04/11/2008 19:33

Image# 28990790900

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For C	ine	r inan An	Autnoriz	ea Comm	ittee		Office Us	e Only	
1.				MAILING LAI OR PRINT	_	xample:If typ ver the lines	ing, type				
L	Radiation Therapy Services, l	nc Poli	itical i	Action Comm	iittee 			1 1 1			
Ш			1 1								
A <u>D</u>	DRESS (number and street)	223	34 Cc	olonial Blvd.			1 1 1 1	1 1 1	1 1 1 1		
_		Attı	n: Ma	rgarita Suare	z						1
	Check if different than previously reported. (ACC)	For	t Mye	ers				FL	33	3907 _	
2.	FEC IDENTIFICATION NUM	BER	*		CITY 🛕			STATE	L	ZIPCOD	DE 🛕
	C00385120				3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b	Re	onthly port e On:	Feb 20 (M		May 20 (M5)	H	Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
	(a) Quarterly Reports:			H			` <i>'</i>	H		H	Year Only)
	X April 15 Quarterly Report(Q	1)			Apr 20 (M	4)	Jul 20 (M7)		Oct 20 (M10)	쓴	Jan 31 (YE)
	July 15 Quarterly Report(Q2		(c)	12-Day PRE-Election Report for the second		Primary (1 Conventio		=	neral (12G) ecial (12G)		Runoff (12R)
	October 15 Quarterly Report(Q3	3)		·							
	January 31 Quarterly Report(YE	≣)			Election on					in the State of	. L.
	July 31 Mid-Year Report(Non-election Year Only) (MY)	1	(d)	30-Day Post -Elec Report for t		General (3	30G)	Rui	noff (30R)		Special (30S)
	Termination Report (TER)			·	Election on					in the State of	
5.	Covering Period 0 1		0 1	200	8	throug	h 03	3 1	2008		
l ce	ertify that I have examined this F	Report a	and to	o the best of i	my knowledg	e and belief i	t is true, correc	t and com	plete.		
Тур	e or Print Name of Treasurer	Da	aniel	E. Dosoretz,	MD						
Sig	nature of Treasurer Electron	nically F	Filed	by Daniel E	E. Dosoretz, I	MD		Date	0 4 1 1		2008
NO	TE : Submission of false, erron	eous,	or inc	omplete infor	mation may	subject the p	erson signing tl	nis Report	to the penalties	of 2 U.S	i.C 437g.
	Office Use									FORM	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	Report Covering the Period: From:	2008	To: 0 3 3 1 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y Y		34494.00
	(b) Cash on Hand at Begining of Reporting Period	34494.00	
	(c) Total Receipts (from Line 19)	13100.00	13100.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47594.00	47594.00
7.	Total Disbursements (from Line 31)	24950.00	24950.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22644.00	22644.00
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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. 06/2004) Page 3

2008

01

Write or Type Committee Name

Report Covering the Period:

Radiation Therapy Services, Inc Political Action Committee

From:

м м 0 1

м м 0 3

To:

^D 3 1

^Y 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	11270.00	11270.00
(ii) Unitemized	1830.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13100.00	13100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13100.00	13100.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13100.00	13100.00
0. Total Federal Receipts (subtract Line 18(c) from Line 19)	13100.00	13100.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	25000.00	25000.00
Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	-50.00	-50.00
Than Political Committees		
(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))	-50.00	-50.00
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
I. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24950.00	24950.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	24950.00	24950.00

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)	13100.00	13100.00
34.	Total Contribution Refunds (from Line 28(d))	-50.00	-50.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	13150.00	13150.00
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

