

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 2007 through 12 31 2007

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 31 2008

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. 12/2004)

**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	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		28523.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	2389.00									
(c) Total Receipts (from Line 19)	62105.00	79971.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64494.00	108494.00								
7. Total Disbursements (from Line 31)	30000.00	74000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34494.00	34494.00								
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	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	57475.00	74615.00
(i) Itemized (use Schedule A)	1630.00	2356.00
(ii) Unitemized	59105.00	76971.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	59105.00	76971.00
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	3000.00	3000.00
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))	62105.00	79971.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62105.00	79971.00

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.....	30000.00	74000.00
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 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))..	30000.00	74000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30000.00	74000.00

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	59105.00	76971.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59105.00	76971.00
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: PAGE 6 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
James Eaton

Mailing Address PO Box 1713

City State Zip Code
Tallahassee FL 32302

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

Name of Employer 21st Century Oncology, Inc Occupation Director of Business Development and R

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 25 / 2007
Transaction ID: 26353366
Amount of Each Receipt this Period: 5000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Dr LARRY Neil SILVERMAN, MD

Mailing Address 7691 DONALD ROSS RD W

City State Zip Code
SARASOTA FL 34240-8652

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

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 14 / 2007
Transaction ID: 26721143
Amount of Each Receipt this Period: 5000.00
Contribution

C. Full Name (Last, First, Middle Initial)
CHRISTINA WILL

Mailing Address 603 SW 56TH ST.

City State Zip Code
CAPE CORAL FL 33914

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

Name of Employer Financial Services, Inc Occupation Credentialing Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 12 / 2007
Transaction ID: 26721153
Amount of Each Receipt this Period: 250.00
Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22
(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

<p>A. Full Name (Last, First, Middle Initial) Betty Rubenstein</p> <p>Mailing Address 13301 Ponderosa Way</p> <p>City State Zip Code Fort Myers FL 33907-7823</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Housewife Housewife</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2007</p> <p>Transaction ID: 26721160</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) DR. JAMES H. RUBENSTEIN, MD</p> <p>Mailing Address 13301 PONDEROSA WAY</p> <p>City State Zip Code FORT MYERS FL 33907</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation 21st Century Oncology, Inc Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 12 / 2007</p> <p>Transaction ID: 26721162</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr CHARLES THOMAS II, MD</p> <p>Mailing Address 21 E FOREST ROAD</p> <p>City State Zip Code ASHEVILLE NC 28803</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RTA of Western NC, PA Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2007</p> <p>Transaction ID: 26721163</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	12000.00
TOTAL 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 / 22
	<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) MERCY HILLER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
	Mailing Address 5 SAPPHIRE DRIVE	Transaction ID: 26721164
	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	Contribution
	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	

B.	Full Name (Last, First, Middle Initial) ERIC LEE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
	Mailing Address P O BOX 390	Transaction ID: 26721168
	City State Zip Code NOKOMIS FL 34274-0390	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer 21st Century Oncology, Inc Occupation Physicist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mrs. GAIL CUMMINGS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 7
	Mailing Address 11574 TIMBERLINE CIRCLE	Transaction ID: 26721217
	City State Zip Code FORT MYERS FL 33912	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer 21st Century Oncology, Inc Occupation Technical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
TOTAL 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 9 / 22
(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

A.	Full Name (Last, First, Middle Initial) Mrs. VICTORIA DANTON		Date of Receipt MM / DD / YYYY 10 / 13 / 2007		
	Mailing Address 1409 DAVIS DRIVE		Transaction ID: 26721218		
	City FT. MYERS	State FL	Zip Code 33919	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer 21st Century Oncology, Inc		Occupation Director of Compliance			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1025.00			

B.	Full Name (Last, First, Middle Initial) Susan L Capatina		Date of Receipt MM / DD / YYYY 10 / 13 / 2007		
	Mailing Address 4019 Chatfield Lane		Transaction ID: 26721220		
	City Troy	State MI	Zip Code 48098-4324	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer Phoenix Management Company, LLC		Occupation Executive Director Relationship Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) GILBERT LAWRENCE, MD		Date of Receipt MM / DD / YYYY 10 / 13 / 2007		
	Mailing Address 2114 GENESEE STREET		Transaction ID: 26721224		
	City UTICA	State NY	Zip Code 13502-5629	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer YON		Occupation Medical Doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 22
(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

A. Full Name (Last, First, Middle Initial)
Jeffrey Forman
Mailing Address 4907 Trailview
City State Zip Code
West Bloomfield MI 48322-4577
FEC ID number of contributing federal political committee. **C**
Name of Employer American Oncologic Associates of Michi
Occupation Medical Doctor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 15 / 2007
Transaction ID: 26750984
Amount of Each Receipt this Period 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Paul E. Wallner, MD
Mailing Address 140 Fellswood Drive
City State Zip Code
Moorestown MD 08057
FEC ID number of contributing federal political committee. **C**
Name of Employer 21st Century Oncology, Inc
Occupation Senior Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 15 / 2007
Transaction ID: 26751075
Amount of Each Receipt this Period 250.00
Contribution

