

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2012 **and ending** 03/31/2012

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:
(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. \$ 104874

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 74374

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

04/11/2012

**Sign
Here**

Signature of authorized official

Date

Schedule A **Itemized Contributions**

Schedule A

Contributor's name, mailing address and ZIP code

Withheld
PO Box 2817
Waterloo, IA 50704

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 14874

Amount of contribution

\$ 14874

Date of contribution

03/31/2012

Contributor's name, mailing address and ZIP code

Brightree LLC
1735 North Brown Road, Suite 500
Lawrenceville, GA 30043

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 10000

Amount of contribution

\$ 10000

Date of contribution

01/01/2012

Contributor's name, mailing address and ZIP code

Invacare Corporation
One Invacare Way
Elyria, OH 44036

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 10000

Amount of contribution

\$ 10000

Date of contribution

01/01/2012

Contributor's name, mailing address and ZIP code

VGM Group
PO Box 2817
Waterloo, IA 50704

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 70000

Amount of contribution

\$ 40000

Date of contribution

01/18/2012

Contributor's name, mailing address and ZIP code

VGM Group
PO Box 2817
Waterloo, IA 50704

Name of contributor's employer

N/A

Contributor's occupation

N/A

Aggregate contributions year-to-date

\$ 70000

Amount of contribution

\$ 30000

Date of contribution

03/31/2012

Schedule B **Itemized Expenditures**

Schedule B

Recipient's name, mailing address and ZIP code

Center for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

01/18/2012

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code

US Bank
PO Box 1800
St. Paul, MN 55101

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 83

Date of expenditure

01/26/2012

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code

Committee to Save Independent HME Suppliers
PO Box 1070
Halifax, VA 24558

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 30000

Date of expenditure

01/31/2012

Purpose of expenditure

Political Advocacy

Recipient's name, mailing address and ZIP code

Premiere Political Communications LLC
4805 Woodview Ave
Austin, TX 78756

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 4123

Date of expenditure

02/07/2012

Purpose of expenditure

Political Advocacy

Recipient's name, mailing address and ZIP code

US Bank
PO Box 1800
St. Paul, MN 55101

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 85

Date of expenditure

02/24/2012

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code

Center for Regulatory Effectiveness
1601 Connecticut Ave NW STE 500
Washington, DC 20009

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 20000

Date of expenditure

03/07/2012

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code

US Bank
PO Box 1800
St. Paul, MN 55101

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 83

Date of expenditure

03/29/2012

Purpose of expenditure

Bank Fees