

2010 JAN 22 PM 2:04

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		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 9045 Strada Stell Court, Suite 500		
(c) City, State and ZIP Code Naples, FL 34109		
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 Parker J Collier		Occupation Retired
Name of Employer None		

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 21 2010
THROUGH
01 21 2010

6. TOTAL CONTRIBUTIONS \$125,074.70

7. TOTAL INDEPENDENT EXPENDITURES \$125,074.70

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

SIGNATURE

DATE

Parker J Collier

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

10030220572

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 / 21 / 2010

Mailing Address

9045 Strada Stell Court, Suite 500

City

Naples

State

FL

Zip Code

34109

Amount of Each Receipt this Period

\$125,074.70

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

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

Date of Receipt

 / /

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

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

Date of Receipt

 / /

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

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

Date of Receipt

 / /

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

\$125,074.70

TOTAL This Period (last page carry total to Line 6)

\$125,074.70

10030220573

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Americans for Responsible Health Care

Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date 01 21 2010
Mailing Address 5 Mapleton Road, Suite 300		Amount \$34,130.00
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure Creative, Production & Media Buy	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>CA</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$34,130.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date 01 21 2010
Mailing Address 5 Mapleton Road, Suite 300		Amount \$26,260.65
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure Creative, Production & Media Buy	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NV</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Harry Reid		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$26,260.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date 01 21 2010
Mailing Address 5 Mapleton Road, Suite 300		Amount \$22,136.90
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure Creative, Production & Media Buy	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NY</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kirsten Gillibrand		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$22,136.90		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special-Pri</u>

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$82,527.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

10030220574

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Americans for Responsible Health Care

10030220575

Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date 01 / 21 / 2010
Mailing Address 5 Mapleton Road, Suite 300		Amount \$10,043.15
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure Creative, Production & Media Buy	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Arlen Specter		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$10,043.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date 01 / 21 / 2010
Mailing Address 5 Mapleton Road, Suite 300		Amount \$32,504.00
City Princeton	State NJ	Zip Code 08540
Purpose of Expenditure Creative, Production & Media Buy	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Blanche Lincoln		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$32,504.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$42,547.15
(b) SUBTOTAL of Uniformized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	\$125,074.70

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
1/22/10

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

ca

1/22/10

PREPARER
(3/2005)

DATE PREPARED

10030220576