C. Full Name (Last, First, Middle Initial)
Mrs Sharon Patrice
Mailing Address 245 Osprey Point Drive
City State Zip Code
Osprey FL 34229
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a
Occupation Housewife
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 22 / 2007
Transaction ID: 26751081
Amount of Each Receipt this Period 5000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 5750.00
TOTAL 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 / 22
	<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

A.	Full Name (Last, First, Middle Initial) MARK LESLIE SOBCZAK	Date of Receipt MM / DD / YYYY 11 / 03 / 2007
	Mailing Address 5671 KINGSMILL DRIVE	Transaction ID: 26799464
	City State Zip Code SALISBURY MD 21801	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Katin Radiation Therapy, PA Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Gordon G. Koltis	Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address 1602 Jason Ct	Transaction ID: 26991126
	City State Zip Code Winterville NC 28590-9079	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Radiation Therapy Servs of Western NC Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) ISAAC VAISMAN, MD	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address 1024 PINE BRANCH COURT	Transaction ID: 26991755
	City State Zip Code WESTON FL 33326-2839	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	Contribution
	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 ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	13000.00
TOTAL 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 / 22
	<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) Vladimir Ioffe	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address 5583 North Nithsdale Drive	Transaction ID: 26991762
	City State Zip Code Salisbury MD 21801-2440	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer: Katin Radiation Therapy, PA Occupation: Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Vincent J. Capostagno	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 5316 Field Pointe Drive	Transaction ID: 26991763
	City State Zip Code Spring Grove PA 17362-7546	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer: Katin Radiation Therapy, PA Occupation: Medical Doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. DAVID E. LEE	Date of Receipt MM / DD / YYYY
	Mailing Address 9741 MAR LARGO C	Transaction ID: PR1567085118647
	City State Zip Code FORT MYERS FL 33919-7325	Amount of Each Receipt this Period 410.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer: 21st Century Oncology Management, Inc Occupation: Physician Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional)	960.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 22
(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

A. Full Name (Last, First, Middle Initial)
Dr Theodore Masek

Mailing Address 9 IVY LEAGUE CIRCLE

City RANCHO MIRAGE State CA Zip Code 92270-3909

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

Name of Employer California Radiation Therapy Management Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR1567097118647

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. GAIL CUMMINGS

Mailing Address 11574 TIMBERLINE CIRCLE

City FORT MYERS State FL Zip Code 33912

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

Name of Employer 21st Century Oncology, Inc Occupation Technical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR1580094818647

Amount of Each Receipt this Period 325.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. VICTORIA DANTON

Mailing Address 1409 DAVIS DRIVE

City FT. MYERS State FL Zip Code 33919

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

Name of Employer 21st Century Oncology, Inc Occupation Director of Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
Transaction ID: PR1580095118647

Amount of Each Receipt this Period 975.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2300.00

TOTAL 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 14 / 22
(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

A. Full Name (Last, First, Middle Initial)
Mrs MONICA ROLDAN

Mailing Address 17350 GARDEN COURT

City State Zip Code
FORT MYERS FL 33908

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

Name of Employer 21st Century Oncology, Inc Occupation Director Information Systems

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt / /
Transaction ID: PR1580096618647

Amount of Each Receipt this Period 390.00

P/R Deduction (\$30.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MARIA J. ANNAZONE

Mailing Address 10361 Witts End

City State Zip Code
Alva FL 33936

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

Name of Employer 21st Century Oncology, Inc Occupation Director Health Information Management

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt / /
Transaction ID: PR1580877818647

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MARK BIR

Mailing Address 13060 Shoreside Court

City State Zip Code
Fort Myers FL 33913

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

Name of Employer 21st Century Oncology, Inc Occupation Physician Assistant

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt / /
Transaction ID: PR1580879118647

Amount of Each Receipt this Period 325.00

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

SUBTOTAL of Receipts This Page (optional) ► **845.00**

TOTAL 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 15 / 22
(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

A. Full Name (Last, First, Middle Initial)
QUINTEN CURTIS BLACK, MD

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 RTA of Western NC, PA Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1580879418647

Amount of Each Receipt this Period 520.00

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

B. Full Name (Last, First, Middle Initial)
KAREN LOMBARDO

Mailing Address 26061 COPIAPO CIRCLE

City PUNTA GORDA State FL Zip Code 33983

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

Name of Employer 21st Century Oncology, Inc Occupation Regional Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1580889218647

Amount of Each Receipt this Period 260.00

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

C. Full Name (Last, First, Middle Initial)
TAM NGUYEN, MD

Mailing Address 2798 BELLINI ROAD

City HENDERSON State NV Zip Code 89059

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

Name of Employer Michael J. Katin, MD, PC Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1580891918647

Amount of Each Receipt this Period 1300.00

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

SUBTOTAL of Receipts This Page (optional) ► 2080.00

TOTAL 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 16 / 22
(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

A.

