

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

21st Century Oncology, 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 ▲

C 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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
 Dosoretz, Daniel E., , MD

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Dosoretz, Daniel E., , MD [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="16167.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1347.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20854.00"/>	<input type="text" value="62568.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="22201.00"/>	<input type="text" value="78735.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8532.00"/>	<input type="text" value="65066.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13669.00"/>	<input type="text" value="13669.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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. 05/2016)

Page 3

Write or Type Committee Name

**21st Century Oncology, Inc. Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

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).....	18734.00	59518.00
(ii) Unitemized .....	245.00	1175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18979.00	60693.00
(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) .....	18979.00	60693.00
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.....	1875.00	1875.00
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 Transfers (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)).....▶	20854.00	62568.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20854.00	62568.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	8500.00	65000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	32.00	66.57
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	8532.00	65066.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8532.00	65066.57

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18979.00	60693.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18979.00	60693.00
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. BLACK, QUINTEN, Curtis, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1404 Kenton Lane  
 City Asheville State NC Zip Code 28803-2468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RTA of Western NC, PA Occupation (for Individual) Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : 15808794**  
 Amount of Each Receipt this Period 560.00  
 Memo Item

**B. Koster, Sheila, Rege, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4606 W River Blvd  
 City Pasco State WA Zip Code 99301-3017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwest Cancer Care Associates Occupation (for Individual) Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 39744248**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Contribution

**C. Thomas II, Charles, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 E Forest Road  
 City Asheville State NC Zip Code 28803-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RTA of Western NC, PA Occupation (for Individual) Medical Doctor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 15 / 2016  
**Transaction ID : 39848990**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7060.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 15
	<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Thomas, Charlene, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 E. Forest Road

City Asheville	State NC	Zip Code 28803-2909
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IOA	Occupation (for Individual) Consultant
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

**Transaction ID : 39848991**

Amount of Each Receipt this Period  
1500.00

Memo Item

Contribution

**B. Brown, Alan, LaRue, Dr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20040 Legacy Ct

City Estero	State FL	Zip Code 33928-7612
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2016

**Transaction ID : 39868056**

Amount of Each Receipt this Period  
1000.00

Memo Item

Contribution

**c. Chen, Christopher, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 SEMINOLE DRIVE  
APT 1107

City FORT LAUDERDALE	State FL	Zip Code 33304-3220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3648.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR1567028842532**

Amount of Each Receipt this Period  
1344.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3844.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. DANTON, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1409 Davis Drive  
 City Fort Myers State FL Zip Code 33919-1069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 21st Century Oncology Services, Inc Occupation (for Individual) Director of Revenue Integrity  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR1580095142532**  
 Amount of Each Receipt this Period 525.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. Jones, Mark, Robert, Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 LONG RUN ROAD  
 City LOUISVILLE State KY Zip Code 40245-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 21st Century Oncology of Kentucky (KEN Occupation (for Individual) Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR1580886842532**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. NGUYEN, TAM, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2798 Bellini Road  
 City Henderson State NV Zip Code 89052-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michael J. Katin, MD, PC - MJK Occupation (for Individual) Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR1580891942532**  
 Amount of Each Receipt this Period 700.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1575.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. TREADWELL, PAUL, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9916 COZY GLEN CIRCLE

City LAS VEGAS	State NV	Zip Code 89117-0940
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michael J. Katin, MD, PC	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR1580898542532**

Amount of Each Receipt this Period  
140.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. Francke, Patrick, Michael, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Winnebago Road

City Sea Ranch Lakes	State FL	Zip Code 33308-2305
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carolina Regional Cancer Center, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR1633307942532**

Amount of Each Receipt this Period  
280.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

**C. Miller, Keith, Lawrence, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12731 Terabella Way

City Fort Myers	State FL	Zip Code 33912-0910
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR1692755742532**

Amount of Each Receipt this Period  
1050.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1470.00
<b>TOTAL</b> 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: (check only one)	PAGE 10 OF 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Fitch, Dwight, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9122 16th Ave Circle, NW

