

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2008 FEB -8 AM 9:52 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

Check if different than previously reported. (ACC) Louisville KY 40202

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00352922

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) [X], July 31 Mid-Year Report (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2007 through 12/31/2007

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 L. GREENROSE Signature of Treasurer Karen L. Greenrose Date 07/24/2008

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

450239632057

**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 ' 2007 To: 12 ' 31 ' 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2007</u>		9,333. <sup>23</sup>
(b) Cash on Hand at Beginning of Reporting Period.....	12,992. <sup>92</sup>	
(c) Total Receipts (from Line 19).....	3,900. <sup>00</sup>	17,065. <sup>00</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	16,892. <sup>92</sup>	26,398. <sup>23</sup>
7. Total Disbursements (from Line 31).....	7,762. <sup>13</sup>	17,267. <sup>44</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,130. <sup>79</sup>	9,130. <sup>79</sup>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

28039632058

**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 ' 2007 To: 12 ' 31 ' 2007

28039632059

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).....	1,800. <sup>00</sup>	8,090. <sup>00</sup>
(ii) Unitemized .....	2,100. <sup>00</sup>	7,975. <sup>00</sup>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,900. <sup>00</sup>	16,065. <sup>00</sup>
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	1,000. <sup>00</sup>
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,900. <sup>00</sup>	17,065. <sup>00</sup>
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)).....▶	3,900. <sup>00</sup>	17,065. <sup>00</sup>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,900. <sup>00</sup>	17,065. <sup>00</sup>

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	262.13	767.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	262.13	767.44
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	9,000.00
24. Independent Expenditures (use Schedule E).....	0	0
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	0
29. Other Disbursements .....	7,500.00	7,500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(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)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7,762.13	17,267.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0

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**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) .....	3,900. <sup>00</sup>	17,065. <sup>00</sup>
34. Total Contribution Refunds (from Line 28(d)) .....	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,900. <sup>00</sup>	17,065. <sup>00</sup>
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	262. <sup>13</sup>	767. <sup>44</sup>
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	262. <sup>13</sup>	767. <sup>44</sup>

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**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 1 OF 2	
<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 Powder Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Alfano, Michelle</u>		Date of Receipt <u>12 ' 17 ' 2007</u>
Mailing Address <u>240 Corporate Blvd.</u>		Amount of Each Receipt this Period <u>, 300.00</u>
City <u>Norfolk</u>	State <u>VA</u> Zip Code <u>23502</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Value Options</u>	Occupation <u>COO</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>Farnsworth, Cherrill</u>		Date of Receipt <u>10 ' 02 ' 2007</u>
Mailing Address <u>654 N. Sam Houston Parkway</u>		Amount of Each Receipt this Period <u>, 300.00</u>
City <u>Houston</u>	State <u>TX</u> Zip Code <u>77060</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Health Help</u>	Occupation <u>President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 800.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Mendes, Victor</u>		Date of Receipt <u>10 ' 02 ' 2007</u>
Mailing Address <u>654 N. Sam Houston Parkway</u>		Amount of Each Receipt this Period <u>, 300.00</u>
City <u>Houston</u>	State <u>TX</u> Zip Code <u>77060</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Health Help</u>	Occupation <u>Corp. Development</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 300.00</u>	

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

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**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 2	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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>Osenar, Peter</u>		Date of Receipt <u>11 ' 07 ' 2007</u>
Mailing Address <u>1301 E. 9th Street</u>		Amount of Each Receipt this Period <u>, 300.00</u>
City <u>Cleveland</u>	State Zip Code <u>OH 44144</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Emerald Health</u>	Occupation <u>CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 1,050.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Buss, William</u>		Date of Receipt <u>10 ' 09 ' 2007</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>		
Name of Employer <u>SBIPMG</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>, 800.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Schubert, Al</u>		Date of Receipt <u>12 ' 04 ' 2007</u>
Mailing Address <u>3333 Quality Drive</u>		Amount of Each Receipt this Period <u>, 300.00</u>
City <u>Rancho Cordova</u>	State Zip Code <u>CA 95670</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 550.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	, ,
TOTAL This Period (last page this line number only).....▶	, <u>1,800.00</u>

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**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
	<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 Organizations Political Action Committee

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>07' 03' 2007</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period  , , <u>40.<sup>00</sup></u>
City <u>Orlando</u>	State Zip Code <u>FL 32862</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:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>08' 02' 2007</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period  , , <u>40.<sup>00</sup></u>
City <u>Orlando</u>	State Zip Code <u>FL 32862</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:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>09' 05' 2007</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period  , , <u>40.<sup>00</sup></u>
City <u>Orlando</u>	State Zip Code <u>FL 32862</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).....▶	, , .