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 15 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Radiation Therapy Services, Inc Polit	ical Action C	ommittee	
∠ 4.	Full Name (Last, First, Middle Initial) Andrew L Woods			Date of Receipt
	Mailing Address 15021 Rolling Hills Dr	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Clarated	State	Zip Code	Transaction ID: 27116053
	Glenwood FEC ID number of contributing	C	21738	Amount of Each Receipt this Period 5000.00
	federal political committee.	0		
	Name of Employer 21st Century Oncology, Inc	Occupation Attorney	n -Director BD & Federal Regu	ılat
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	Contribution
_ 3.	Full Name (Last, First, Middle Initial) Mr. David E. Lee			Date of Receipt
•	Mailing Address 9741 Mar Largo Circle	е		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1567085119025
	Fort Myers	FL	33919-7325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer 21st Century Oncology, Inc	Occupation Physicia	n n Assistant	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$50.00 Bi- Weekly)
-).	Full Name (Last, First, Middle Initial) Dr Theodore Masek			Date of Receipt
	Mailing Address 9 Ivy League Circle			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1567097119025
	Rancho Mirage	CA	92270-3909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1200.00
	Name of Employer California Radiation Ther- apy Managemen	Occupation Medical		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	P/R Deduction (\$200.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .			6500.00

A. Full Name of Eath of the Prima Othe B. Quinten Cu Mailing Add City Fort Mye FEC ID nu federal poli Name of Eath of the Prima Othe Full Name of Eath of the Prima Othe Full Name of Eath of We Receipt Fo Prima Othe Full Name of Eath of We Receipt Fo RTA of We Receipt Fo Prima Othe C. Full Name of Eath of We Receipt Fo Prima Othe Full Name of Eath of We Receipt Fo RTA of We Receipt Fo C. Full Name of Eath of We Receipt Fo Prima Othe	cial purposes, other than using COMMITTEE (In Full) In Therapy Services, Inc Po (Last, First, Middle Initial) In Danton Idress 1409 Davis Drive TS Inc Po TS Inc Po	State FL Occupation Director of	zip Code 33919-1069	Date of Receipt Transaction ID: PR1580879419025 Date of Receipt P/R Deduction (\$75.00 Bi-Weekly) Date of Receipt Transaction ID: PR1580879419025
Full Name Mrs. Victoria Mailing Add City Fort Mye FEC ID nu federal poli Name of E 21st Centu agement, I Receipt Fo Prima Othe Full Name Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of Wa Receipt Fo Prima Othe	Therapy Services, Inc Po (Last, First, Middle Initial) a Danton dress 1409 Davis Drive rs mber of contributing tical committee. mployer rry Oncology Mannoc rr: ary General rr (specify) (Last, First, Middle Initial) rtis Black, MD dress 1404 Kenton Lane	State FL C Occupation Director of Aggregate	Zip Code 33919-1069 In of Revenue Integrity Year-to-Date 450.00	Transaction ID: PR1580095119025 Amount of Each Receipt this Period 450.00 P/R Deduction (\$75.00 Bi-Weekly) Date of Receipt
Mrs. Victoria Mailing Add City Fort Mye FEC ID nu federal poli Name of E 21st Centu agement, I Receipt Fo Prima Othe Full Name Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of We Receipt Fo Prima Othe Full Name City Asheville FEC ID nu federal poli Name of E RTA of We Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add City	a Danton dress 1409 Davis Drive rs mber of contributing tical committee. mployer ury Oncology Manne r: ary General rr (specify) (Last, First, Middle Initial) rris Black, MD dress 1404 Kenton Lane	C Occupation Director of Aggregate	33919-1069 of Revenue Integrity Year-to-Date ▼ 450.00	Transaction ID: PR1580095119025 Amount of Each Receipt this Period 450.00 P/R Deduction (\$75.00 Bi-Weekly) Date of Receipt
City Fort Mye FEC ID nu federal poli Name of E 21st Centu agement, I Receipt Fo Othe Full Name Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of Wa Receipt Fo Othe Full Name Othe	dress 1409 Davis Drive rs mber of contributing tical committee. mployer ury Oncology Mannac or: ary General or (specify) ▼ (Last, First, Middle Initial) or tis Black, MD dress 1404 Kenton Lane	C Occupation Director of Aggregate	33919-1069 of Revenue Integrity Year-to-Date ▼ 450.00	Transaction ID: PR1580095119025 Amount of Each Receipt this Period 450.00 P/R Deduction (\$75.00 Bi-Weekly) Date of Receipt
