

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 NEW (N) OR AMENDED (A) X

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, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special
(d) 30-Day Post-Election Report for the: General, Runoff, Special
Election on 11 02 2010 in the State of

5. Covering Period 10 01 2010 through 10 13 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
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

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	68891.16									
(c) Total Receipts (from Line 19)	665.75	38149.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69556.91	97106.91								
7. Total Disbursements (from Line 31)	22750.00	50300.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46806.91	46806.91								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

Write or Type Committee Name

Bravo Health Inc Associates Political Action Committee

Report Covering the Period: From: To:

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)	608.06	34424.76
(ii) Unitemized	57.69	3724.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	665.75	38149.26
(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)	665.75	38149.26
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))	665.75	38149.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	665.75	38149.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	22750.00	42050.00
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.....	0.00	8250.00
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))..	22750.00	50300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22750.00	50300.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	665.75	38149.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	665.75	38149.26
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
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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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: SA11AI.4693

Amount of Each Receipt this Period
30.00

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 ▼ 576.90

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: SA11AI.4737

Amount of Each Receipt this Period
38.46

Payroll deduction \$38.46 bi-weekly

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 ▼ 355.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: SA11AI.4699

Amount of Each Receipt this Period
35.00

Payroll deduction \$35.00 biweekly

SUBTOTAL of Receipts This Page (optional) ► **103.46**

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 7 / 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

<p>A. Full Name (Last, First, Middle Initial) GEORGE B DAVIDSEN</p> <p>Mailing Address 3601 O'DONNELL STREET</p> <p>City State Zip Code BALTIMORE MD 21224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BRAVO HEALTH, INC DIRECTOR, IT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.60</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2010</p> <p>Transaction ID: SA11AI.4701</p> <p>Amount of Each Receipt this Period 19.23</p> <p>Payroll deduction \$19.23 biweekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Michael Demand</p> <p>Mailing Address 3601 O'Donnell Street</p> <p>City State Zip Code Baltimore MD 21224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bravo Health VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 307.68</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2010</p> <p>Transaction ID: SA11AI.4703</p> <p>Amount of Each Receipt this Period 38.46</p> <p>Payroll deduction \$38.46 biweekly</p>
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<p>C. Full Name (Last, First, Middle Initial) MARY ANN EULL</p> <p>Mailing Address 3601 O'DONNELL STREET</p> <p>City State Zip Code BALTIMORE MD 21224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BRAVO HEALTH, INC VICE PRESIDENT, NETWORK MANAGEMENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1269.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2010</p> <p>Transaction ID: SA11AI.4707</p> <p>Amount of Each Receipt this Period 38.46</p> <p>Payroll deduction \$38.46 biweekly</p>
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SUBTOTAL of Receipts This Page (optional)	96.15
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 8 / 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

A.

Full Name (Last, First, Middle Initial)
Pat Feyen

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 SVP, & Executive Director, Texas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: SA11AI.4709

Amount of Each Receipt this Period
100.00

Payroll deduction \$100 bi-weekly

B.

Full Name (Last, First, Middle Initial)
RANDY A GLISSON

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 VICE PRESIDENT, SALES MID-ATLANTIC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: SA11AI.4711

Amount of Each Receipt this Period
38.46

Payroll deduction \$38.46 biweekly

C.

Full Name (Last, First, Middle Initial)
Scott Keim

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 SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
MM / DD / YYYY
10 / 13 / 2010

Transaction ID: SA11AI.4713

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **176.92**

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 9 / 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

A.	Full Name (Last, First, Middle Initial) COLIN LECLAIR	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3601 O'DONNELL STREET	Transaction ID: SA11AI.4716
	City State Zip Code BALTIMORE MD 21224	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	Payroll deduction \$19.23 biweekly
	Name of Employer BRAVO HEALTH, INC Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60	

B.	Full Name (Last, First, Middle Initial) ROBYN LELAND	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3601 O'DONNELL STREET	Transaction ID: SA11AI.4718
	City State Zip Code BALTIMORE MD 21224	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	Payroll deduction \$19.23 biweekly
	Name of Employer BRAVO HEALTH, INC Occupation MANAGER PROVIDER RELATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60	

C.	Full Name (Last, First, Middle Initial) Gregory Lipson	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 3601 O'Donnell St.	Transaction ID: SA11AI.4720
	City State Zip Code Baltimore MD 21224	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll deduction \$20 biweekly
	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 ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	58.46
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 10 / 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

