

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
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

ADDRESS (number and street) 8280 Willow Oaks Corporate Drive
Suite 500
 Check if different than previously reported. (ACC)
Fairfax VA 22031

2. **FEC IDENTIFICATION NUMBER** C00384602
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 02 01 2010 through 02 28 2010

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 Laura Thevenot

Signature of Treasurer Electronically Filed by Laura Thevenot Date 03 12 2010

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
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Report Covering the Period: From:

M M	D D	Y Y Y Y
0 2	0 1	2 0 1 0

 To:

M M	D D	Y Y Y Y
0 2	2 8	2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 1 0</td></tr></table>	Y Y Y Y	2 0 1 0		80466.70
Y Y Y Y				
2 0 1 0				
(b) Cash on Hand at Beginning of Reporting Period	65616.70			
(c) Total Receipts (from Line 19)	7100.00	9750.00		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72716.70	90216.70		
7. Total Disbursements (from Line 31)	7500.00	25000.00		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	65216.70	65216.70		
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

AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Report Covering the Period: From: To:

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)	4500.00	6500.00
(ii) Unitemized	100.00	750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4600.00	7250.00
(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)	4600.00	7250.00
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	2500.00	2500.00
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))	7100.00	9750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7100.00	9750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	7500.00	25000.00
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))..	7500.00	25000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	25000.00

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	4600.00	7250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4600.00	7250.00
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 / 11
(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)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A. Full Name (Last, First, Middle Initial)
Dr. Kenneth R. Blank

Mailing Address 169 Forest Ave

City State Zip Code
Glen Ridge NJ 07028

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

Name of Employer Clara Maass Medical Center Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 02 / 2010

Transaction ID: SA11AI.7718

Amount of Each Receipt this Period: 250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Bruce Bornstein

Mailing Address 11 Powder House Road

City State Zip Code
Dover MA 02030

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

Name of Employer Massachusetts General Hospital Occupation Doctor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
02 / 19 / 2010

Transaction ID: SA11AI.7715

Amount of Each Receipt this Period: 500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Laurie E. Gaspar

Mailing Address 218 Jackson St

City State Zip Code
Denver CO 80206

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

Name of Employer University of Colorado Denver Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 28 / 2010

Transaction ID: SA11AI.7713

Amount of Each Receipt this Period: 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 7 / 11
	<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)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) Dr. Mitchell Machtay	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 25110 Cedar Road	Transaction ID: SA11AI.7721
	City State Zip Code Beachwood OH 44122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer University Hospitals Case Med Occupation Radiation oncologist 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) Dr. Coral A Quiet	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 5501 E. Mockingbird Ln	Transaction ID: SA11AI.7719
	City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Arizona Cancer Specialists Occupation Radiation oncologist 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) Dr. John Rieke	Date of Receipt MM / DD / YYYY 02 / 08 / 2010
	Mailing Address 5001 88th Avenue, SE	Transaction ID: SA11AI.7717
	City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer MultiCare Regional Cancer Cent Occupation Physician 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)	2250.00
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 8 / 11	
	(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"/> 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)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.

Full Name (Last, First, Middle Initial)
 Dr. Maria-Amelia Rodrigues

Mailing Address 3570 Avocado Avenue

City State Zip Code
 Miami FL 33313

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

Name of Employer Occupation
 South Miami Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.7716

Amount of Each Receipt this Period
 500.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 11
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER		Date of Receipt
	Mailing Address Post Office Box 1994		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Union City	TN	38281
	FEC ID number of contributing federal political committee.		<input type="text" value="C00223230"/>
	Name of Employer		Occupation
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA16.7727 Amount of Each Receipt this Period <input type="text" value="2500.00"/> Refund	
Aggregate Year-to-Date ▼		<input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2500.00"/>

**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)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) DAN 10	Transaction ID: SB23.7712 Date of Disbursement 02 / 24 / 2010
	Mailing Address 1088 BISHOP STREET SUITE 1009	Amount of Each Disbursement this Period 1500.00
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DANIEL K INOUE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	Transaction ID: SB23.7707 Date of Disbursement 02 / 24 / 2010
	Mailing Address 462 California Road	Amount of Each Disbursement this Period 1000.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ELIOT ENGEL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.7708 Date of Disbursement 02 / 24 / 2010
	Mailing Address PO BOX 19163	Amount of Each Disbursement this Period 2500.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name HARRY REID	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
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 11 / 11

<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)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE	Transaction ID: SB23.7705
	Mailing Address PO Box 68444	Date of Disbursement 02 / 23 / 2010
	City Virginia Beach State VA Zip Code 23471	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution Candidate Name GLENN CARLYLE III NYE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.7706
	Mailing Address PO BOX 3176	Date of Disbursement 02 / 24 / 2010
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name FRANK JR PALLONE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

7500.00