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FEC FORM 1			ATEME RGANIZ		=		Office Use Only	_
1. NAME OF COMMITTEE (in	full)		heck if name changed)		ole:If typing, typ ne lines.	e 12FE4M		_
Oncure Me	diçal Ç	orp. Po	litical Act	iọn Cor	nmittee ("	'Oncure PA	·C")	J
		1 1 1	<u>. I., I. I. I.</u>			1 1 1 1 1		
ADDRESS (number a	nd street)	188	nverness	Drive \	Vest, Sui	te 650		_
(Check if address is changed)		Engl	ewood				80112	
				CITY		STATE	ZIP CODE	_
COMMITTEE'S E-MA (Check if is change of the	address od)	tpea	ch@oncu					ل
(Check if is change								<u>ل</u> ل
2. DATE		20	010					
3. FEC IDENTIFIC	CATION NU	MBER	C		<u></u>			
4. IS THIS STATE	MENT X	NEW	(N) OR		AMENDED ((A)		
I certify that I have		Tim	othy A. Po		owledge and be	elief it is true, corn	ect and complete.	
Signature of Treasur	er	7		_		_ Date	8 13 2010))
NOTE: Submission of			•		-	ning this Statement	to the penalties of 2 U.S.C. §437	у.
Office Use				ļ F	or further informa	mmission	FEC FORM 1	

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		OMMITTEE								
Car	Indidate Committee:									
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)								
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
Nam Can	e of didate									
	didate / Affiliati	Office State Sought: House Senate President District								
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.								
Nam Can	e of didate									
Par	ty Con	nmittee:								
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.								
Poli	itical A	ction Committee (PAC):								
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a								
		Corporation Corporation w/o Capital Stock Labor Organization								
		Membership Organization Trade Association Cooperative								
		In addition, this committee is a Lobbyist/Registrant PAC.								
(f)	ا اليوا	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party								
	committee. (i.e., nonconnected committee) [iii] In addition, this committee is a Lobbyist/Registrant PAC.									
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
Join	t Fund	raising Representative:								
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.								
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.								
	Com	mittees Participating in Joint Fundraiser								
	1.									
	-									
	2.	The American Control of the Am								
	3.	FEC ID number C								
	4.	FEC ID number C								

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_	FEC Form 1 (Revised	02/2009)			·	Page 3
٧	Vrite or Type Committee Name	•				
C	Oncure Medical Co	rp. Political Action	n Committee	("Oncure F	AC")	
6.	Name of Any Connected C	Prganization, Affiliated Com	mittee, Joint Fundral	sing Representati	ve, or Leadership	PAC Sponsor
Ĺ	Oncure Medical C	orp.				<u> </u>
L						
	Mailing Address	188 Inverness [Drive West, S	uite 650		
	9					
		Ęnglewood		I I ICO	80112	. I_I !
		CIT	Y	STATE	l	P CODE
	Relationship: Connected	d Organization Affiliated C	ommittee Joint F	undraising Represe	entative Leade	ership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phon	e number optional)	and position of the	e person in posse	ssion of committee
	Full Name Timo	hy A. Peach		<u> </u>	<u></u>	
	Mailing Address	188 Inverness [Prive West, S	uite 650	<u> </u>	
					1 1 1 1 1 1	
		Englewood		LL CO	80112	<u>-</u>
	Title or Position	CIT	Y	STATE	ZI	P CODE
	Treasurer		Telep	phone number	303 - 64	3 - 6528
8.	Treasurer: List the name an any designated agent (e.g.,		optional) of the trease	urer of the commit	tee; and the name	and address of
	Full Name of Treasurer	hy A. Peach				
	Mailing Address	188 Inverness I	Orive West, S	uite 650		
			<u> </u>		<u> </u>	<u> </u>
		Englewood		L CO	80112	┸╾┩╴╏╌┤╌┤╾┤╌┤
	Title or Position	CIT	1	STATE		P CODE
	Treasurer	<u>. </u>	Teler	hone number	303 - 64	3 _ 6528

Telephone number

CITY

STATE

ZIP CODE

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