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**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	<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 \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement 09' 26' 2007

Amount of Each Disbursement this Period  
, , 4.50

Full Name (Last, First, Middle Initial)

**B.** SunTrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement electronic funds debit

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement 10' 02' 2007

Amount of Each Disbursement this Period  
, , 40.15

Full Name (Last, First, Middle Initial)

**C.** SunTrust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement electronic funds debit

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement 10' 26' 2007

Amount of Each Disbursement this Period  
, , 4.50

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

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

28039632065

**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 3 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. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>11 ' 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
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) ▼	, , <u>40.90</u>
State: District:		

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>11 ' 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
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) ▼	, , <u>4.50</u>
State: District:		

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>12 ' 04 ' 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
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) ▼	, , <u>43.08</u>
State: District:		

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

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

28039632066

**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	<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) SunTrust Bank

Date of Disbursement 12' 26' 2007

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement electronic funds debit

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

Amount of Each Disbursement this Period 4.50

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_  
M M / D D / Y Y Y Y

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

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

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

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

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

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement \_\_\_\_\_  
M M / D D / Y Y Y Y

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

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

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

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

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

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

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).....▶ 262.13

28039632067

**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 3

<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 Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial) <u>Friends of Faber</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>10 05 2007</u>
Mailing Address <u>7706 St. Rt. 703</u>		Amount of Each Disbursement this Period <u>750.00</u>
City <u>Celina</u>	State <u>OH</u>	
Zip Code <u>45822</u>		
Purpose of Disbursement <u>St. Ohio Campaign 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) <u>Citizens for Stivers</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>10 05 2007</u>
Mailing Address <u>2500 Sherwin Road</u>		Amount of Each Disbursement this Period <u>2,500.00</u>
City <u>Columbus</u>	State <u>OH</u>	
Zip Code <u>43221</u>		
Purpose of Disbursement <u>St. Ohio Campaign 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) <u>Friends of Bill Coley</u>		Date of Disbursement M M ' D D ' Y Y Y Y <u>10 05 2007</u>
Mailing Address <u>8265 Cherry Laurel Drive</u>		Amount of Each Disbursement this Period <u>1,500.00</u>
City <u>Liberty Township, OH</u>	State <u>OH</u>	
Zip Code <u>45044</u>		
Purpose of Disbursement <u>St. Ohio Campaign 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:	

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

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**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 3

<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

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

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Bill Harris</b>		Date of Disbursement <b>10 ' 05 ' 2007</b>
Mailing Address <b>1238 Township Road</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Ashland</b>	State <b>OH</b>	
Zip Code <b>44805</b>		
Purpose of Disbursement <b>St. Onio Campaign Contribution</b>		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) <b>B. Friends of Jim Raussen</b>		Date of Disbursement <b>10 ' 05 ' 2007</b>
Mailing Address <b>1601 Park Avenue</b>		Amount of Each Disbursement this Period <b>750.00</b>
City <b>Cincinnati</b>	State <b>OH</b>	
Zip Code <b>45246</b>		
Purpose of Disbursement <b>St. Onio Campaign Contribution</b>		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) <b>C. Seitz for State Representative</b>		Date of Disbursement <b>10 ' 05 ' 2007</b>
Mailing Address <b>4401 Abbey Court</b>		Amount of Each Disbursement this Period <b>750.00</b>
City <b>Cincinnati</b>	State <b>OH</b>	
Zip Code <b>45248</b>		
Purpose of Disbursement <b>St. Onio Campaign Contribution</b>		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).....▶	, , .

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**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 3 OF 3

<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 Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Matt Huffman for State Representative</b>		Date of Disbursement <b>09 ' 14 ' 2007</b>
Mailing Address <b>2233 Merit Drive</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Lima</b>	State <b>OH</b>	
Zip Code <b>45805</b>		
Purpose of Disbursement		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) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		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).....▶	, <b>7,500.00</b>

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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

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 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



*2/8/08*

PREPARER  
 (3/2005)

DATE PREPARED

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