

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

**RECEIVED
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COMMISSION MAIL ROOM**

2008 JAN 27 P 12:16

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) American Association of Preferred Providers Organizations Political Action Committee (AAPPO PAC)	2. DATE 1/13/00
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2300 Clarendon Blvd, Suite 611	3. FEC Identification Number
(c) City, State and ZIP Code Arlington, VA 22201	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) The committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or Subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
American Association of Preferred Providers Organizations	2300 Clarendon Blvd, Suite 611 Arlington, VA 22201	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Karen Shuler Stakem	2300 Clarendon Blvd, Suite 611 Arlington, VA 22201	Administrative

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Richard Brinkley	2300 Clarendon Blvd, Suite 611 Arlington, VA 22201	Treasurer
R. Lane Bailey	2300 Clarendon Blvd, Suite 611 Arlington, VA 22201	Asst. Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Crestar	3040 Clarendon Blvd. Arlington, VA 22201

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Richard Brinkley	SIGNATURE OF TREASURER 	DATE 1/15/2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS.

For further information contact
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-694-1100

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FEC FORM 1
 (revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/27/00
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
RB PREPARER	1/27/00 DATE PREPARED