

**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

CITY

STATE

ZIP CODE

C00385120

3. IS THIS REPORT

NEW (N) OR

X

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)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2004

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

10

01

2004

through

10

13

2004

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

02

03

2005

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: ^M10 ^D01 ^Y2004 To: ^M10 ^D13 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		96080.00
(b) Cash on Hand at Beginning of Reporting Period	66462.28	
(c) Total Receipts (from Line 19)	1588.46	46990.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68070.74	143070.74
<hr/>		
7. Total Disbursements (from Line 31)	16000.00	71000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72070.74	72070.74
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: ^M10 ^D01 ^Y2004 To: ^M10 ^D13 ^Y2004

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)	1578.46	
(ii) Unitemized	10.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1588.46	46990.74
(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)	1588.46	46990.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1588.46	46990.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1588.46	46990.74

DETAILED SUMMARY PAGE

of Disbursements

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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.....	16000.00	71000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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 ActMty (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))..	16000.00	71000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16000.00	71000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	1588.46	46990.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1588.46	46990.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10
(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

Full Name (Last, First, Middle Initial) A. Dr. LOIS MASTROFRANCESCO		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 8938 GREENWICH HILL WAY		Transaction ID: 20398521
City	State	Zip Code
FORT MYERS	FL	33908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. DAVID E. LEE		Date of Receipt M / D / Y / / /
Mailing Address 9741 MAR LARGO C		Transaction ID: PR156708519924
City	State	Zip Code
FORT MYERS	FL	33919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer 21st Century Oncology, Inc	Occupation Physician Assistant	P/R Deduction (\$0.00)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Dr. JAMES H. STEVENS, MD		Date of Receipt M / D / Y / / /
Mailing Address 4880 DESTINY WAY		Transaction ID: PR156728499924
City	State	Zip Code
DESTIN	FL	32541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$200.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3800.00	

SUBTOTAL of Receipts This Page (optional)	1220.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(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

Full Name (Last, First, Middle Initial) A. Mr. JOSEPH BISCARDI		Date of Receipt M / D / Y
Mailing Address 7053 TIMBERLAND CIRCLE		Transaction ID: PR158009459924
City NAPLES	State FL	Zip Code 34109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer 21st Century Oncology, Inc	Occupation Chief Accounting Officer	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74	

Full Name (Last, First, Middle Initial) B. Mrs. VICTORIA DANTON		Date of Receipt M / D / Y
Mailing Address 1409 DAVIS DRIVE		Transaction ID: PR158009519924
City FT. MYERS	State FL	Zip Code 33919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer 21st Century Oncology, Inc	Occupation Admin Manager	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mrs. MONICA ROLDAN		Date of Receipt M / D / Y
Mailing Address 17350 GARDEN COURT		Transaction ID: PR158009689924
City FORT MYERS	State FL	Zip Code 33908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer 21Century Oncology, Inc	Occupation Director Information Systems	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	128.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(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

Full Name (Last, First, Middle Initial) A. QUINTEN CURTIS BLACK MD		Date of Receipt M / D / Y
Mailing Address 1404 KENTON LANE		Transaction ID: PR158087949924
City	State	Zip Code
ASHEVILLE	NC	28803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer RTA of Western NC, PA	Occupation Medical Doctor	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Dr Patrick Michael Franke		Date of Receipt M / D / Y
Mailing Address 31 SABAL ISLAND DRIVE		Transaction ID: PR163330799924
City	State	Zip Code
Ocean Ridge	FL	33435
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer 21st Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$40.00)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Dr Keith Lawrence Miller		Date of Receipt M / D / Y
Mailing Address 8852 Cypress Preserve Place		Transaction ID: PR169275579924
City	State	Zip Code
Fort Myers	FL	33912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer 21Century Oncology, Inc	Occupation Medical Doctor	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	230.00
TOTAL This Period (last page this line number only)	1578.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)
A. Betty Castor For Senate

Mailing Address Post Office Box 18045

City Tampa State FL Zip Code 33679

Purpose of Disbursement Contribution

Candidate Name Betty Castor

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: FL District 2

011
Category/
Type

Transaction ID: 20408814
Date of Disbursement
10 / 07 / 2004

Amount of Each Disbursement this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Betty Castor For Senate

Mailing Address Post Office Box 18045

City Tampa State FL Zip Code 33679

Purpose of Disbursement For Debt Retirement, replaces ck 1033 &

Candidate Name Betty Castor

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: FL District 2

011
Category/
Type

Transaction ID: 20408815
Date of Disbursement
10 / 07 / 2004

Amount of Each Disbursement this Period
5000.00

For Debt Retirement, replaces ck 1033 &/18/04

Full Name (Last, First, Middle Initial)
C. White Mountain PAC

Mailing Address P.O. Box 1772

City Concord State NH Zip Code 03302-1812

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: 20398513
Date of Disbursement
10 / 12 / 2004

Amount of Each Disbursement this Period
1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) 11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial)
A. Martinez For Senate

Mailing Address PO Box 536176

City Orlando State FL Zip Code 32853

Purpose of Disbursement
Contribution

Candidate Name
Mel Martinez

Office Sought: House
X Senate
President
State: FL District 2

Disbursement For: 2004
Primary X General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20408820
Date of Disbursement

10 / 12 / 2004

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

16000.00