

**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' 2012 To: 03' 31' 2012

12030791087

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2012</u>		13,251. ⁶²
(b) Cash on Hand at Beginning of Reporting Period.....	13,251. ⁶²	
(c) Total Receipts (from Line 19).....	14,900. ⁰⁰	14,900. ⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28,151. ⁶²	28,151. ⁶²
7. Total Disbursements (from Line 31).....	17,876. ⁹³	17,876. ⁹³
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10,274. ⁶⁹	10,274. ⁶⁹
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

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 ' 2012 To: 03 ' 31 ' 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	8,230 ⁰⁰	8,230 ⁰⁰
(ii) Unitemized.....	6,670 ⁰⁰	6,670 ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14,900 ⁰⁰	14,900 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).....▶	14,900 ⁰⁰	14,900 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)).....▶	14,900 ⁰⁰	14,900 ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14,900 ⁰⁰	14,900 ⁰⁰

12030791088

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

12030791089

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	9,876 ⁹³	9,876 ⁹³
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9,876 ⁹³	9,876 ⁹³
22. Transfers to Affiliated/Other Party Committees	0	0
28. Contributions to Federal Candidates/Committees and Other Political Committees	8000 ⁰⁰	8000 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	0	0
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)) ..	17,876 ⁹³	17,876 ⁹³
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	17,876 ⁹³	17,876 ⁹³

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)	14,900. ⁰⁰	14,900. ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14,900. ⁰⁰	14,900. ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9,876. ⁹³	9,876. ⁹³
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9,876. ⁹³	9,876. ⁹³

12030791090

**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 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 Providers Organization Political Action Committee

Full Name (Last, First, Middle Initial) A. <u>Zygan, Mark</u>		Date of Receipt <u>02 ' 13 ' 2012</u>
Mailing Address <u>2732 Transit Road</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>West Seneca</u>	State <u>NY</u> Zip Code <u>14224</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>500.00</u>
Name of Employer <u>Palladian</u>	Occupation <u>Exec Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>500.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Simpson, Chuck</u>		Date of Receipt <u>02 ' 13 ' 2012</u>
Mailing Address <u>6600 SW 105th Avenue</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Beaverton</u>	State <u>OR</u> Zip Code <u>97008</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>500.00</u>
Name of Employer <u>The CHP Group</u>	Occupation <u>Medical Director</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>500.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Hoffman, Allison</u>		Date of Receipt <u>02 ' 13 ' 2012</u>
Mailing Address <u>30 Knightsbridge Road</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>Piscataway</u>	State <u>NJ</u> Zip Code <u>08854</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>100.00</u>
Name of Employer <u>Qualcare</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>100.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>1,100.00</u>
TOTAL This Period (last page this line number only).....▶	

12030791091

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 7	
	<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 Organization Political Action Committee

A. Full Name (Last, First, Middle Initial) Hamm, Ken

Mailing Address One Union Street

City Seattle State WA Zip Code 98101

FEC ID number of contributing federal political committee. C

Name of Employer First Choice Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date \$500.00

Date of Receipt 02/13/2012

Amount of Each Receipt this Period 500.00

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

Mailing Address 151 Farmington Avenue

City Hartford State CT Zip Code 06156

FEC ID number of contributing federal political committee. C

Name of Employer Meritain Health Occupation Senior V.P.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date \$300.00

Date of Receipt 02/13/2012

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial) Celentano, Marcello

Mailing Address 215 Shuman Blvd

City Naperville State IL Zip Code 60563

FEC ID number of contributing federal political committee. C

Name of Employer Audiology Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date \$500.00

Date of Receipt 02/13/2012

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... 1,300.00

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

12030791092

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

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

FOR LINE NUMBER: PAGE 4 OF 7
(check only one)
 11a 11b 11c 12
 13 14 15 16 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) Boss, William
 Mailing Address 3040 Torrance
 City Torrance State CA Zip Code 90503
 FEC ID number of contributing federal political committee. C
 Name of Employer SBIRMG Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 ' 09 ' 2012
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial) Vangeison, Keith
 Mailing Address 535 E. Dientl
 City Naperville State IL Zip Code 60563
 FEC ID number of contributing federal political committee. C
 Name of Employer Multiplex Occupation Executive V.P.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 ' 09 ' 2012
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial) Plaster, Linda
 Mailing Address 150 153rd Street
 City St. Petersburg State FL Zip Code 33708
 FEC ID number of contributing federal political committee. C
 Name of Employer Multiplex Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 ' 09 ' 2012
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... 1,500.00
TOTAL This Period (last page this line number only).....

