

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

**A For the period beginning** 01/01/2013 **and ending** 06/30/2013

**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<br>(due by April 15)                           | <input type="checkbox"/> Monthly report for the month of:<br>(due by the 20th day following the month shown above, except the<br>December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report<br>(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<br>(due by October 15)                         | (1) Type of election:   |
| <input type="checkbox"/> Year-end report<br>(due by January 31)                                | (2) Date of election:   |
| <input checked="" type="checkbox"/> Mid-year report (Non-election<br>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. \$** 52845

**10 Total amount of reported expenditures (total from all attached Schedules B)** ..... **10. \$** 20335

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

07/12/2013

**Sign  
Here**



Signature of authorized official



Date

**Schedule A Itemized Contributions**

Schedule A

|  |   |  |
|--|---|--|
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>02/27/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>05/31/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>VGM Group<br>PO Box 2817<br>Waterloo, IA 50704      | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 20000 | <b>Amount of contribution</b><br>\$ 20000<br><b>Date of contribution</b><br>01/23/2013 |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>06/06/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>06/06/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>06/06/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>06/06/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>04/23/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>06/06/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>05/31/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>02/27/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>03/07/2013    |

|  |   |  |
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| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>04/23/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Withheld<br>PO Box 2817<br>Waterloo, IA 50704       | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 32635 | <b>Amount of contribution</b><br>\$ 32635<br><b>Date of contribution</b><br>06/30/2013 |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>03/07/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>02/27/2013    |
| <b>Contributor's name, mailing address and ZIP code</b><br>Care Medical<br>1242 Prince Ave<br>Athens, GA 30606 | <b>Name of contributor's employer</b><br>N/A<br><b>Contributor's occupation</b><br>N/A<br><b>Aggregate contributions year-to-date</b><br>\$ 210   | <b>Amount of contribution</b><br>\$ 15<br><b>Date of contribution</b><br>02/27/2013    |

**Schedule B Itemized Expenditures**

Schedule B

**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**\$ 81  
**Date of expenditure**  
01/23/2013**Purpose of expenditure**

Bank 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**  
04/30/2013**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**\$ 10000  
**Date of expenditure**  
01/24/2013**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**\$ 85  
**Date of expenditure**  
02/20/2013**Purpose of expenditure**

Bank 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**\$ 85  
**Date of expenditure**  
05/23/2013**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**\$ 10000  
**Date of expenditure**  
02/28/2013**Purpose of expenditure**

Consulting Fees