

# Political Organization Report of Contributions and Expenditures

▶ See separate instructions.

**A For the period beginning** 04/01/2010 **and ending** 06/30/2010

**B Check applicable box:**  Initial report  Change of address  Amended report  Final report

**1 Name of organization** Last Chance for Patient Choice **Employer identification number** 05 - 0628214

**2 Mailing address (P.O. box or number, street, and room or suite number)**  
P.O. Box 2817

**City or town, state, and ZIP code**  
Waterloo, IA 50704

**3 E-mail address of organization:** Eric.Brodahl@vgm.com **4 Date organization was formed:** 10/17/2005

**5a Name of custodian of records** Michael Mallaro **5b Custodian's address** P.O. Box 2817  
Waterloo, IA 50704

**6a Name of contact person** John Gallagher **6b Contact person's address** P.O. Box 2817  
Waterloo, IA 50704

**7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**  
1111 W. San Marnan Drive  
**City or town, state, and ZIP code**  
Waterloo, IA 50701

**8 Type of report (check only one box)**

- First quarterly report (due by April 15)
- Second quarterly report (due by July 15)
- Third quarterly report (due by October 15)
- Year-end report (due by January 31)
- Mid-year report (Non-election year only-due by July 31)
- Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- Pre-election report (due by the 12th or 15th day before the election)
  - (1) Type of election:
  - (2) Date of election:
  - (3) For the state of:
- Post-general election report (due by the 30th day after general election)
  - (1) Date of election:
  - (2) For the state of:

**9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 145032**

**10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 90270**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Mike Mallaro

07/12/2010

**Sign Here**



Signature of authorized official



Date

**Schedule A** Itemized Contributions

Schedule A

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
VGM Group Inc.	N/A	
P.O. Box 2817	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Waterloo, IA 50704	N/A	\$ 20000
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 60000	04/12/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
VGM Group Inc.	N/A	
P.O. Box 2817	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Waterloo, IA 50704	N/A	\$ 40000
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 60000	06/22/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Aggregate below threshold	N/A	
P.O. Box 2817	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Waterloo, IA 50704	N/A	\$ 39807
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 67207	06/30/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Brightree LLC	N/A	
2763 Meadow Church Road, Suite 205	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Duluth, GA 30097	N/A	\$ 10000
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 20000	04/20/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Brightree LLC	N/A	
2763 Meadow Church Road, Suite 205	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Duluth, GA 30097	N/A	\$ 10000
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 20000	06/29/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Invacare Corporation	N/A	
One Invacare Way	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Elyria, OH 44036	N/A	\$ 10000
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 40000	04/26/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Invacare Corporation	N/A	
One Invacare Way	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Elyria, OH 44036	N/A	\$ 15000
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 40000	05/03/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Walgreens Home Care Inc.	N/A	
3810 Rutledge Rd NE	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Albuquerque, NM 87109	N/A	\$ 30
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 225	04/07/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Walgreens Home Care Inc.	N/A	
3810 Rutledge Rd NE	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Albuquerque, NM 87109	N/A	\$ 30
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 225	05/07/2010

<b>Contributor's name, mailing address and ZIP code</b>	<b>Name of contributor's employer</b>	
Walgreens Home Care Inc.	N/A	
3810 Rutledge Rd NE	<b>Contributor's occupation</b>	<b>Amount of contribution</b>
Albuquerque, NM 87109	N/A	\$ 30
	<b>Aggregate contributions year-to-date</b>	<b>Date of contribution</b>
	\$ 225	06/11/2010

**Contributor's name, mailing address and ZIP code**

Rocky Mountain Medical Equipment Inc  
3535 South Platte River Dr  
Sheridan, CO 80110

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 270

**Amount of contribution**

\$ 45

**Date of contribution**

04/07/2010

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**Contributor's name, mailing address and ZIP code**

Rocky Mountain Medical Equipment Inc  
3535 South Platte River Dr  
Sheridan, CO 80110

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 270

**Amount of contribution**

\$ 45

**Date of contribution**

05/07/2010

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**Contributor's name, mailing address and ZIP code**

Rocky Mountain Medical Equipment Inc  
3535 South Platte River Drive  
Sheridan, CO 80110

**Name of contributor's employer**

N/A

**Contributor's occupation**

N/A

**Aggregate contributions year-to-date**

\$ 270

**Amount of contribution**

\$ 45

**Date of contribution**

06/11/2010

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**Schedule B** Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness 1601 Connecticut Ave Suite 500 Washington, DC 20009	N/A Recipients's occupation N/A	\$ 20000 Date of expenditure 04/09/2010

**Purpose of expenditure**  
Consultant fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness 1601 Connecticut Ave Suite 500 Washington, DC 20009	N/A Recipients's occupation N/A	\$ 20000 Date of expenditure 05/05/2010

**Purpose of expenditure**  
Consultant fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness 1601 Connecticut Ave Suite 500 Washington, DC 20009	N/A Recipients's occupation N/A	\$ 20000 Date of expenditure 06/16/2010

**Purpose of expenditure**  
Consultant fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Committee to Save Independent HME Suppliers P.O. Box 1070 Halifax, VA 24558	N/A Recipients's occupation N/A	\$ 30000 Date of expenditure 05/12/2010

**Purpose of expenditure**  
Political advocacy

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank PO Box 1800 St. Paul, MN 55101	N/A Recipients's occupation N/A	\$ 92 Date of expenditure 04/22/2010

**Purpose of expenditure**  
Bank fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank PO Box 1800 St. Paul, MN 55101	N/A Recipients's occupation N/A	\$ 91 Date of expenditure 05/25/2010

**Purpose of expenditure**  
Bank fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank PO Box 1800 St. Paul, MN 55101	N/A Recipients's occupation N/A	\$ 87 Date of expenditure 06/28/2010

**Purpose of expenditure**  
Bank fees