Full Name (Last, First, Middle Initial) PAUL TREADWELL, MD		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9916 COZY GLEN CIRCLE		Transaction ID: PR1580898518647
City LAS VEGAS	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Michael J. Katin, MD, PC	Occupation Medical Doctor	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) MRS. NANCY A. WISE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 11540 BAYSHORE ROAD		Transaction ID: PR1580900218647
City NORTH FORT MYERS	State FL	Zip Code 33917-4201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.00
Name of Employer Financial Services of SW Florida	Occupation Director Financial Services	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

C.

Full Name (Last, First, Middle Initial) Dr Patrick Michael Francke		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7 Winnebago Road		Transaction ID: PR1633307918647
City Sea Ranch Lakes	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional)	1065.00
TOTAL 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 17 / 22
(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

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 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3900.00

Date of Receipt / /

Transaction ID: PR1692755718647

Amount of Each Receipt this Period 1950.00

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

B.

Full Name (Last, First, Middle Initial)
Lynn Bentliff

Mailing Address 139 Carlisle Rd

City State Zip Code
Audubon NJ 08106

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

Name of Employer 21st Century Oncology of New Jersey Occupation Regional Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt / /

Transaction ID: PR2127268618647

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Dr. Dwight Fitch

Mailing Address 9122 16th Ave Circle, NW

City State Zip Code
Bradenton FL 34209

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

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt / /

Transaction ID: PR2127270518647

Amount of Each Receipt this Period 650.00

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

SUBTOTAL of Receipts This Page (optional) ► **2730.00**

TOTAL 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 18 / 22
(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

A.

Full Name (Last, First, Middle Initial)
Mary Pat Pat Jarnagin

Mailing Address 751 Isaac Shelby Circle

City State Zip Code
Frankfort KY 40601-8810

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

Name of Employer 21st Century Oncology of Kentucky
Occupation Regional Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: PR2127270818647

Amount of Each Receipt this Period 325.00

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

B.

Full Name (Last, First, Middle Initial)
Brian P Quaranta, MD

Mailing Address 100 Vista Lake Drive Apt 108

City State Zip Code
Candler NC 28715

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

Name of Employer North Carolina RT Management Services
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

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

Transaction ID: PR2127272418647

Amount of Each Receipt this Period 520.00

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

C.

Full Name (Last, First, Middle Initial)
Michael Shevach, MD

Mailing Address 7365 Regina Royale

City State Zip Code
Sarasota FL 34238

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

Name of Employer 21st Century Oncology, Inc
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

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

Transaction ID: PR2127272518647

Amount of Each Receipt this Period 1300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2145.00**

TOTAL 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 19 / 22
	(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

A.	Full Name (Last, First, Middle Initial) Madlyn Dornaus		Date of Receipt
	Mailing Address 2172 Lawrence Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clearwater	FL	33764-6466
	FEC ID number of contributing federal political committee.		Transaction ID: PR2232241718647
Name of Employer 21st Century Oncology Management, Inc Occupation VP Operations		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	
Aggregate Year-to-Date ▼ <input type="text"/> 500.00		P/R Deduction (\$100.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Shirnett Matthews		Date of Receipt
	Mailing Address 35 Bryce's Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sicklerville	NJ	08081-1675
	FEC ID number of contributing federal political committee.		Transaction ID: PR2232246418647
Name of Employer 21st Century Oncology of New Jersey, I Occupation Medical Doctor		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00	
Aggregate Year-to-Date ▼ <input type="text"/> 250.00		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/> 57475.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 22	
	(check only one)			
<input 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 checked="" 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)
Friends Of Gordon Smith

Mailing Address 228 South Washington Street
Suite 115

City State Zip Code
Alexandria VA 22215

FEC ID number of contributing federal political committee. **C** C00383554

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: 27221464

Amount of Each Receipt this Period
3000.00

Refund of Contribution

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Hillary</p> <p>Mailing Address 1133 Connecticut Avenue Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Hillary Clinton Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:</p>	<p>Transaction ID: 27219323 Date of Disbursement: 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Hillary</p> <p>Mailing Address 1133 Connecticut Avenue Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution Candidate Name Sen. Hillary Clinton Category/Type 011</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:</p>	<p>Transaction ID: 27219338 Date of Disbursement: 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Rangel For Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Sta</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Charles Rangel Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15</p>	<p>Transaction ID: 27219303 Date of Disbursement: 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

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)

<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

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

A. Full Name (Last, First, Middle Initial) TOMPAC <hr/> Mailing Address P.O Box 16488 <hr/> City Arlington State VA Zip Code 22215 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27219239 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011
B. Full Name (Last, First, Middle Initial) American Nationwide Dedicated to Electing Republic <hr/> Mailing Address PO Box 523383 <hr/> City Springfield State VA Zip Code 22152 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27219228 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011
C. Full Name (Last, First, Middle Initial) Kilpatrick For United States Congress <hr/> Mailing Address PO Box 32175 <hr/> City Detroit State MI Zip Code 48232 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Carolyn Kilpatrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27219197 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 5000.00
	Contribution
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

30000.00