

**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)

X 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 (12S)

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

11

29

2004

through

12

31

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**

Write or Type Committee Name

Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: <sup>M</sup>11 <sup>D</sup>23 <sup>Y</sup>2004 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2004

|  | <b>COLUMN A</b><br>This Period | <b>COLUMN B</b><br>Calendar Year-to-Date |
|--|--------------------------------|--|
| 6. (a) Cash on Hand<br>January 1 <sup>Y</sup> 2004 <sup>Y</sup>  |                                | 96080.00                                 |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 58336.12                       |  |
| (c) Total Receipts (from Line 19) .....  | 5753.88                        | 55510.00                                 |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 65090.00                       | 151590.00                                |
| <hr/>  |                                |  |
| 7. Total Disbursements (from Line 31) .....  | 5000.00                        | 91500.00                                 |
| <hr/>  |                                |  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 60090.00                       | 60090.00                                 |
| <hr/>  |                                |  |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                           |  |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (itemize all on<br>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: <sup>M</sup>11 <sup>D</sup>23 <sup>Y</sup>2004 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2004

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 5753.88                       |                                   |
| (ii) Unitemized .....  | 0.00                          |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....  | 5753.88                       | 55510.00                          |
| (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) .....     | 5753.88                       | 55510.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)) .....   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 5753.88                       | 55510.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 5753.88                       | 55510.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 5000.00                       | 91500.00                          |
| 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))..       | 5000.00                       | 91500.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31)..... | 5000.00                       | 91500.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 5753.88                       | 55510.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 5753.88                       | 55510.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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)<br>A. Dr LARRY Neil SILVERMAN, MD |                                     | Date of Receipt<br>M / D / Y<br>12 / 28 / 2004 |
| Mailing Address 7891 DONALD ROSS RD W                                     |                                     | Transaction ID: 20781868                       |
| City  | State                               | Zip Code                                       |
| SARASOTA  | FL                                  | 34240-8652                                     |
| FEC ID number of contributing federal political committee. <b>C</b>       |                                     | Amount of Each Receipt this Period<br>4000.00  |
| Name of Employer<br>21st Century Oncology, Inc                            | Occupation<br>Medical Doctor        | Contribution                                   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>4000.00 |  |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>B. Mr. DAVID E. LEE      |                                    | Date of Receipt<br>M / D / Y<br>/ / /       |
| Mailing Address 9741 MAR LARGO C                                    |                                    | Transaction ID: PR1567085110809             |
| City  | State                              | Zip Code                                    |
| FORT MYERS  | FL                                 | 33919                                       |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>60.00 |
| Name of Employer<br>21st Century Oncology, Inc                      | Occupation<br>Physician Assistant  | P/R Deduction (\$0.00)                      |
| Receipt For:<br>Primary      General<br>Other (specify) ▼           | Aggregate Year-to-Date ▼<br>380.00 |   |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>C. Dr JAMES H. STEVENS, MD |                                     | Date of Receipt<br>M / D / Y<br>/ / /        |
| Mailing Address 4860 DESTINY WAY                                      |                                     | Transaction ID: PR1567284910809              |
| City  | State                               | Zip Code                                     |
| DESTIN  | FL                                  | 32541  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>800.00 |
| Name of Employer<br>21st Century Oncology, Inc                        | Occupation<br>Medical Doctor        | P/R Deduction (\$200.00 Bi-Weekly)           |
| Receipt For:<br>Primary      General<br>Other (specify) ▼             | Aggregate Year-to-Date ▼<br>5000.00 |  |

