

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
Bravo Health Inc Associates Political Action Committee

ADDRESS (number and street) 3601 O'Donnell Street
Check if different than previously reported. (ACC) Baltimore MD 21224

2. FEC IDENTIFICATION NUMBER C00463703
3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on 11 02 2010 in the State of

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Scott Tabakin

Signature of Treasurer Electronically Filed by Scott Tabakin Date 12 01 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Bravo Health Inc Associates Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		58957.65
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	46806.91									
(c) Total Receipts (from Line 19) .....	1997.25	40146.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48804.16	99104.16								
7. Total Disbursements (from Line 31) .....	3000.00	53300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45804.16	45804.16								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Bravo Health Inc Associates Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1939.56	36364.32
(ii) Unitemized .....	57.69	3782.19
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1997.25	40146.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1997.25	40146.51
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1997.25	40146.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1997.25	40146.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	44050.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	9250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3000.00	53300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	53300.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	1997.25	40146.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1997.25	40146.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Bravo Health Inc Associates Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Susan Berry

Mailing Address 3601 O'Donnell Street

City State Zip Code  
Baltimore MD 21224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bravo Health, Inc Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4765

Amount of Each Receipt this Period  
90.00

Payroll Deduction-\$30 Bi-weekly

**B.**

Full Name (Last, First, Middle Initial)  
David Beshara

Mailing Address 3601 O'Donnell Street

City State Zip Code  
Baltimore MD 21224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bravo Health Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4768

Amount of Each Receipt this Period  
115.38

Payroll deduction-\$38.46 Biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Ruben Cardenas

Mailing Address 3601 O'Donnell Street

City State Zip Code  
Baltimore MD 21224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bravo Health, Inc Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.4769

Amount of Each Receipt this Period  
105.00

Payroll Deduction-\$35 Bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

310.38

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bravo Health Inc Associates Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) GEORGE B DAVIDSEN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3601 O'DONNELL STREET	<b>Transaction ID:</b> SA11AI.4770
	City State Zip Code BALTIMORE MD 21224	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction-\$19.23 Biweekly
	Name of Employer Occupation BRAVO HEALTH, INC DIRECTOR, IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Demand	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3601 O'Donnell Street	<b>Transaction ID:</b> SA11AI.4771
	City State Zip Code Baltimore MD 21224	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction-\$38.46 Biweekly
	Name of Employer Occupation Bravo Health VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

<b>C.</b>	Full Name (Last, First, Middle Initial) Darlene Ellinger-Propf	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3601 O'Donnell Street	<b>Transaction ID:</b> SA11AI.4772
	City State Zip Code Balto MD 21224	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction-\$19.23 Biweekly
	Name of Employer Occupation Bravo Health Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>230.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bravo Health Inc Associates Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY ANN EULL		Date of Receipt
	Mailing Address 3601 O'DONNELL STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	BALTIMORE	MD	21224
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4773
Name of Employer BRAVO HEALTH, INC		Occupation VICE PRESIDENT, NETWORK MANAGEMENT	Amount of Each Receipt this Period 115.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1384.58	Payroll Deduction-\$38.46 Biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Pat Feyen		Date of Receipt
	Mailing Address 3601 O'Donnell Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Baltimore	MD	21224
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4774
Name of Employer Bravo Health, Inc		Occupation SVP, & Executive Director, Texas	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00	Payroll deduction-\$100 bi-weekly

<b>C.</b>	Full Name (Last, First, Middle Initial) RANDY A GLISSON		Date of Receipt
	Mailing Address 3601 O'DONNELL STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	BALTIMORE	MD	21224
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.4775
Name of Employer BRAVO HEALTH, INC		Occupation VICE PRESIDENT, SALES MID-ATLANTIC	Amount of Each Receipt this Period 115.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 884.58	Payroll deduction-\$38.46 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>530.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Bravo Health Inc Associates Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Keim		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3601 O'Donnell Street		<b>Transaction ID:</b> SA11AI.4776
	City Baltimore	State MD	Zip Code 21224
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
	Name of Employer Bravo Health	Occupation SVP	Payroll deduction-\$38.46 biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28
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<b>B.</b>	Full Name (Last, First, Middle Initial) COLIN LECLAIR		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3601 O'DONNELL STREET		<b>Transaction ID:</b> SA11AI.4777
	City BALTIMORE	State MD	Zip Code 21224
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.69
	Name of Employer BRAVO HEALTH, INC	Occupation VICE PRESIDENT	Payroll deduction-\$19.23 biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29
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<b>C.</b>	Full Name (Last, First, Middle Initial) ROBYN LELAND		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3601 O'DONNELL STREET		<b>Transaction ID:</b> SA11AI.4778
	City BALTIMORE	State MD	Zip Code 21224
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.69
	Name of Employer BRAVO HEALTH, INC	Occupation MANAGER PROVIDER RELATIONS	Payroll deduction-\$19.23 biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

