

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FED MAIL CENTER
2007 AUG -6 AM 10:32

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

AMERICAN ASSOCIATION OF PREFERRED PROVIDER ORGANIGATIONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

222 SOUTH FIRST STREET SUITE 303



Check if different than previously reported. (ACC)

LOUISVILLE

KY

40202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

0

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on

MM/DD/YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on

MM/DD/YYYY

in the State of

5. Covering Period

01/01/2007

through

06/30/2007

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

Type or Print Name of Treasurer

KAREN GREENROSE

Signature of Treasurer

Karen Greenrose

Date

07/30/2007

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

27039502032

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name American Association of Preferred Provider
Organization Political Action Committee

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

27039502033

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2007</u>		9,333.23
(b) Cash on Hand at Beginning of Reporting Period.....	9,333.23	
(c) Total Receipts (from Line 19).....	13,165.00	13,165.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22,498.23	22,498.23
7. Total Disbursements (from Line 31).....	9,505.31	9,505.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,992.92	12,992.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name American Association of Preferred Provider Organizations Political Action Committee

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

27039502034

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6,290. ⁰⁰	6,290. ⁰⁰
(ii) Unitemized.....	5,875. ⁰⁰	5,875. ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12,165. ⁰⁰	12,165. ⁰⁰
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1,000. ⁰⁰	1,000. ⁰⁰
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	13,165. ⁰⁰	13,165. ⁰⁰
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	13,165. ⁰⁰	13,165. ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13,165. ⁰⁰	13,165. ⁰⁰

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	505.31	505.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	505.31	505.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,000.00	9,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9,505.31	9,505.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9,505.31	9,505.31

27039502035

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13,165 ⁰⁰	13,165 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13,165 ⁰⁰	13,165 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	505 ³¹	505 ³¹
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	505 ³¹	505 ³¹

27039502036

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	5	5
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 COMMITTEE (In Full) **American Association of Preferred Provider Organization Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Osenar, Peter**

Mailing Address **1301 E 9th Street**

City **Cleveland** State **OH** Zip Code **44114**

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

Name of Employer **Emerald Health Net** Occupation **CEO/President**

Receipt For: Primary General Other (specify) **▼**

Aggregate Year-to-Date **750.00**

Date of Receipt **01/28/2007**

Amount of Each Receipt this Period **250.00**

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

Mailing Address **4301 Darow Road**

City **Stow** State **OH** Zip Code **44224**

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

Name of Employer **InterPho Health** Occupation **President**

Receipt For: Primary General Other (specify) **▼**

Aggregate Year-to-Date **290.00**

Date of Receipt **01/29/2007**

Amount of Each Receipt this Period **290.00**

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

Mailing Address **3841 Green Hills Village Drive**

City **Nashville** State **TN** Zip Code **37215**

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

Name of Employer **Healthways** Occupation **Marketing Manager**

Receipt For: Primary General Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt **01/29/2007**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

27039502037

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 5	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) **American Association of Preferred Provider Organizers Political Action Committee**

A. Full Name (Last, First, Middle Initial) Schubert, Al		Date of Receipt 02/14/2007
Mailing Address 3333 Quality Drive		Amount of Each Receipt this Period 250.00
City Rancho Cordova	State Zip Code CA 95670	
FEC ID number of contributing federal political committee. C		
Name of Employer Vision Service	Occupation VP Managed Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Vesner, Gerry		Date of Receipt 02/14/2007
Mailing Address 15 Market Square		Amount of Each Receipt this Period 500.00
City Saint John	State Zip Code NB	
FEC ID number of contributing federal political committee. C		
Name of Employer AnyWare Group	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) Boss, Bill		Date of Receipt 02/14/2007
Mailing Address 3480 Terrace Blvd		Amount of Each Receipt this Period 500.00
City Torrance	State Zip Code CA 90503	
FEC ID number of contributing federal political committee. C		
Name of Employer SBIPMG	Occupation Exec. Dir.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	▶
TOTAL This Period (last page this line number only).....	▶