Fort Mye FEC ID nu federal poli Name of E 21st Centu agement, I Receipt Fo Prima Othe Full Name Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of We Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add City	mber of contributing tical committee. mployer any Oncology Mannoc or: ary General or (specify) (Last, First, Middle Initial) or tis Black, MD dress 1404 Kenton Lane	C Occupation Director of Aggregate	33919-1069 of Revenue Integrity Year-to-Date ▼ 450.00	Amount of Each Receipt this Period 450.00 P/R Deduction (\$75.00 Bi-Weekly) Date of Receipt
FEC ID nu federal poli Name of E 21st Centu agement. I Receipt Fo Prim. Othe Full Name Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of We Receipt Fo Prim. Othe Full Name Full Name Tam Nguye Mailing Add City	mber of contributing tical committee. mployer any Oncology Mannoc or: ary General or (specify) (Last, First, Middle Initial) or tis Black, MD dress 1404 Kenton Lane	Occupation Director of Aggregate	of Revenue Integrity Year-to-Date 450.00	P/R Deduction (\$75.00 Bi-Weekly) Date of Receipt
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Receipt Fo Prima Othe Full Name Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of Wo Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add City	rr: ary	State	450.00	Date of Receipt
Full Name Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of Wa Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add	(Last, First, Middle Initial) rtis Black, MD dress 1404 Kenton Lane			Date of Receipt
Quinten Cu Mailing Add City Asheville FEC ID nu federal poli Name of E RTA of We Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add City	rtis Black, MD dress 1404 Kenton Lane		Zip Code	M " M / D " D / Y " Y " Y " Y
City Asheville FEC ID nu federal poli Name of E RTA of We Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add			Zip Code	
Asheville FEC ID nu federal poli Name of E RTA of Wa Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add	1		Zip Code	Transaction ID: PR1580879419025
Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add	1	NC		
Receipt Fo Prime Othe Full Name Tam Nguye Mailing Add			28803-2468	Amount of Each Receipt this Period
Receipt Fo Prima Othe Full Name Tam Nguye Mailing Add	mber of contributing itical committee.	C		240.00
Full Name Tam Nguye Mailing Add	mployer estern NC, PA	Occupation Medical I		
Full Name Tam Nguye Mailing Add	r:	Aggregate	Year-to-Date ▼	
Tam Nguye Mailing Add	ary General r (specify) ▼		240.00	P/R Deduction (\$40.00 Bi- Weekly)
City	(Last, First, Middle Initial) en, MD			Date of Receipt
•	dress 2798 Bellini Road			M M / D D / Y Y Y
Llandaras		State	Zip Code	Transaction ID: PR1580891919025
<u>Henderso</u>	on	NV	89052-3118	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		600.00
Name of E Michael J.	mployer Katin, MD, PC	Occupation Medical I		
Receipt Fo		Aggregate	Year-to-Date ▼	
Prima Othe	ary General r (specify) ▼		600.00	P/R Deduction (\$100.00 Bi- Weekly)
SUBTOTAL	(-13)/ ▼			1290.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 15 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Radiation Therapy Services, Inc Politi	ical Action C	ommittee	
<u>K</u>	Full Name (Last, First, Middle Initial) Dr Patrick Michael Francke			Date of Receipt
	Mailing Address 7 Winnebago Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1633307919025
	Sea Ranch Lakes	FL	33308-2305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer 21st Century Oncology, Inc	Occupatio Medical		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr Keith Lawrence Miller			Date of Receipt
	Mailing Address 12731 Terabella Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1692755719025
	Fort Myers	<u>FL</u>	33912-0910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer 21st Century Oncology, Inc	Occupatio Medical		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify)		900.00	P/R Deduction (\$150.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. Dwight Fitch			Date of Receipt
	Mailing Address 9122 16th Ave Circle,	NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR2127270519025
	Bradenton	FL	34209-8133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer 21st Century Oncology, Inc	Occupatio Medical		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$50.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			1440.00