|   |   |                |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>4660.00</b> |
| 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)<br><b>A. Mr JOSEPH BISCARDI</b> |  | Date of Receipt<br>M / D / Y                 |
| Mailing Address 7053 TIMBERLAND CIRCLE                                  |  | Transaction ID: PR1580094510809              |
| City<br>NAPLES  | State<br>FL                            | Zip Code<br>34109                            |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>153.88 |
| Name of Employer<br>21st Century Oncology, Inc                          | Occupation<br>Chief Accounting Officer | P/R Deduction (\$38.46 Bi-Weekly)            |
| Receipt For:<br>Primary General<br>Other (specify) ▼                    | Aggregate Year-to-Date ▼<br>1000.00    |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mrs. VICTORIA DANTON</b> |                                     | Date of Receipt<br>M / D / Y                 |
| Mailing Address 1409 DAVIS DRIVE  |                                     | Transaction ID: PR1580095110809              |
| City<br>FT. MYERS   | State<br>FL                         | Zip Code<br>33919                            |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                     | Amount of Each Receipt this Period<br>225.00 |
| Name of Employer<br>21st Century Oncology, Inc                            | Occupation<br>Admin Manager         | P/R Deduction (\$75.00 Bi-Weekly)            |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br>1850.00 |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mrs MONICA ROLDAN</b> |  | Date of Receipt<br>M / D / Y                |
| Mailing Address 17350 GARDEN COURT                                     |  | Transaction ID: PR1580096810809             |
| City<br>FORT MYERS   | State<br>FL                                | Zip Code<br>33908                           |
| FEC ID number of contributing federal political committee.<br><b>C</b> |  | Amount of Each Receipt this Period<br>45.00 |
| Name of Employer<br>21Century Oncology, Inc                            | Occupation<br>Director Information Systems | P/R Deduction (\$15.00 Bi-Weekly)           |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>450.00         |   |

|   |               |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>423.88</b> |
| 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)  
 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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. ROSETTA ROSARIA WATSON</b> |   | Date of Receipt<br>M / D / Y                       |
| Mailing Address 151 D MAPLE DRIVE   |   |  |
| City<br><b>FT. MYERS</b>  | State<br><b>FL</b>                        | Zip Code<br><b>33907</b>                           |
| FEC ID number of contributing federal political committee.<br><b>C</b>          |   | Transaction ID: PR1580097110809                    |
|   |   | Amount of Each Receipt this Period<br><b>20.00</b> |
| Name of Employer<br>Financial Services of SW Florida                            | Occupation<br>Director of Coding          | P/R Deduction (\$10.00 Bi-Weekly)                  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                       | Aggregate Year-to-Date ▼<br><b>250.00</b> |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. QUINTEN CURTIS BLACK, MD</b> |  | Date of Receipt<br>M / D / Y                       |
| Mailing Address 1404 KENTON LANE  |  |  |
| City<br><b>ASHEVILLE</b>  | State<br><b>NC</b>                         | Zip Code<br><b>28903</b>                           |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |  | Transaction ID: PR1580879410809                    |
|   |  | Amount of Each Receipt this Period<br><b>80.00</b> |
| Name of Employer<br>RTA of Western NC, PA                                     | Occupation<br>Medical Doctor               | P/R Deduction (\$40.00 Bi-Weekly)                  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br><b>1000.00</b> |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr Patrick Michael Franke</b> |   | Date of Receipt<br>M / D / Y                        |
| Mailing Address 31 SABAL ISLAND DRIVE  |   |   |
| City<br><b>Ocean Ridge</b>   | State<br><b>FL</b>                        | Zip Code<br><b>33435</b>                            |
| FEC ID number of contributing federal political committee.<br><b>C</b>         |   | Transaction ID: PR1633307910809                     |
|  |   | Amount of Each Receipt this Period<br><b>120.00</b> |
| Name of Employer<br>21st Century Oncology, Inc                                 | Occupation<br>Medical Doctor              | P/R Deduction (\$40.00)                             |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                      | Aggregate Year-to-Date ▼<br><b>720.00</b> |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>220.00</b> |
| <b>TOTAL</b> 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 9 / 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)<br>A. Dr Keith Lawrence Miller |  | Date of Receipt<br>M / D / Y                        |
| Mailing Address 8852 Cypress Preserve Place                            |  | Transaction ID: PR1692755710809                     |
| City<br>Fort Myers   | State<br>FL                                | Zip Code<br>33912                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b> |  | Amount of Each Receipt this Period<br><b>450.00</b> |
| Name of Employer<br>21Century Oncology, Inc                            | Occupation<br>Medial Doctor                | P/R Deduction (\$150.00 Bi-Weekly)                  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>1200.00</b> |   |

|   |   |                |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>450.00</b>  |
| TOTAL This Period (last page this line number only) ..... | ▶ | <b>5753.88</b> |

**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. Ensign For Senate

Mailing Address 8917 Stafford Springs Drive

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. John Ensign

Office Sought: House  
 Senate  
President  
State: NV District 2

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20859380  
Date of Disbursement

11 / 30 / 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) ▶

5000.00