27039502038

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 5
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full) **American Association of Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Farnsworth Cherrill**
Mailing Address **654 N. San Houston Hwy**
City **Houston** State **TX** Zip Code **77037**
Date of Receipt **02/14/2007**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **500.00**
Name of Employer **HealthHelp** Occupation **President**
Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **500.00**

B. Full Name (Last, First, Middle Initial) **Mcuzey, David**
Mailing Address **12750 merit Drive**
City **Dallas** State **TX** Zip Code **75248**
Date of Receipt **02/14/2007**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **250.00**
Name of Employer **ppcne** Occupation **Exec. VP**
Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **250.00**

C. Full Name (Last, First, Middle Initial) **Hannon, Dick**
Mailing Address **8200 N. 23rd Avenue**
City **Phoenix** State **AZ** Zip Code **85021**
Date of Receipt **02/14/2007**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **500.00**
Name of Employer **BCBS Arizona** Occupation **Senior VP**
Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **500.00**

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

27059502039

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 5	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full) **American Association of Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) Hamm, Ken		Date of Receipt 03 29 2007
Mailing Address 600 University Drive		Amount of Each Receipt this Period 500.00
City Seattle	State Zip Code WA 98101	
FEC ID number of contributing federal political committee. C		
Name of Employer FCHN	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Bartlett, Tom		Date of Receipt 02 15 2007
Mailing Address 535 E. D. ent Rd.		Amount of Each Receipt this Period 500.00
City Mapleville	State Zip Code IL 60563	
FEC ID number of contributing federal political committee. C		
Name of Employer Concentra	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Usser, Peter		Date of Receipt 02 15 2007
Mailing Address 1301 East 9th Street		Amount of Each Receipt this Period 750.00
City Cleveland	State Zip Code OH 44114	
FEC ID number of contributing federal political committee. C		
Name of Employer Emerald Health	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039502040

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full) **American Association of Preferred Provider Organizations Political Action Committee**

A. Sheard, Vicki

Full Name (Last, First, Middle Initial)

Mailing Address: **3241 Green Hills Village**

City: **Nashville** State: **TN** Zip Code: **37215**

Date of Receipt: **02/15/2007**

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

Amount of Each Receipt this Period: **500.00**

Name of Employer: **Healthcare** Occupation: **Senior VP**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: **500.00**

B. Greenleaf, Karen

Full Name (Last, First, Middle Initial)

Mailing Address: **3005 Minter Court**

City: **Memphis** State: **IN** Zip Code: **47143**

Date of Receipt: **02/15/2007**

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

Amount of Each Receipt this Period: **500.00**

Name of Employer: **AARPO** Occupation: **Exec. Dir.**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: **500.00**

C. Manheim, Joe

Full Name (Last, First, Middle Initial)

Mailing Address: **500 Technology Drive**

City: **Naperville** State: **IL** Zip Code: **60563**

Date of Receipt: **02/15/2007**

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

Amount of Each Receipt this Period: **500.00**

Name of Employer: **Tri Zetto** Occupation: **Senior VP**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: **500.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶ **6,290.00**

27039502041

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF	
	(check only one)	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15
<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full) **American Association of Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) Primo PAC		Date of Receipt 03 29 2007
Mailing Address 711 High Street		Amount of Each Receipt this Period 1,000.00
City Des Moines	State Zip Code IA 50392	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	1,000.00

27039502042

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 4

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full) **American Association of Preferred Provider Organizations Political Action Comm. Htee**

Full Name (Last, First, Middle Initial)

A. **SunTrust Bank** Date of Disbursement **01 ' 03 ' 2007**

Mailing Address **PO Box 622227**

City **Orlando** State **FL** Zip Code **32862**

Purpose of Disbursement **electronic funds debit** Amount of Each Disbursement this Period **37.40**

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

B. **SunTrust Bank** Date of Disbursement **01 ' 26 ' 2007**

Mailing Address **PO Box 622227**

City **Orlando** State **FL** Zip Code **32862**

Purpose of Disbursement **electronic funds debit** Amount of Each Disbursement this Period **4.50**