SCHEDULE A (FEC Form 3X)

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 15 (check only one) X 11a
Any information or for comme	on copied from such Reports and S rcial purposes, other than using the	statements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	COMMITTEE (In Full) n Therapy Services, Inc Politic	cal Action C	ommittee	
	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	Idress 100 Vista Lake Drive Apt 108			M " M / D " D / Y " Y " Y " Y
City Candler	·	State NC	Zip Code 28715	Transaction ID: PR2127272419025 Amount of Each Receipt this Period
	umber of contributing litical committee.	C		240.00
Name of E North Care ent Service	Employer olina RT Managem- es.	Occupatio Medical		
Receipt Fo	or:	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name Michael Sh	(Last, First, Middle Initial) nevach, MD			Date of Receipt
Mailing Ad	ldress 7365 Regina Royale			M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR2127272519025
Sarasota FEC ID nu	amber of contributing	FL	34238-4545	Amount of Each Receipt this Period 600.00
federal pol	litical committee.	C		
Name of E 21st Cent	Employer ury Oncology, Inc	Occupation Medical		
Receipt Fo	or:	Aggregate	e Year-to-Date 🔻	
Othe	nary General er (specify) ♥		600.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name Madlyn Do	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	Idress 2172 Lawrence Drive			M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR2232241719025
<u>Clearwat</u>		FL	33764-6466	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		600.00
agement,	ury Oncology Man- Inc	Occupation VP Oper	ations	
Receipt Fo		Aggregate	e Year-to-Date ▼ 600.00	P/R Deduction (\$100.00 Bi- Weekly)
SURTOTAL	of Receipts This Page (optional)	1		1440.00

A.

В.

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 15 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Radiation Therapy Services, Inc Po	litical Action Co	ommittee	
Full Name (Last, First, Middle Initial) Shirnett Matthews			Date of Receipt
Mailing Address 35 Bryce's Ct			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR2232246419025
Sicklerville	NJ	08081-1675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer 21st Century Oncology of New Jersey, I	Occupation Medical I		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Kenyon Meadows	•		Date of Receipt
Mailing Address 124 Montrose Ct Apartment 100			M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR2245170619025
<u>Dothan</u>	AL	36305-6632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer 21st Century Oncology of Alabama. Inc	Occupation Medical I		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	P/R Deduction (\$50.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	600.00
TOTAL This Period (last page this line number only)	•	11270.00

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	OR LINE NUMBER: PAGE 11 / 15 check only one)
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
ny Information copied from such Reports and State for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) Radiation Therapy Services, Inc Political		
Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate		Transaction ID: 27218991 Date of Disbursement
Mailing Address 500 Red Sail Way		01
City Satelite Beach	State Zip Code FL 32937	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	,	5000.00
Candidate Name Sen. Bill Nelson	Cate	gory/ pe
X Senate President	ement For: 2008 Primary X General Other (specify)	Contribution
State: FL District: Full Name (Last, First, Middle Initial)		Transaction ID: 27219023
Bill Nelson For U S Senate		Date of Disbursement
Mailing Address 500 Red Sail Way		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Satelite Beach	State Zip Code FL 32937	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	0.	5000.00
Candidate Name Sen. Bill Nelson		gory/
	ement For: 2008 Primary General Other (specify)	Contribution
Full Name (Last, First, Middle Initial) Klein For Congress		Transaction ID: 27218908 Date of Disbursement
Mailing Address 21301 Powerline Road	Suite 204	01
City Boca Raton	State Zip Code FL 33433	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	0-	5000.00
Candidate Name Rep. Ronald Klein		gory/ pe
Office Sought: X House Disburg Senate President	ement For: 2008 Primary X General Other (specify)	Contribution
State: FL District: 22		

SCHEDULE B (FEC Form 3X)

