FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations 1. (a) Name of Individual, Organization or Corporation Americans for Responsible Health Care (b) Address (number and strept) ____ check if different than previously reported 9045 Strada Stell Court, Suite 500 (c) City, State and ZIP Code 3. FEC Identification Number Naples, FL 34109 Corporate filers only ☐ Yes ☐ No is the filer a qualified nonprofit corporation? Individual filers only Occupation Name of Employer Parker J Collier Retired None 4. TYPE OF REPORT (chock appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report 24-Hour Report October 15 Quarterly Report January 31 Year-End Report 48-Hour Report Yes 🔲 No 🗐 b) Is this Report an amendment? 5. COVERING PERIOD: FROM THROUGH 2010 6. TOTAL CONTRIBUTIONS .. 7. TOTAL INDEPENDENT EXPENDITURES ..

Under panally of partiny I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent made by a corporation) I carrily that the corporation is a qualified corporation under the Opmmission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

Parker J Collier

NOTE: Submission of laise, arreneous or incomplete information may subject thy

For further information, contact:

Federal Election Commission. 899 E Street, N.W., Washington, D.C. 20483 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

ITEMIZED RECEIPTS	PAGE OF
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of so or for commercial purposes, other than using the name and address of any political committee to solicit contributions from	eliciting contributions in such committee.
NAME OF FILER (in Full)	
Americans for Responsible Health Care	
A. Full Name (Last, First, Middle Initial) Parker J Collier Date of Receipt	
Mailing Address 9045 Strada Stell Court, Suite 500	2010
City State Zip Code Naples FL 34109 Amount of Each Rec	
FEC ID number of contributing federal political committee.	\$264,866,00
Name of Employer Occupation	
None Retired	
B. Full Name (Last, First, Middle Initial) Dete of Receipt	
Mailing Address	·
City State Zip Code Amount of Each Rece	ant this Parlad
FEC ID number of contributing federal political committee.	والتعابي المنسوط بالدحوس مالاحداث فقو - معيد : المنحوس ما
Name of Employer Occupation	
C. Full Name (Last, First, Middle Initial)	
Date of Receipt	
Melling Address	, 1474144
City State Zip Code Amount of Each Rece	ant this Period
FEC 10 number of contributing C Industrial Committee.	and the second supplies of the second
Name of Employer Occupation	. * 1.,
D, Full Name (Last, First, Middle Initial) Date of Receipt	
Mailing Address	A Carried Contract
City State Zip Code	Int this Paris
FEC ID number of contributing	•
federal political committee.	أندر وكدروك وروائه ويده يعولون
Name of Employer Occupation	
SUBTOTAL of Receipts This Page (optional)	\$264,866.00
TOTAL This Period (last page carry total to Line 6)	\$264,866.00

SCHEDULE 5-E ITEMIZED INDEPENDENT	EXPENDITURES			PAGE OF FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)				
Americans for Respons	ible Health Care			
Full Name (Last, First, Middle	Initial) of Payee		Date	
Jamestown Associate	es		INTERN	12 2010
Mailing Address			- January	mentioned conducations
5 Mapleton Road, Su			Amount	ilja dilitari i na mmakilamini mmajiya (1915-mil aliata ka 1916-mil aliata
City Princeton	State NJ	Zlp Code 08540	.,	\$264,866,00
Purpose of Expenditure Creative, Production	& Media Buy	Category/ 1004	Office Sought:	House State: MA Senate District:
Name of Federal Candidate S	upported or Opposed by Expend	liture:		President District:
Scott Brown			Check One:	Support Oppose
Calendar Year-To-Date P	er Election	\$264,866,00	Disbursement For: Other (sp	Primary General
Full Name (Last, First, Middle	initial of Payee		Date	
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Malling Address				In the second second
			Amount	
City	State	ZIp Code	Sandard Sandard	
Purpose of Expenditure		Category/	Office Sought:	House State:
		Туре		Senate
Name of Federal Candidate S	upported or Opposed by Expend	lture:		President District:
		_	Check One:	Support Dppose
Calendar Year-To-Date Pe	r Election		Diabursement For:	Primary General
		a antikarjamaina saarantika anggana d	Other (sp	ecify)
Full Name (Last. First, Middle	Initial) of Payee		Date	
			gravary .	المدخموجا الهمها
Mailing Address				
			Amount	
City	State	Zip Code		Marine Marine Character States Andreas Control
Surges of Surgestly as		Category San Louis and		and the state of t
Purpose of Expenditure		Type	Office Sought:	House State:
Name of Federal Candidate S	upported or Opposed by Expend		<u> </u>	President District:
	pps (last of appoint a) and and		Check One:	Support Oppose
Colordor Vana To Data Da	Serve State Serve	SI 4EEEEEEEEEEEEEEEEEEEEE	Disbursement For: 1	
Calendar Year-To-Date Pe for Office	ce Sought		Other (spe	
<u></u>			ASSESSMENT SPONSON	متاب مادره والمادر المادان المادر
(a) SUBTOTAL of Itomized Independent Exponditures		المرسائيسائيسائيسا	\$264,866,00	
(b) SUBTOTAL of Unitemized 1	ndependent Expenditures	, g = 6 51 64 4 154 57 + 61 653 + 6100 + 64 67 5 partecht 1 0.00 1 1 0	Particular de la constitución de	and the control of th
(c) TOTAL independent Expend (carry total from last	fiturespage forward to Line 7)		Partition of the state of the	\$264,866,00
26021			<u></u>	SEC Rehedule 5 th comete

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho			
Hand Delivered	Date of Receipt		
USPS First Class Mail	Postmarked		
USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
Delivery Confirmation™ or Signature Confirmation™ Label			
USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Business	Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	ceipt or Postmarked		
Er-	1/14/10		
PREPARER (3/2005)	DATE PREPARED		