<p>A. Full Name (Last, First, Middle Initial) ENA A PIERCE</p> <p>Mailing Address 3601 O'DONNELL STREET</p> <p>City State Zip Code BALTIMORE MD 21224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BRAVO HEALTH, INC VICE PRESIDENT, COMPLIANCE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3769.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2010</p> <p>Transaction ID: SA11AI.4726</p> <p>Amount of Each Receipt this Period 38.46</p> <p>Payroll deduction \$38.46 biweekly</p>
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<p>B. Full Name (Last, First, Middle Initial) JOHN ROEHM</p> <p>Mailing Address 3601 O'DONNELL STREET</p> <p>City State Zip Code BALTIMORE MD 21224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BRAVO HEALTH, INC VICE PRESIDENT, SALES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 769.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2010</p> <p>Transaction ID: SA11AI.4728</p> <p>Amount of Each Receipt this Period 38.46</p> <p>Payroll deduction \$38.46 biweekly</p>
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<p>C. Full Name (Last, First, Middle Initial) KENNETH B SATROM</p> <p>Mailing Address 3601 O'DONNELL STREET</p> <p>City State Zip Code BALTIMORE MD 21224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BRAVO HEALTH, INC VICE PRESIDENT, NETWORK DEV</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 769.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 13 / 2010</p> <p>Transaction ID: SA11AI.4730</p> <p>Amount of Each Receipt this Period 38.46</p> <p>Payroll deduction \$38.46 biweekly</p>
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SUBTOTAL of Receipts This Page (optional)	115.38
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:	PAGE 11 / 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

A.

Full Name (Last, First, Middle Initial) JILL SELBY		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 3601 O'DONNELL STREET		Transaction ID: SA11AI.4732
City	State	Zip Code
BALTIMORE	MD	21224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer BRAVO HEALTH, INC	Occupation VICE PRESIDENT, DEVEOLPMENT	Payroll deduction \$38.46 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

B.

Full Name (Last, First, Middle Initial) SIMON JAMES TRACE		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 3601 O'DONNELL STREET		Transaction ID: SA11AI.4734
City	State	Zip Code
BALTIMORE	MD	21224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
Name of Employer BRAVO HEALTH, INC	Occupation DIRECTOR, MARKETING	Payroll deduction \$19.23 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional)	57.69
TOTAL This Period (last page this line number only)	608.06

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)

<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

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

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: SB23.4742 Date of Disbursement
	Mailing Address 14 KNIGHTSWOOD DRIVE	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MARLTON State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="2000.00"/>
	Candidate Name John Adler	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Jake Wheatley	Transaction ID: SB23.4744 Date of Disbursement
	Mailing Address 311 Irvis Office Building PO Box 202019	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Harrisburg State PA Zip Code 17120	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="500.00"/>
	Candidate Name Jake Wheatley	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Freinds of Martin O'Malley	Transaction ID: SB23.4763 Date of Disbursement
	Mailing Address 218 E. Lexington Street	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baltimore State MD Zip Code 21202	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

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

A.	Full Name (Last, First, Middle Initial) Friends of Anthony Brown	Transaction ID: SB23.4761 Date of Disbursement 10 / 07 / 2010
	Mailing Address 218 E Lexington Street	Amount of Each Disbursement this Period 4000.00
	City Baltimore State MD Zip Code 21202	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Friends of Mike Busch	Transaction ID: SB23.4747 Date of Disbursement 10 / 07 / 2010
	Mailing Address Post Office Box 824	Amount of Each Disbursement this Period 1000.00
	City Annapolis State MD Zip Code 21404	
	Purpose of Disbursement	Category/Type
	Candidate Name Mike Busch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 30	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Kratovil for Congress	Transaction ID: SB23.4750 Date of Disbursement 10 / 07 / 2010
	Mailing Address P O Box 518	Amount of Each Disbursement this Period 2000.00
	City Stevensville State MD Zip Code 21666	
	Purpose of Disbursement	Category/Type
	Candidate Name FRANK KRATOVIL, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**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)

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<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

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

A.	Full Name (Last, First, Middle Initial) Steve Lafferty for Delegate	Transaction ID: SB23.4752 Date of Disbursement 10 / 07 / 2010
	Mailing Address Lowe House Office Building Room 30 6 Bladen Street	Amount of Each Disbursement this Period 250.00
	City: Annapolis State: MD Zip Code: 21401	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 42	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tom Corbett for Govenor	Transaction ID: SB23.4757 Date of Disbursement 10 / 07 / 2010
	Mailing Address 200 N third Street	Amount of Each Disbursement this Period 10000.00
	City: Harrisburg State: PA Zip Code: 17101	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tritt for District 98	Transaction ID: SB23.4759 Date of Disbursement 10 / 07 / 2010
	Mailing Address P.O. Box 886	Amount of Each Disbursement this Period 1000.00
	City: Keller State: TX Zip Code: 76244	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	11250.00
TOTAL This Period (last page this line number only)	22750.00