

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 07 01 2006 through 09 30 2006

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 10 13 2006

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**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		68850.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	25635.00									
(c) Total Receipts (from Line 19)	18205.00	27820.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43840.00	96670.00								
7. Total Disbursements (from Line 31)	20000.00	72830.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23840.00	23840.00								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	17955.00	27320.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	250.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18205.00	27820.00
(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)	18205.00	27820.00
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))	18205.00	27820.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18205.00	27820.00

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.....	20000.00	71000.00
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	1830.00
(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	1830.00
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))..	20000.00	72830.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20000.00	72830.00

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)	18205.00	27820.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1830.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18205.00	25990.00
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 / 12
	<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

Full Name (Last, First, Middle Initial) A. Betty Rubenstein		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 13301 Ponderosa Way		Transaction ID: 24664609
City State Zip Code Fort Myers FL 33907	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Housewife	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DR. JAMES H. RUBENSTEIN, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 13301 PONDEROSA WAY		Transaction ID: 24664611
City State Zip Code FORT MYERS FL 33907	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation 21st Century Oncology, Inc Medical Doctor	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHRISTINA WILL		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 603 SW 56TH ST.		Transaction ID: 24664617
City State Zip Code CAPE CORAL FL 33914	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Occupation Financial Services, Inc Credentialing Manager	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	10250.00
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 / 12
	<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. Patricio Andisco		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 6916 Erin Marie Ct		Transaction ID: 24664633	
City State Zip Code Fort Myers FL 33919		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology, Inc		Occupation Business Development Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
		Contribution	

Full Name (Last, First, Middle Initial) B. MERCY HILLER		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 5 SAPPHIRE DRIVE		Transaction ID: 24664635	
City State Zip Code KEY WEST FL 33040		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 1000.00	
		Contribution	

Full Name (Last, First, Middle Initial) C. Dr CHARLES THOMAS II, MD		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6	
Mailing Address 21 E FOREST ROAD		Transaction ID: 24664660	
City State Zip Code ASHEVILLE NC 28803		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 3000.00	
		Contribution	

SUBTOTAL of Receipts This Page (optional) ▶	4250.00
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 / 12
	<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) Mr. DAVID E. LEE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1567085115230
Mailing Address 9741 MAR LARGO C		Amount of Each Receipt this Period 100.00
City State Zip Code FORT MYERS FL 33919	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 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 ▼ 360.00	

B. Full Name (Last, First, Middle Initial) Dr JAMES H. STEVENS, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1567294915230
Mailing Address 4660 DESTINY WAY		Amount of Each Receipt this Period 1000.00
City State Zip Code DESTIN FL 32541	FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 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 ▼ 3400.00	

C. Full Name (Last, First, Middle Initial) Mrs. VICTORIA DANTON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1580095115230
Mailing Address 1409 DAVIS DRIVE		Amount of Each Receipt this Period 375.00
City State Zip Code FT. MYERS FL 33919	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer 21st Century Oncology, Inc	Occupation Admin Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

SUBTOTAL of Receipts This Page (optional) ▶	1475.00
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 10 / 12	
	(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"/> 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

A. 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 Occupation
21st Century Oncology, Inc Medical Doctor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

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

Transaction ID: PR1692755715230

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	17955.00

**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. Hoyer For Congress		Transaction ID: 24311589 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6	
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 5000.00	
City Clinton State MD Zip Code 20735	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Steny Hoyer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Trent Lott For Mississippi		Transaction ID: 24311773 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6	
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 5000.00	
City Jackson State MS Zip Code 39225	011 Category/ Type		
Purpose of Disbursement Contribution			
Candidate Name Sen. Trent Lott			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution	

Full Name (Last, First, Middle Initial) C. Tim Murphy For Congress		Transaction ID: 24800815 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 5000.00	
City Pttsburgh State PA Zip Code 15234	011 Category/ Type		
Purpose of Disbursement Contribution			
Candidate Name Rep. Tim Murphy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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 12 / 12

<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 John Boehner		Transaction ID: 24800821 Date of Disbursement MM / DD / YYYY 08 / 24 / 2006	
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 5000.00	
City West Chester State OH Zip Code 45069	Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name Rep. John Boehner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	20000.00