (KEN | Occupation <br> Medical Doctor |
|  | Aggregate Year-to-Date $\square$ <br> 350.00 |

Date of Receipt

| 03 | ' | $\begin{gathered} D \\ 31 \end{gathered}$ | 1 | $2012$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : PR1580886827577
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

c. TAM NGUYEN MD

Mailing Address 2798 Bellini Road

| City <br> Henderson | State <br> NV | Zip Code <br> $89052-3118$ |
| :--- | :--- | :--- |
| FEC ID number of contributing <br> federal political committee. | C |  |
| Name of Employer | Occupation |  |
| Michael J. Katin, MD, PC | Medical Doctor |  |

Date of Receipt

| $\begin{gathered} M 1 \\ 03 \end{gathered}$ | 31 | , | $2012$ |
| :---: | :---: | :---: | :---: |

Transaction ID : PR1580891927577
Amount of Each Receipt this Period
700.00

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

| SUBTOTAL of Receipts This Page (optional)................................................................. | $1610.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)..................................................... | - |

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



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NAME OF COMMItTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee
Full Name (Last, First, Middle Initial)


Date of Receipt

| $\begin{gathered} M \\ 03 \end{gathered}$ | $\begin{gathered} D \cdot D \\ 31 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR1692755727577
Amount of Each Receipt this Period
$\square 1050.00$

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


Date of Receipt


Transaction ID : PR2127270527577
Amount of Each Receipt this Period


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

## Full Name (Last, First, Middle Initial)

c. 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 |
| Name of Employer | Occupation |
| North Carolina RT Management Services, | Medical Doctor |
| Receipt For: | Aggregate Year-to-Date $\boldsymbol{\nabla}$ |
| Other (specify) | $280.00$ |

Date of Receipt


Transaction ID : PR2127272427577
Amount of Each Receipt this Period
280.00
P/R Deduction (\$40.00 Bi-Weekly)

| SUBTOTAL of Receipts This Page (optional)................................................................. | $2030.00$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................ |  |

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



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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee
Full Name (Last, First, Middle Initial)

| Full Name (Last, First, Middle Initial) <br> A. Madlyn Dornaus |  | Date of Recei |
| :---: | :---: | :---: |
| Mailing Address 18930 Knoll Landing Drive |  |  |
| City Fort Myers | $\begin{aligned} & \hline \text { Zip Code } \\ & 33908-4760 \end{aligned}$ | Transaction ID : PR2232241727577 |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |  | $1050.00$ |
| Name of Employer <br> 21st Century Oncology Management, Inc | Occupation VP Operations | P/R Deduction (\$150.00 Bi-Weekly) |
|  | Aggregate Year-to-Date |  |
| Full Name (Last, First, Middle Initial) <br> B. Dr. Peter Greenberg |  | Date of Receipt |
| Mailing Address 77-840 Flora Rd |  |  |
| City <br> Palm Desert | $\begin{array}{ll}\text { State } & \text { Zip Code } \\ \text { CA } & \text { 92211-4109 }\end{array}$ | Transaction ID : PR2366842327577 |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1200.00 |
| Name of Employer 21st Century Oncology of California, P | Occupation Medical Doctor | P/R Deduction (\$200.00 Bi-Weekly) |
|  | Aggregate Year-to-Date |  |


| Full Name (Last, First, Middle Initial) <br> C. Dr David Horvick |  |
| :---: | :---: |
| Mailing Address 953 Creek Rock Rd |  |
| City <br> Bel Air | State Zip Code <br> MD 21014 |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> 21st Century Onc of Harford County, Ma | Occupation <br> Medical Doctor |
|  | Aggregate Year-to-Date $\square$ <br> 350.00 |

Date of Receipt

| $03$ | $\begin{gathered} \hline D 10 \\ 31 \end{gathered}$ | $2012$ |
| :---: | :---: | :---: |

Transaction ID : PR2366842527577
Amount of Each Receipt this Period
$0,350.00$

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

| SUBTOTAL of Receipts This Page (optional)................................................................ | $2600.00$ |
| :---: | :---: |
| 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 10 OF 12 (check only one)


