

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning 04/01/2012 **and ending** 06/30/2012

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)

- | | |
|---|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> 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) |
| <input checked="" type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> 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. \$ 97992

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 116854

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

07/12/2012

**Sign
Here**



Signature of authorized official



Date

Schedule A **Itemized Contributions**

Schedule A

Contributor's name, mailing address and ZIP code Michigan Medical 11906 Farmington Rd Livonia, MI 48150	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date \$ 201	Amount of contribution \$ 67 Date of contribution 06/06/2012
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 \$ 37665	Amount of contribution \$ 22925 Date of contribution 06/30/2012
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 \$ 20000	Amount of contribution \$ 10000 Date of contribution 04/05/2012
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 \$ 20000	Amount of contribution \$ 10000 Date of contribution 04/16/2012
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 \$ 125000	Amount of contribution \$ 25000 Date of contribution 05/04/2012
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 \$ 125000	Amount of contribution \$ 30000 Date of contribution 05/30/2012

Schedule B **Itemized Expenditures**

Schedule B

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Committee to Save Independent HME Suppliers	N/A	\$ 30000
PO Box 1070	Recipients's occupation	Date of expenditure
Halifax, VA 24558	N/A	04/01/2012

Purpose of expenditure

Political Advocacy

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
1601 Connecticut Ave NW STE 500	Recipients's occupation	Date of expenditure
Washington, DC 20009	N/A	04/05/2012

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Brian J Leitten	N/A	\$ 6300
3619 Joan Lane	Recipients's occupation	Date of expenditure
Port Orange, FL 32129	N/A	04/12/2012

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank	N/A	\$ 85
PO Box 1800	Recipients's occupation	Date of expenditure
St. Paul, MN 55101	N/A	04/18/2012

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
1601 Connecticut Ave NW STE 500	Recipients's occupation	Date of expenditure
Washington, DC 20009	N/A	05/09/2012

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
US Bank	N/A	\$ 85
PO Box 1800	Recipients's occupation	Date of expenditure
St. Paul, MN 55101	N/A	05/16/2012

Purpose of expenditure

Bank Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Heaton, Adams and Co. P.C.	N/A	\$ 300
333 West Fourth St	Recipients's occupation	Date of expenditure
Waterloo, IA 50701	N/A	05/23/2012

Purpose of expenditure

Professional Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
1601 Connecticut Ave NW STE 500	Recipients's occupation	Date of expenditure
Washington, DC 20009	N/A	05/31/2012

Purpose of expenditure

Consulting Fees

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure
Center for Regulatory Effectiveness	N/A	\$ 20000
1601 Connecticut Ave NW STE 500	Recipients's occupation	Date of expenditure
Washington, DC 20009	N/A	06/20/2012

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

\$ 84

Date of expenditure

06/26/2012

Purpose of expenditure

Bank Fees
