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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Oncure Medical Corp. Political Action Committee ("Oncure PAC")

ADDRESS (number and street) ☐ (Check if address is changed)

188 Inverness Drive West
Suite 650

Englewood (CITY ▲) CO (STATE ▲) 80112 - (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS ☒ (Check if address is changed)

tpeach@oncure.com

Optional Second E-Mail Address
msuarez@rtsx.com

COMMITTEE'S WEB PAGE ADDRESS (URL) ☐ (Check if address is changed)

2. DATE ___ / ___ / ___

3. FEC IDENTIFICATION NUMBER ▶ C C00487629

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy A. Peach

Signature of Treasurer _____ Date 01 / 24 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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Write or Type Committee Name

Oncure Medical Corp. Political Action Committee ("Oncure PAC")

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Oncure Medical Corp.

Mailing Address
188 Inverness Drive West
Suite 660
Englewood CO 80112
CITY STATE ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: Timothy A. Peach

Mailing Address
188 Inverness Drive West
Suite 660
Englewood CO 80112
CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 303 - 643 - 6528

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Timothy A. Peach

Mailing Address
188 Inverness Drive West
Suite 660
Englewood CO 80112
CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 303 - 643 - 6528

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Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo, N.A.

Mailing Address 2030 Main Street, Suite 900

Irvine CA 92614

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

14031175001

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. [ADDITIONAL]

Mailing Address

CITY STATE ZIP CODE

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

21st Century Oncology, Inc. Political Action Committee

Mailing Address 2234 Colonial Blvd.

Fort Myers FL 33907

CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

Designated Agent [ADDITIONAL]

Full Name

Mailing Address

Title or Position

CITY STATE ZIP CODE

Telephone number

Joint Fundraiser Participant [ADDITIONAL]

FEC ID number C

14031175002

14031175003

21st Century Oncology

2234 Colonial Boulevard • Fort Myers, FL 33907
2270 Colonial Boulevard • Fort Myers, FL 33907

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Washington, DC 20463

Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 2/4/14

(8/2013)

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