

TO: Federal Election Commission

FROM: Americans for Responsible Healthcare

Fax Number: 202-219-0174

Re: Requests for Additional Information

Pages: 6 (including cover)

Please contact 202-857-6467 if you have any difficulty with this transmission.

10050272992

Americans for Responsible Healthcare

Post Office Box 65152 • Washington, DC 20035

Phone: 202-857-6467 • Fax: 202-857-6395

March 24, 2010

Mr. Christopher A. Whyrick
Report Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463

Dear Mr. Whyrick,

This letter addresses your request for additional information on February 18, 2010 regarding Americans for Responsible Health Care's January 14, 2010 report of Independent Expenditure.

As we discussed, you asked that the coverage period be amended to reflect the dates of the reportable activity, rather than the date the advertisements were disseminated.

Similarly, you asked that the date of the expenditure reported on Schedule 5-E be amended to reflect the date the advertisements were disseminated, rather than the date the vendor was paid.

These amendments further corroborate that Americans for Responsible Health Care filed the required report within 24 hours after the advertisements were first disseminated.

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Americans for Responsible Healthcare

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March 24, 2010

Mr. Christopher A. Whyrick
Report Analysis Division
Federal Election Commission
999 E Street NW
Washington, DC 20463

Dear Mr. Whyrick,

This letter addresses your request for additional information on February 18, 2010 regarding Americans for Responsible Health Care's January 22, 2010 report of an Independent Expenditure.

The independent expenditure on behalf of Scott Brown was publicly disseminated after the special general election date but before the Massachusetts Secretary of State had certified the results of the special election. The independent expenditure was for a newspaper advertisement urging the Massachusetts Secretary of Sate certify the results of the special election. Americans for Responsible Health Care opted to disclose this independent expenditure within 24 hours because it expressly advocated the results of the election be certified.

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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 Americans for Responsible Health Care		3. FEC Identification Number C 90011107
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 9045 Strada Stell Court #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 None	Occupation Retired

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 12 2010
THROUGH
01 13 2010

6. TOTAL CONTRIBUTIONS **\$284,866.00**

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: **Parker J Collier**

SIGNATURE: *Parker J Collier* DATE: **23 Mar 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.

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

10050272995

**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

Mailing Address

9045 Strada Stell Court #500

01 12 2010

City

Naples

State

FL

Zip Code

34109

Amount of Each Receipt this Period

\$264,866.00

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

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

Mailing Address

Date of Receipt

City

State

Zip Code

0000

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)

Mailing Address

Date of Receipt

City

State

Zip Code

0000

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)

Mailing Address

Date of Receipt

City

State

Zip Code

0000

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

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

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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 13 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

10050272997

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.

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Delivery Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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Postmark Illegible

No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A
 PREPARER

N/A
 DATE PREPARED

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