230.76

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Bravo Health Inc Associates Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Lipson		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 3601 O'Donnell St.		<b>Transaction ID:</b> SA11AI.4779		
	City Baltimore	State MD	Zip Code 21224	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction-\$20 bi-weekly		
Name of Employer Bravo Health		Occupation VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Melinda McCardell		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 3601 O'Donnell Street		<b>Transaction ID:</b> SA11AI.4781		
	City Baltimore	State MD	Zip Code 21224	Amount of Each Receipt this Period 57.69	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction-\$19.23 biweekly		
Name of Employer Bravo Health		Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76			

<b>C.</b>	Full Name (Last, First, Middle Initial) ENA A PIERCE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 3601 O'DONNELL STREET		<b>Transaction ID:</b> SA11AI.4783		
	City BALTIMORE	State MD	Zip Code 21224	Amount of Each Receipt this Period 115.38	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll deduction-\$38.46 biweekly		
Name of Employer BRAVO HEALTH,INC		Occupation VICE PRESIDENT, COMPLIANCE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3884.58			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>233.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bravo Health Inc Associates Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
JOHN ROEHM

Mailing Address 3601 O'DONNELL STREET

City State Zip Code  
BALTIMORE MD 21224

FEC ID number of contributing federal political committee. **C**

Name of Employer BRAVO HEALTH, INC      Occupation VICE PRESIDENT, SALES

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.4784

Amount of Each Receipt this Period  
115.38

Payroll deduction-\$38.46  
biweekly

**B.** Full Name (Last, First, Middle Initial)  
KENNETH B SATROM

Mailing Address 3601 O'DONNELL STREET

City State Zip Code  
BALTIMORE MD 21224

FEC ID number of contributing federal political committee. **C**

Name of Employer BRAVO HEALTH, INC      Occupation VICE PRESIDENT, NETWORK DEV

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.4785

Amount of Each Receipt this Period  
115.38

Payroll Deduction-\$38.46  
biweekly

**C.** Full Name (Last, First, Middle Initial)  
JILL SELBY

Mailing Address 3601 O'DONNELL STREET

City State Zip Code  
BALTIMORE MD 21224

FEC ID number of contributing federal political committee. **C**

Name of Employer BRAVO HEALTH, INC      Occupation VICE PRESIDENT, DEVEOLPMENT

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.4786

Amount of Each Receipt this Period  
115.38

Payroll deduction-\$38.46  
biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **346.14**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Bravo Health Inc Associates Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) SIMON JAMES TRACE		Date of Receipt
	Mailing Address 3601 O'DONNELL STREET		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City	State	Zip Code
	BALTIMORE	MD	21224
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BRAVO HEALTH, INC		Occupation DIRECTOR, MARKETING	Transaction ID: SA11AI.4787
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="442.29"/>	Amount of Each Receipt this Period <input type="text" value="57.69"/>
			Payroll deduction-\$19.23 biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="57.69"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1939.56"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Bravo Health Inc Associates Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lentz for Congress

Mailing Address PO Box 1846

City Media State PA Zip Code 19063

Purpose of Disbursement Contribution

Candidate Name BRYAN ROY LENTZ

Office Sought:  House  
 Senate  
 President

State: PA District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.4788

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Bravo Health Inc Associates Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marc Veasey for State Representative

Mailing Address PO Box 50131

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4789

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1000.00

TOTAL This Period (last page this line number only) ..... ▶

1000.00