12030791094

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

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) America Association of Preferred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. <u>McSweeney, John</u>		Date of Receipt <u>01 ' 29 ' 2012</u>
Mailing Address <u>30 Knightsbridge Rd</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Piscataway</u>	State <u>NJ</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>500.00</u>
Name of Employer <u>QualCare</u>	Occupation <u>Executive V.P.</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. <u>Laird, Warren</u>		Date of Receipt <u>01 ' 29 ' 2012</u>
Mailing Address <u>11 Brendon Way</u>		Amount of Each Receipt this Period <u>240.00</u>
City <u>Greenville</u>	State <u>SC</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>240.00</u>
Name of Employer <u>USP</u>	Occupation <u>Senior Accountant</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. <u>Lunges, Richard</u>		Date of Receipt <u>01 ' 29 ' 2012</u>
Mailing Address <u>100 South Street</u>		Amount of Each Receipt this Period <u>260.00</u>
City <u>Mt. Kisco</u>	State <u>NY</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>260.00</u>
Name of Employer <u>LeverageHealth</u>	Occupation <u>Managing Partner</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

12030791095

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 6 OF 7

<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

Full Name (Last, First, Middle Initial) A. Hunter, Rob		Date of Receipt 01' 29' 2012
Mailing Address <u>1156 16th Street</u>		Amount of Each Receipt this Period <u>220.00</u>
City <u>Billings</u>	State Zip Code <u>MT 59102</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Health Informa</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>220.00</u>	

Full Name (Last, First, Middle Initial) B. Falcone, Charlie		Date of Receipt 01' 29' 2012
Mailing Address <u>100 24th East</u>		Amount of Each Receipt this Period <u>240.00</u>
City <u>Mt. Kisco</u>	State Zip Code <u>NY 10549</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Leverage Health</u>	Occupation <u>Partner</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>240.00</u>	

Full Name (Last, First, Middle Initial) C. Catino, Annette		Date of Receipt 01' 29' 2012
Mailing Address <u>30 Knightsbridge Rd.</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Piscataway</u>	State Zip Code <u>NJ 08854</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>QualCare</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>500.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>960.00</u>
TOTAL This Period (last page this line number only).....	

12030791096

**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	<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) **Beauchamp, Christy**

Mailing Address **23460 N. 19th Street**

City **Phoenix** State **AZ** Zip Code **85027**

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

Name of Employer **Preferred TI** Occupation **Vice President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **01/29/2012**

Amount of Each Receipt this Period **220.00**

B. Full Name (Last, First, Middle Initial) **Atkinsos, Brian**

Mailing Address **100 First A Suite 100**

City **King of Prussia** State **PA** Zip Code **19406**

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

Name of Employer **Dawn Health** Occupation **President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01/29/2012**

Amount of Each Receipt this Period **500.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **720.00**

TOTAL This Period (last page this line number only)..... ▶ **8,230.00**

12030791097

**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 type="checkbox"/> 21b	<input checked="" 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

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)

A. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>03' 02' 2012</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>26.60</u>
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) ▼	Category/Type
State: District:		

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>03' 05' 2012</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>128.46</u>
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) ▼	Category/Type
State: District:		

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>02' 02' 2012</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>22.60</u>
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) ▼	Category/Type
State: District:		

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

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

177.72

12030791099

**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	

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) A. SunTrust Bank		Date of Disbursement <u>02 '03 '2012</u>
Mailing Address <u>PO BOX 622227</u>		Amount of Each Disbursement this Period <u>85.12</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>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) B. SunTrust Bank		Date of Disbursement <u>02 '27 '2012</u>
Mailing Address <u>PO BOX 622227</u>		Amount of Each Disbursement this Period <u>7.95</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>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) C. SunTrust Bank		Date of Disbursement <u>01 '03 '2012</u>
Mailing Address <u>PO BOX 622227</u>		Amount of Each Disbursement this Period <u>85.06</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>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).....▶	<u>178.13</u>
TOTAL This Period (last page this line number only).....▶	

12030791100

**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

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) A. <u>SunTrust Bank</u>		Date of Disbursement <u>01/04/2012</u>
Mailing Address <u>PO BOX 600007</u>		Amount of Each Disbursement this Period <u>21.80</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32860</u>	
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.		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) C.		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).....▶	<u>21.80</u>
TOTAL This Period (last page this line number only).....▶	

12030791101

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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) America Association of Preferred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Schock Victory Committee Date of Disbursement 03' 12' 2012

Mailing Address 2470 Daniels Bridge Road

City Athens State GA Zip Code 30606

Purpose of Disbursement Contribution

Candidate Name _____ Category/Type _____

Amount of Each Disbursement this Period 2,500.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) Price for Congress Date of Disbursement 03' 22' 2012

Mailing Address P.O. BOX 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement Contribution

Candidate Name Tom Price Category/Type _____

Amount of Each Disbursement this Period 5,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: GA District: 6th

C. Full Name (Last, First, Middle Initial) Boskam for Congress Date of Disbursement 03' 29' 2012

Mailing Address 333 S. Cross Street

City Wheaton State IL Zip Code 60187

Purpose of Disbursement Contribution

Candidate Name Peter Boskam Category/Type _____

Amount of Each Disbursement this Period 500.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: IL District: 10

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

TOTAL This Period (last page this line number only).....▶ 8,000.00

12030791102

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
4/4/12

USPS Registered/Certified Postmarked (R/C)

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


PREPARER
(3/2005)

4/20/12
DATE PREPARED

12030791103