

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 Fort Myers FL 33907 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00385120 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

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 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		68850.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	31105.00									
(c) Total Receipts (from Line 19)	3418.00	63503.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34523.00	132353.00								
7. Total Disbursements (from Line 31)	6000.00	103830.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28523.00	28523.00								
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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	2773.00	60878.00
(i) Itemized (use Schedule A)	645.00	2625.00
(ii) Unitemized	3418.00	63503.00
(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)	3418.00	63503.00
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))	3418.00	63503.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3418.00	63503.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	6000.00	102000.00
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	1830.00
(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	1830.00
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))..	6000.00	103830.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6000.00	103830.00

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)	3418.00	63503.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1830.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3418.00	61673.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<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)
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. DAVID E. LEE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9741 MAR LARGO C		Transaction ID: PR1567085116399	
City State Zip Code FORT MYERS FL 33919	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 21st Century Oncology, Inc	Occupation Physician Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Dr JAMES H. STEVENS, MD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3829 Indian Trail		Transaction ID: PR1567294916399	
City State Zip Code DESTIN FL 32541	Amount of Each Receipt this Period _____ 400.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 4800.00		P/R Deduction (\$200.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Mrs. VICTORIA DANTON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1409 DAVIS DRIVE		Transaction ID: PR1580095116399	
City State Zip Code FT. MYERS FL 33919	Amount of Each Receipt this Period _____ 225.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 1950.00		P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 685.00
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: (check only one)	PAGE 7 / 10
	<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)
Ms. ROSETTA ROSARIA WATSON

Mailing Address 1510 MAPLE DRIVE

City State Zip Code
FT. MYERS FL 33907

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

Name of Employer 21st Century Oncology, Inc Occupation Analyst - Financial Department

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

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

Transaction ID: PR1580097116399

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 1404 KENTON LANE

City State Zip Code
ASHEVILLE NC 28803

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

Transaction ID: PR1580879416399

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 2798 BELLINI ROAD

City State Zip Code
HENDERSON NV 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 ▼ 500.00

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

Transaction ID: PR1580891916399

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	450.00
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: (check only one)	PAGE 8 / 10
	<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

Full Name (Last, First, Middle Initial) A. PHILLIP ROLAND, MD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 962 CLARELLEN DRIVE		Transaction ID: PR1580894316399	
City State Zip Code FORT MYERS FL 33919	Amount of Each Receipt this Period _____ 498.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 3818.00		P/R Deduction (\$166.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Dr Patrick Michael Francke		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7 Winnebago Road		Transaction ID: PR1633307916399	
City State Zip Code Sea Ranch Lakes FL 33308	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 1040.00		P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Dr Keith Lawrence Miller		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12731 Terabella Way		Transaction ID: PR1692755716399	
City State Zip Code Fort Myers FL 33912	Amount of Each Receipt this Period _____ 450.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 3900.00		P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1068.00
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: (check only one)	PAGE 9 / 10
	<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) Dr. Dwight Fitch		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2127270516399	
Mailing Address 9122 16th Ave Circle, NW		Amount of Each Receipt this Period 150.00	
City Bradenton	State FL	Zip Code 34209	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Brian P Quaranta, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2127272416399	
Mailing Address 100 Vista Lake Drive Apt 108		Amount of Each Receipt this Period 120.00	
City Candler	State NC	Zip Code 28715	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer North Carolina RT Management Services	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

C. Full Name (Last, First, Middle Initial) Michael Shevach, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2127272516399	
Mailing Address 7365 Regina Royale		Amount of Each Receipt this Period 300.00	
City Sarasota	State FL	Zip Code 34238	P/R Deduction (\$100.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	570.00
TOTAL This Period (last page this line number only) ▶	2773.00

**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

Full Name (Last, First, Middle Initial)

A. Whitehouse 06

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement Contribution

Candidate Name Mr. Sheldon Whitehouse

Office Sought: House Senate President

State: RI District: 2

Disbursement For: 2006 Primary General Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 25127646

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ameripac

Mailing Address 499 South Capitol Street, SW Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement Debt Retirement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 25390020

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

5000.00

Debt Retirement

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00