

RECEIVED  
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# 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 <b>Americans for Responsible Health Care</b>		3. FEC Identification Number <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>9045 Strada Stell Court, Suite 500</b>		
(c) City, State and ZIP Code <b>Naples, FL 34109</b>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer <b>Parker J Collier</b>	Occupation <b>Retired</b>
	<b>None</b>	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM **01** / **13** / **2010** THROUGH **01** / **13** / **2010**

6. TOTAL CONTRIBUTIONS ..... **\$264,866.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **\$264,866.00**

Under penalty of perjury 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 expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM <b>Parker J Collier</b>	SIGNATURE <i>Parker Collier</i>	DATE <b>1/12/10</b>
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §467g.

For further information, contact: Federal Election Commission, 899 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

60551705001

**SCHEDULE 5-A  
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 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 FILER (in Full)  
**Americans for Responsible Health Care**

**A. Full Name (Last, First, Middle Initial)**  
Parker J Collier

**Date of Receipt**  
01 / 12 / 2010

**Mailing Address**  
9045 Strada Stell Court, Suite 500

**City** Naples **State** FL **Zip Code** 34109

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

**Amount of Each Receipt this Period**  
\$264,866.00

**Name of Employer** None **Occupation** Retired

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

**Date of Receipt**

**Mailing Address**

**City** **State** **Zip Code**

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

**Amount of Each Receipt this Period**

**Name of Employer** **Occupation**

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

**Date of Receipt**

**Mailing Address**

**City** **State** **Zip Code**

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

**Amount of Each Receipt this Period**

**Name of Employer** **Occupation**

**D. Full Name (Last, First, Middle Initial)**

**Date of Receipt**

**Mailing Address**

**City** **State** **Zip Code**

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

**Amount of Each Receipt this Period**

**Name of Employer** **Occupation**

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>\$264,866.00</b>
<b>TOTAL This Period (last page carry total to Line 6)</b> .....	<b>\$264,866.00</b>

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

**Americans for Responsible Health Care**

Full Name (Last, First, Middle Initial) of Payee

**Jamestown Associates**

Date

01 / 12 / 2010

Mailing Address

**5 Mapleton Road, Suite 300**

Amount

**\$264,866.00**

City

**Princeton**

State

**NJ**

Zip Code

**08540**

Purpose of Expenditure

**Creative, Production & Media Buy**

Category/Type

**004**

Office Sought:

House

State: **MA**

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

**Scott Brown**

Check One:

Support

Oppose

Calendar Year-To-Date Per Election for Office Sought

**\$264,866.00**

Disbursement For:

Primary

General

Other (specify) **Special-Gen**

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:

Primary

General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

**\$264,866.00**

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

**\$264,866.00**

10030213311

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt  
1/14/10

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): Date of Receipt or Postmarked

 1/14/10  
PREPARER DATE PREPARED

10030213312