

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 10/01/2010 **and ending** 10/13/2010

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** PO Box 2817
Waterloo, IA 50704

6a Name of contact person John Gallagher **6b Contact person's address** PO 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 Dr.
City or town, state, and ZIP code
Waterloo, IA 50704

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: general
(2) Date of election: 11/02/2010
(3) For the state of: IA
☐ 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. \$ 0

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 6858

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

10/14/2010

**Sign
Here**

Signature of authorized official

Date

Schedule B Itemized Expenditures		Schedule B
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Big Sky AMES	N/A	\$ 6858
2850 Stockyard Rd.	Recipients's occupation	Date of expenditure
Missoula, MT 59808	N/A	10/07/2010
Purpose of expenditure		
Advertising		