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

C. **SunTrust Bank** Date of Disbursement **02 ' 02 ' 2007**

Mailing Address **PO Box 622227**

City **Orlando** State **FL** Zip Code **32862**

Purpose of Disbursement **electronic funds debit** Amount of Each Disbursement this Period **37.70**

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

27039502043

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE 2 OF 4			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>02/13/2007</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period <u>150.00</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32822</u>	
Purpose of Disbursement <u>electronic funds debit</u>		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>02/27/2007</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period <u>4.50</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32822</u>	
Purpose of Disbursement <u>electronic funds debit</u>		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>03/02/2007</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period <u>146.71</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32822</u>	
Purpose of Disbursement <u>electronic funds debit</u>		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039502044

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organization Political Action Committee

Full Name (Last, First, Middle Initial)

A. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>03' 27' 2007</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>		Amount of Each Disbursement this Period <u>450</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>04' 03' 2007</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>		Amount of Each Disbursement this Period <u>40.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>05' 02' 2007</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>		Amount of Each Disbursement this Period <u>40.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039502045

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 4

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full) **American Association of Preferred Provider Organizations Political Action Committee**

Full Name (Last, First, Middle Initial)

A. San Trust Bank		Date of Disbursement
Mailing Address PO Box 622227		06' 04' 2007
City Orlando	State FL	Zip Code 328162
Purpose of Disbursement electronic funds debit	Candidate Name	Amount of Each Disbursement this Period 40.00
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	505.31

27039502046

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF 2
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full) American Association of Preferral Provider
Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. <u>Camp for Congress</u>		Date of Disbursement <u>03 '14' 2007</u>	
Mailing Address <u>PO Box 423</u>		Amount of Each Disbursement this Period <u>2,300.00</u>	
City <u>Midland</u>	State <u>MI</u>		Zip Code <u>48640</u>
Purpose of Disbursement <u>Contribution</u>	Candidate Name <u>Dave Camp</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <u>MI</u>	District: <u>4</u>		

Full Name (Last, First, Middle Initial) B. <u>Camp for Congress</u>		Date of Disbursement <u>03 '14' 2007</u>	
Mailing Address <u>PO Box 423</u>		Amount of Each Disbursement this Period <u>2,300.00</u>	
City <u>Midland</u>	State <u>MI</u>		Zip Code <u>48640</u>
Purpose of Disbursement <u>Contribution</u>	Candidate Name <u>Dave Camp</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <u>MI</u>	District: <u>4</u>		

Full Name (Last, First, Middle Initial) C. <u>Ngathrop-Hoover 2007</u>		Date of Disbursement <u>04 '19' 2007</u>	
Mailing Address <u>PO Box 7313</u>		Amount of Each Disbursement this Period <u>1,000.00</u>	
City <u>Louisville</u>	State <u>KY</u>		Zip Code <u>40257</u>
Purpose of Disbursement <u>Contribution</u>	Candidate Name <u>Anne Ngathrop</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <u>KY</u>	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

27039502047

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full) American Association of Preferred Providers
Organizers Political Action Committee

Full Name (Last, First, Middle Initial) A. <u>John Shaddegg's friends</u>		Date of Disbursement <u>06th 22nd 2007</u>
Mailing Address		Amount of Each Disbursement this Period <u>2,000.00</u>
City State Zip Code		
Purpose of Disbursement <u>Contribution</u>	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>AZ</u> District:		

Full Name (Last, First, Middle Initial) B. <u>CAMPAC</u>		Date of Disbursement <u>03rd 14th 2007</u>
Mailing Address <u>2500 M St (ext NW) Suite 275</u>		Amount of Each Disbursement this Period <u>1,400.00</u>
City State Zip Code <u>Washington DC 20037</u>		
Purpose of Disbursement <u>Contribution</u>	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City State Zip Code		
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<u>9,000.00</u>

27039502048

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

USPS First Class Mail Postmarked

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7/31/07

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

Jm W
 PREPARER

8/6/07
 DATE PREPARED

27039502049