

**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

CITY

STATE

ZIP CODE

C00385120

3. IS THIS REPORT

x

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)

X 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

07

01

2003

through

12

31

2003

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

29

2004

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. 02/2003)

**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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2003

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>Y</sup>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	27000.00	
(c) Total Receipts (from Line 19) .....	87580.00	114580.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	114580.00	114580.00
<hr/>		
7. Total Disbursements (from Line 31) .....	18500.00	18500.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	96080.00	96080.00
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2003

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		
(i) Itemized (use Schedule A) .....	86300.00	
(ii) Unitemized .....	1280.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	87580.00	114580.00
(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) .....	87580.00	114580.00
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)) .....	87580.00	114580.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	87580.00	114580.00

**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) 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.....	18500.00	18500.00
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 ActMty (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))..	18500.00	18500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18500.00	18500.00

**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) .....	87580.00	114580.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87580.00	114580.00
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: PAGE 6 / 21

(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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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. Dr THEODORE DALE MASEK M.D.		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 9 IVY LEAGUE CIRCLE		Transaction ID: 17680344
City	State	Zip Code
RANCHO MIRAGE	CA	92270
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer California Radiation Therapy Management Receipt For: Primary General Other (specify) ▼	Occupation Medical Doctor Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr CHARLES THOMAS II, MD		Date of Receipt M / D / Y 09 / 13 / 2003
Mailing Address 21 E FOREST ROAD		Transaction ID: 17680361
City	State	Zip Code
ASHEVILLE	NC	28803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer RTA of Western NC, PA Receipt For: Primary General Other (specify) ▼	Occupation Medical Doctor Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Mr RICARDO ANDRICO		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 691B ERIN MARIE CT.		Transaction ID: 17719739
City	State	Zip Code
FORT MYERS	FL	33919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer 21st Century Oncology, Inc Receipt For: Primary General Other (specify) ▼	Occupation Architect Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>6700.00</b>
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: PAGE 7 / 21

(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

Full Name (Last, First, Middle Initial) <b>A. Mrs. VIVIANA ANDISCO</b>		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 8916 ERIN MARIE CT.		Transaction ID: 17719740
City	State	Zip Code
FT. MYERS	FL	33913
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Financial Services of SW Florida	Occupation Physician Liason	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. DAVID J RICE, MD</b>		Date of Receipt M / D / Y 09 / 21 / 2003
Mailing Address 304D RIVERSHORE LANE		Transaction ID: 17680351
City	State	Zip Code
PORT CHARLOTTE	FL	33953
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Elaine Rice</b>		Date of Receipt M / D / Y 09 / 21 / 2003
Mailing Address 3303 Grand Vista Ct		Transaction ID: 17680352
City	State	Zip Code
Port Charlotte	FL	33953
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Fowler, White, Boggs, Barker, PA	Occupation Attorney	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
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: PAGE 8 / 21

(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

Full Name (Last, First, Middle Initial) A. Dr LARRY Neil SILVERMAN, MD		Date of Receipt M / D / Y 09 / 22 / 2003
Mailing Address 7891 DONALD ROSS RD W		Transaction ID: 17680356
City	State	Zip Code
SARASOTA	FL	34240-8652
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 3000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr LOIS MASTROFRANCESCO		Date of Receipt M / D / Y 09 / 23 / 2003
Mailing Address 8936 GREENWICH HILL WAY		Transaction ID: 17680345
City	State	Zip Code
FORT MYERS	FL	33908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr BRUCE M. NAKFOOR, MD		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 8787 BAY COLONY DR. APT. #702		Transaction ID: 17680348
City	State	Zip Code
NAPLES	FL	34108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>13000.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21  
(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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Silvia Cuneo Nakfor</b>		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 8787 Bay Colony Drive Apartment # 702		Transaction ID: 17680347
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Housewife	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Angelica Gules</b>		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 4351 NE 22nd Ave		Transaction ID: 17364165
City Fort Lauderdale	State FL	Zip Code 33306
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Housewife	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr GRACIELA Roldan GARTON, MD</b>		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 7730 SILVER BELL DRIVE		Transaction ID: 17364200
City SARASOTA	State FL	Zip Code 34241-6412
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>11000.00</b>
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: PAGE 10 / 21  
(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

