

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2008 OCT 29 AM 11:23

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 Organizations  
Political Action Committee

ADDRESS (number and street) 222 South First Street  
Suite 303  
Louisville KY 40202-  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00352922

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)
- X 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:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)  
M M / D D / Y Y Y Y in the State of  
Election on State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)  
M M / D D / Y Y Y Y in the State of  
Election on State of

5. Covering Period 07 ' 01 ' 2008 through 09 ' 30 ' 2008

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 L. Greenrose Date 10 ' 15 ' 2008

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

28039900054

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 01 ' 01 ' 2008 To: 09 ' 30 ' 2008

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <u>2008</u>	<u>9,130.19</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>7,405.00</u>
(c) Total Receipts (from Line 19) .....	<u>450.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>21,185.19</u>
7. Total Disbursements (from Line 31).....	<u>16,950.12</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>4,235.07</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>0</u>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<u>0</u>

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

28039900055

**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: 07 ' 01 ' 2008 To: 09 ' 30 ' 2008

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

	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).....	450.00	5980.00
(ii) Unitemized.....	0	6075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	450.00	12055.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	450.00	12055.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	450.00	12055.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	450.00	12055.00

28039900056

**DETAILED SUMMARY PAGE**  
of Disbursements

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	120.00	1,150.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	120.00	1,150.72
22. Transfers to Affiliated/Other Party Committees.....	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	12,800.00
24. Independent Expenditures (use Schedule E) .....	0	6
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		0
29. Other Disbursements .....	3,000.00	3,000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	6	6
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	6	6
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,620.00	16,950.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,620.00	16,950.72

28039900057

**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) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

450 <sup>00</sup>
0
450 <sup>00</sup>
120 <sup>00</sup>
0
120 <sup>00</sup>

12,055 <sup>00</sup>
0
12,055 <sup>00</sup>
1,150 <sup>72</sup>
0
1,150 <sup>72</sup>

28039900058

**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 1	
<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	

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  
Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>ROSS, William</u>		Date of Receipt <u>09 / 11 / 2008</u>
Mailing Address <u>3480 Torrance Blvd</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Torrance</u>	State Zip Code <u>CA 90503</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>300.00</u>
Name of Employer <u>SBIRMG</u>	Occupation <u>Executive Director</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>300.00</u>	

B. Full Name (Last, First, Middle Initial) <u>STAZ, Sid</u>		Date of Receipt <u>09 / 11 / 2008</u>
Mailing Address <u>1200 S. Point Drive</u>		Amount of Each Receipt this Period <u>150.00</u>
City <u>Miami Beach</u>	State Zip Code <u>FL 33139</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>150.00</u>
Name of Employer <u>Healthcare Solutions</u>	Occupation <u>Executive VP</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>150.00</u>	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<u>MM / DD / YYYY</u>
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	Amount of Each Receipt this Period
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).....▶	<u>450.00</u>
TOTAL This Period (last page this line number only).....▶	<u>450.00</u>

28039900059

**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

<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.**

SunTrust Bank  
Mailing Address PO Box 622227  
City Orlando State FL Zip Code 32862  
Purpose of Disbursement electronic funds debit  
Candidate Name \_\_\_\_\_  
Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement 07 / 02 / 2008  
Amount of Each Disbursement this Period 40.00

**B.**

SunTrust Bank  
Mailing Address PO Box 622227  
City Orlando State FL Zip Code 32862  
Purpose of Disbursement electronic funds debit  
Candidate Name \_\_\_\_\_  
Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement 08 / 04 / 2008  
Amount of Each Disbursement this Period 40.00

**C.**

SunTrust Bank  
Mailing Address PO Box 622227  
City Orlando State FL Zip Code 32862  
Purpose of Disbursement electronic funds debit  
Candidate Name \_\_\_\_\_  
Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement 09 / 03 / 2008  
Amount of Each Disbursement this Period 40.00

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

120.00

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

120.00

28039900060

**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 1

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 Committee

**A.** Full Name (Last, First, Middle Initial) Lead PAC

Mailing Address 2285 S. Washington St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement 09 / 25 / 2008

Amount of Each Disbursement this Period 500.00

Category/Type \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

Category/Type \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement \_\_\_\_\_

Amount of Each Disbursement this Period \_\_\_\_\_

Category/Type \_\_\_\_\_

**SUBTOTAL** of Disbursements This Page (optional).....▶ 500.00

**TOTAL** This Period (last page this line number only).....▶ 500.00

28039900061



**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	<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Senator Mike Jackson Campaign

Date of Disbursement

09 / 02 / 2008

Mailing Address

PO Box 11

City La Porte

State TX

Zip Code 77572

Purpose of Disbursement

Contribution - TX senate

Candidate Name

Mike Jackson

Category/Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Rep Chuck Hoxson Campaign

Date of Disbursement

09 / 02 / 2008

Mailing Address

105 East Rush

City Jacksonville

State TX

Zip Code 75760

Purpose of Disbursement

Contribution - TX house

Candidate Name

Chuck Hoxson

Category/Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Rep. Jimmotts Campaign

Date of Disbursement

09 / 02 / 2008

Mailing Address

104 W. Clayton

City Denton

State TX

Zip Code 75235

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

500.00

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).....▶


280399000062

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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 Deferred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Rep. Larry Taylor Campaign

Date of Disbursement: 09 / 02 / 2008

Mailing Address: PO BOX 1208

City: Friendswood State: TX Zip Code: 77549

Purpose of Disbursement: Contribution - TX House

Candidate Name: Larry Taylor

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Amount of Each Disbursement this Period: 500.00

**B.** Rep. Myra Cawaver Campaign

Date of Disbursement: 09 / 02 / 2008

Mailing Address: 3710 Granada Trail

City: Denton State: TX Zip Code: 76205

Purpose of Disbursement: Contribution - TX House

Candidate Name: Myra Cawaver

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Amount of Each Disbursement this Period: 500.00

**C.** Rep. Bill Fedler Campaign

Date of Disbursement: 09 / 02 / 2008

Mailing Address: PO BOX 175473

City: Arlington State: TX Zip Code: 76003

Purpose of Disbursement: Contribution - TX House

Candidate Name: Bill Fedler

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Amount of Each Disbursement this Period: 500.00

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

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

Amount of Each Disbursement this Period: 3,500.00

28039900003

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.

Date of Receipt

Hand Delivered

Postmarked

USPS First Class Mail

Postmarked (R/C)

USPS Registered/Certified

Postmarked

USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label

Postmarked

USPS Express Mail

Postmark Illegible

No Postmark

Shipping Date

Overnight Delivery Service (Specify): *UPS*

*10/15/08*

Next Business Day Delivery

Date of Receipt

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 or Postmarked

Other (Specify):

*JMD*  
PREPARER

*10/24/08*  
DATE PREPARED

28039900064