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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee
Full Name (Last, First, Middle Initial)

| A. Marc A. Melser MD |
| :--- |
| Mailing Address 27090 Harbor Oaks Boulevard |
| City |
| Punta Gorda |
| FEC ID number of contributing |
| federal political committee. |
| Name of Employer State Zip Code <br> Marc A. Melser, MD (MMU) C  <br> Receipt For: Occupation  <br> $\square$ Primary $\square$ General Medical Doctor - Urologist  <br> Other (specify) $\boldsymbol{\nabla}$ Aggregate Year-to-Date $\boldsymbol{\nabla}$  |

Date of Receipt


Transaction ID : PR2412064427577
Amount of Each Receipt this Period
$\square \quad 700.00$

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

## Full Name (Last, First, Middle Initial)

B. Robert L. Long

Mailing Address 909 Mar Walt Drive


Date of Receipt


Transaction ID : PR2492181527577
Amount of Each Receipt this Period


P/R Deduction (\$100.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)
C. Michael J. Tompkins

Mailing Address 9070 Pittsburgh Blvd

| City Fort Myers | State Zip Code <br> FL $33967-7205$ |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | C |
| Name of Employer <br> 21st Century Oncology Management, Inc | Occupation <br> Director of Ancillary Services |
| Receipt For: $\square$ Primary $\square$ General Other (specify) | Aggregate Year-to-Date <br> 350.00 |

Date of Receipt

| $03^{M}$ | $\begin{array}{\|c} \hline \text { D } 1 \\ 31 \end{array}$ |  | $2012$ |
| :---: | :---: | :---: | :---: |

Transaction ID : PR2492181927577
Amount of Each Receipt this Period
350.00

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

| SUBTOTAL of Receipts This Page (optional)................................................................. | $1750.00$ |
| :---: | :---: |
| 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 11 OF 12 (check only one)


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nAME OF COMmItTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee


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

Mailing Address
City State Zip Code

FEC ID number of contributing federal political committee.


| Name of Employer | Occupation |
| :--- | :--- |
| Receipt For: |  |
| $\square$ Primary $\square$ General |  |
| Other (specify) $\nabla$ |  |$\quad$ Aggregate Year-to-Date $\boldsymbol{\nabla}$

Date of Receipt


Amount of Each Receipt this Period
$\square$

Date of Receipt
c.


Amount of Each Receipt this Period



## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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

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

Full Name (Last, First, Middle Initial)
A. ANDER PAC

| Mailing Address PO Box 523383 |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Springfield |  | State Zip Code <br> VA 22152 |  |
|  |  |  |  |
| Purpose of Dis Contribution | ursement |  | 011 |
| Candidate Nam ANDER P |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |

Full Name (Last, First, Middle Initial)
B. America's Leadership PAC

| $\begin{array}{ll}\text { Mailing Address } & 607 \text { 14th Street, NW } \\ \text { Suite } 800\end{array}$ |  |  |  |
| :---: | :---: | :---: | :---: |
| City <br> Washington |  | State Zip Code <br> DC 20005 |  |
| Purpose of Disbursement Contribution |  |  | 011 |
| Candidate Name America's Leadership PAC |  |  | Category/ Type |
| Office Sought: <br> State: |  House <br> Senate <br> $\square$ President |  |  |
| Democratic Congressional Campaign Committee |  |  |  |
| Mailing Address 430 South Capitol Street SE 2nd Floor |  |  |  |
| City State Zip Code <br> Washington DC 20003 <br> Purpose of Disbursement   <br> Contribution   |  |  |  |
|  |  |  | 011 |
| Candidate Name Democratic Congressional Campaign Committee |  |  | Category/ Type |
| Office Sought: <br> State: | $\square$ House <br> Senate  <br> Sent  <br> President  |  |  |

Date of Disbursement

| ${ }^{\text {M }} 01$ | , | 25 | , | $2012$ |
| :---: | :---: | :---: | :---: | :---: |

Transaction ID : 34323843

Amount of Each Disbursement this Period
$\square 5000.00$

Contribution

Date of Disbursement


Transaction ID : 34626463

Amount of Each Disbursement this Period
5000.00

Contribution

Date of Disbursement


Transaction ID : 34626464

Amount of Each Disbursement this Period
$\square 1000.00$

## Contribution