Full Name (Last, First, Middle Initial) <b>A. Dr John Garton</b>		Date of Receipt M / D / Y Y Y Y 09 / 25 / 2003
Mailing Address 773D Silver Bell Drive		Transaction ID: 17364201
City	State	Zip Code
Sarasota	FL	34241
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer n/a	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr MICHAEL H. HANUS, MD</b>		Date of Receipt M / D / Y Y Y Y 09 / 25 / 2003
Mailing Address 202B MISSION DRIVE		Transaction ID: 17364203
City	State	Zip Code
NAPLES	FL	34109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Elaine Hanus</b>		Date of Receipt M / D / Y Y Y Y 09 / 25 / 2003
Mailing Address 202B Mission Drive		Transaction ID: 17364204
City	State	Zip Code
Naples	FL	34109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer n/a	Occupation Housewife	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>6500.00</b>
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: PAGE 11 / 21

(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

Full Name (Last, First, Middle Initial) A. Dr JOHN K O'CONNOR, MD		Date of Receipt M / D / Y 09 / 25 / 2003	
Mailing Address 3805 ISLAND CLUB DRIVE APT - 11		Transaction ID: 17680348	
City NORTH PORT	State FL	Zip Code 34288	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr Warren R Amos		Date of Receipt M / D / Y 09 / 25 / 2003	
Mailing Address 8333 North Davis Highway		Transaction ID: 17680340	
City Pensacola	State FL	Zip Code 32514	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. HECTOR H. MYSLICKI		Date of Receipt M / D / Y 09 / 25 / 2003	
Mailing Address 7537 CAMERON CIRCLE		Transaction ID: 17719757	
City FT. MYERS	State FL	Zip Code 33912	Amount of Each Receipt this Period 850.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer 21st Century Oncology, Inc	Occupation Director of Corporate Development	Aggregate Year-to-Date ▼ 850.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	3350.00
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21  
(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

Full Name (Last, First, Middle Initial) A. Dr CHRISTOPHER T. CHEN M.D.		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2003
Mailing Address 101D SEMINOLE DRIVE APT 1107		Transaction ID: 17384119
City	State	Zip Code
FORT LAUDERDALE	FL	33304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Dr STEPHEN J PATRICE, MD		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2003
Mailing Address 245 OSPREY POINT DRIVE		Transaction ID: 17680350
City	State	Zip Code
OSPREY	FL	34229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Mrs Sharon Patrice		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2003
Mailing Address 245 Osprey Point Drive		Transaction ID: 17680349
City	State	Zip Code
Osprey	FL	34229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer n/a	Occupation Housewife	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	9000.00
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  
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FOR LINE NUMBER: PAGE 13 / 21  
(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

Full Name (Last, First, Middle Initial) A. Dr. CONSTANTINE A. MANTZ M.D.		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 13001 SILVER SANDS DRIVE		Transaction ID: 17680342
City	State	Zip Code
FORT MYERS	FL	33913
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Christina Hodges		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 13001 Silver Sands Drive		Transaction ID: 17680343
City	State	Zip Code
Fort Myers	FL	33913
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer n/a	Occupation Housewife	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. VICTORIA DANTON		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 1409 DAVIS DRIVE		Transaction ID: 17719747
City	State	Zip Code
FT. MYERS	FL	33919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer 21st Century Oncology, Inc	Occupation Admin Manager	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	5500.00
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

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(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

Full Name (Last, First, Middle Initial) <b>A. Mr. Larry Danton</b>		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 1408 Davis Drive		Transaction ID: 17719748
City Fort Myers	State FL	Zip Code 33919
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Guley's Store Fixtures	Occupation Retail Manager	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr DANIEL H. GALMARINI</b>		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 18845 PANTHER PAW CT		Transaction ID: 17719749
City FORT MYERS	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer 21st Century Oncology, Inc	Occupation Director of Physics	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. SIMA K. Galmarini</b>		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 18845 Panther Paw Ct.		Transaction ID: 17719750
City Fort Myers	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer n/a	Occupation Housewife	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>10500.00</b>
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: PAGE 15 / 21  
(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

Full Name (Last, First, Middle Initial) <b>A. Mr DAVID M KOENINGER</b>		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 18040 MONTELAGO COURT		Transaction ID: 17719754
City <b>MIROMAR LAKES</b>	State <b>FL</b>	Zip Code <b>33813</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1750.00</b>
Name of Employer 21st Century Oncology, Inc	Occupation Chief Financial Officer	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1750.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Ms MARIAM SUAREZ</b>		Date of Receipt M / D / Y 09 / 29 / 2003
Mailing Address 771D AHOY AVE.		Transaction ID: 17719763
City <b>NAPLES</b>	State <b>FL</b>	Zip Code <b>34109</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer 21st Century Oncology, Inc	Occupation Adm Assistant to CEO	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Mrs Gella Dosoretz</b>		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 13221 Ponderosa Way		Transaction ID: 17364162
City <b>Fort Myers</b>	State <b>FL</b>	Zip Code <b>33507</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5000.00</b>
Name of Employer Canterbury School	Occupation Teacher	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7250.00</b>
<b>TOTAL</b> 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: PAGE 16 / 21  
(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