City Bradenton	State FL	Zip Code 34209-8133
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR2127270542532**

Amount of Each Receipt this Period  
700.00

Memo Item

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

**B. Quaranta, Brian, P, Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Vista Lake Drive  
Apt 108

City Candler	State NC	Zip Code 28715-5103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiation Therapy Associates of Wester	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR2127272442532**

Amount of Each Receipt this Period  
280.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

**C. Cross, Chaundre, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6845 Wellington Drive

City Naples	State FL	Zip Code 34109-7207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR2232246242532**

Amount of Each Receipt this Period  
175.00

Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1155.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 15
	<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Harvey, Alexis, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2127 Race St

City Philadelphia	State NJ	Zip Code 19103-1009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology of New Jersey, I	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR2232248542532**

Amount of Each Receipt this Period  
140.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. Greenberg, Peter, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77-840 Flora Rd

City Palm Desert	State CA	Zip Code 92211-4109
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology of California, P	Occupation (for Individual) Medical Doctor
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR2366842342532**

Amount of Each Receipt this Period  
1400.00

Memo Item

P/R Deduction (\$200.00 Bi-Weekly)

**C. Horvick, David, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 953 Creek Rock Rd

City Bel Air	State MD	Zip Code 21014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Onc of Harford County, Ma	Occupation (for Individual) Medical Doctor
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR2366842542532**

Amount of Each Receipt this Period  
350.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1890.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 OF 15
<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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Melser, Marc, A., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27090 Harbor Oaks Boulevard

City Punta Gorda	State FL	Zip Code 33983-6507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor - Urologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR2412064442532**

Amount of Each Receipt this Period  
550.00

Memo Item

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

**B. Strikowski, Jake, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1360 S. Ocean Blvd #2001

City Pompano Beach	State FL	Zip Code 33062-7164
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology Services, Inc	Occupation (for Individual) Regional Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR2492181842532**

Amount of Each Receipt this Period  
140.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**C. Aihara, Rie, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14270 Royal Harbor

City Fort Myers	State FL	Zip Code 33908-6503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR2497582242532**

Amount of Each Receipt this Period  
350.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1040.00
<b>TOTAL</b> 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 13 OF 15  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Kerlin, Kevin, J., Dr.,

Mailing Address 904 Mill Rd

City Goldsboro    State NC    Zip Code 27534-8951

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiation Therapy Associates of Wester    Occupation (for Individual) Medical Doctor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2016

**Transaction ID : PR2598671242532**

Amount of Each Receipt this Period  
 700.00

Memo Item

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

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18734.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 15
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Missourians For Kander**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 548

City Columbia	State MO	Zip Code 65205
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FEC ID number of contributing federal political committee. **C** C00572925

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1875.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 16 / 2016

**Transaction ID : 39852715**

Amount of Each Receipt this Period  
1875.00

Memo Item

Represents a portion of the 6/30/16 '2016 Senate IMPACT' contribution

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1875.00
<b>TOTAL</b> This Period (last page this line number only).....	1875.00

**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"/> 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)  
**21st Century Oncology, Inc. Political Action Committee**

**A. Democratic State Central Committee of Maryland**

Full Name (Last, First, Middle Initial)

Mailing Address 33 West Street  
Suite 200

City Annapolis State MD Zip Code 21401

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2016

FEC Identification Number: C

Transaction ID : 39782794

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

**B. Butterfield For Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 434 Fayetteville Street  
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement VOID check dated April 20 2016 Campaign did not deposit check

Candidate Name Butterfield, G. K., , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 01

Date of Disbursement: 08 / 16 / 2016

FEC Identification Number: C C00401190

Transaction ID : 39853168

Amount of Each Disbursement this Period: -1500.00

VOID check dated April 20 2016 Campaign did not deposit check

Memo Item

**C. Searchlight Leadership Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 700 13ths Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name Searchlight Leadership Fund

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2016

FEC Identification Number: C C00327395

Transaction ID : 39872490

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8500.00