Detailed Summary Page 21b 22 X 23 24 25 25	ITEMIZED DICDUDGEMENTO	Use separate schedule("	(0	check only	/ one)							
NAME OF COMMITTEE (In Full) Radiation Therapy Services, Inc Political Action Committee Full Name (Last, First, Middle Initial) Klein For Congress Mailing Address 21301 Powerline Road Suite 204 City State Zip Code Booa Raton FL 33433 Purpose of Disbursement Contribution Candidate Name Rep. Ronald Klein Impact America Never delivered Candidate Name Candidate Name Candidate Name Rourbose of Disbursement State: FL District: 22 Full Name (Last, First, Middle Initial) Impact America Never delivered Candidate Name Contribution Office Sought: Va 22314 Purpose of Disbursement Contribution Office Sought: Senate President Suite 115 City State Zip Code Alexandria Va 22314 Purpose of Disbursement Confice Sought: President Suite: District: Full Name (Last, First, Middle Initial) Impact America Never delivered Candidate Name Condidate Name C	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	→ ⊢	_	Х		Н		\Box		2 3
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$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Radiation Therapy Services, Inc Political A				Solic Contributions from Such Committee
•	Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller				Transaction ID: 27378455 Date of Disbursement
	Mailing Address PO Box 1909				03 0 0 0 0 0 0 0 0 0 0 0 0
	City Charleston	State WV	Zip Code 25327		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	5000.00
	Candidate Name Sen. John Rockefeller, IV Office Sought: House Disburs	ement For:	2008	Category/ Type	
	X Senate X President	Primary Other (spe	General		Contribution
	State: WV District: Full Name (Last, First, Middle Initial) Friends Of Patrick J Kennedy Inc				Transaction ID: 27431237 Date of Disbursement
	Mailing Address P.O. Box 321				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City Pawtucket	State RI	Zip Code 02862		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Patrick Kennedy			Category/ Type	
	Office Sought: X House Disburs	ement For:	2008 X General		Contribution
	Senate President State: RI District: 01	Primary Other (spe	ecify) 🔻		
	Senate President	-	ecify) V		Transaction ID: 27431255 Date of Disbursement
	Senate President State: RI District: 01 Full Name (Last, First, Middle Initial)	-	ecify) ▼		
	Senate President State: RI District: 01 Full Name (Last, First, Middle Initial) Reed Committee	-	Zip Code 02920		Date of Disbursement O 3 D 1 D Y Y Y O 0 8 Amount of Each Disbursement this Period
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	Senate President State: RI District: 01 Full Name (Last, First, Middle Initial) Reed Committee Mailing Address PO Box 8628 City Cranston Purpose of Disbursement Contribution Candidate Name Sen. Jack Reed	Other (spe	Zip Code 02920	011 Category/ Type	Date of Disbursement O 3 M / D 1 D / Y 2 0 0 8 Y Amount of Each Disbursement this Perio
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/	Radiation Therapy Services, Inc Po	litical Action Com	mittee		
	Full Name (Last, First, Middle Initial) Mike Smith For Congress Mailing Address 12108 Rebecca'S	Run Drive			Transaction ID: 27481503 Date of Disbursement O 3
	City Winter Garden Purpose of Disbursement Contribution	State FL	Zip Code 34787	011	Amount of Each Disbursement this Period 1000.00
	Candidate Name Mr. Michael Smith			Category/ Type	
	Office Sought: X House Senate President State: FL District: 08	Disbursement For: X Primary Other (specification)	2008 General cify)		Contribution

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NAME OF COMMITTEE (In Full)		
Radiation Therapy Services, Inc Political Ad	tion Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: 27221288
Mr. MARCELO YEZZI		Date of Disbursement
Mailing Address 12391 MCGREGOR BLV)	01
City	State Zip Code	Amount of Each Disbursement this Period
FORT MYERS	FL 33919	
Purpose of Disbursement		-50.00
Void - Mr. MARCELO YEZZI -never cashed	010	
Candidate Name	Categor	y/
Office Occupies Theorem 1 Pickers	Туре	
Office Sought: House Disburser Senate	Primary General	Void - Mr. MARCELO YEZZI
President	Other (specify)	-never cashed
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