Full Name (Last, First, Middle Initial) <b>A. DR. DANIEL E. DOSORETZ, MD</b>		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 13221 PONDEROSA WAY		Transaction ID: 17384161
City	State	Zip Code
FORT MYERS	FL	33907
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DR. HASANMURSHED M.D.</b>		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 1000 CORAL RIDGE DRIVE BLDG #1000-APT 204		Transaction ID: 17187504
City	State	Zip Code
CORAL SPRINGS	FL	33071
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. JAMES H. STEVENS, MD</b>		Date of Receipt M / D / Y 10 / 01 / 2003
Mailing Address 4860 DESTINY WAY		Transaction ID: 17680360
City	State	Zip Code
DESTIN	FL	32541
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> 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: PAGE 17 / 21

(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

Full Name (Last, First, Middle Initial) A. Dr FAINA SHERMAN		Date of Receipt M / D / Y 10 / 10 / 2003
Mailing Address 31 DEERPATH DRIVE		Transaction ID: 17680353
City	State	Zip Code
NEW HARTFORD	NY	13413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Yonkers Radiation Medical Practice, PC	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Philomena Lawrence		Date of Receipt M / D / Y 10 / 17 / 2003
Mailing Address 2114 Genesee Street		Transaction ID: 17364205
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation Housewife	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DR. HASAN MURSHED M.D.		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 1000 CORAL RIDGE DRIVE BLDG #1000-APT 204		Transaction ID: 17187490
City	State	Zip Code
CORAL SPRINGS	FL	33071
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 2000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	3000.00
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: PAGE 18 / 21

(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

Full Name (Last, First, Middle Initial) A. Mrs. Rachel Silverman		Date of Receipt M / D / Y 11 / 02 / 2008	
Mailing Address 4980 Gardiners Bay Circle		Transaction ID: 17680355	
City	State	Zip Code	Amount of Each Receipt this Period 2500.00
Sarasota	FL	34238	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation Housewife	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	2500.00
TOTAL This Period (last page this line number only) .....	▶	86300.00

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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 Bob Graham Committee

Transaction ID: 17186397  
Date of Disbursement

09 / 30 / 2003

Mailing Address PO Box 13472  
227 South Calhoun Street

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Bob Graham

011  
Category/  
Type

Office Sought: House Disbursement For: 2004  
 Senate  Primary General  
President  
Other (specify) ▼

State: FL District 1

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Friends Of Bob Graham Committee

Transaction ID: 17186043  
Date of Disbursement

09 / 30 / 2003

Mailing Address PO Box 13472  
227 South Calhoun Street

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Bob Graham

011  
Category/  
Type

Office Sought: House Disbursement For: 2004  
 Senate  Primary  General  
President  
Other (specify) ▼

State: FL District 1

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)  
C. Bill Nelson For U S Senate

Transaction ID: 17187445  
Date of Disbursement

09 / 30 / 2003

Mailing Address 500 Red Sail Way

City Satellite Beach State FL Zip Code 32937

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Bill Nelson

011  
Category/  
Type

Office Sought: House Disbursement For: 2004  
 Senate  Primary General  
President  
Other (specify) ▼

State: FL District 2

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City State Zip Code  
Satellite Beach FL 32937

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Bill Nelson

Office Sought: House Senate President  
 Senate  
State: FL District 2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17187458  
Date of Disbursement

09 / 30 / 2003

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)  
B. Bush-Cheney '04, Inc

Mailing Address PO Box 10648

City State Zip Code  
Arlinton VA 22210

Purpose of Disbursement  
Contribution

Candidate Name  
Pres. George W Bush

Office Sought: House Senate President  
 President  
State: District 0

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17777802  
Date of Disbursement

11 / 03 / 2003

Amount of Each Disbursement this Period

2000.00

Contribution

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

Mailing Address P.O. Box 1848B

City State Zip Code  
Arlington VA 22215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House Senate President  
State: District 0

Disbursement For:  
Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17741264  
Date of Disbursement

11 / 12 / 2003

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)

PAGE 21 / 21

<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. Republican Majority Fund

Mailing Address 1155 21st ST NW  
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House  
Senate  
President  
State: District D

Disbursement For:  
Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17741288  
Date of Disbursement

11 / 12 / 2003

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

18500.00