

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEDERAL MAIL
OPERATIONS CENTER
MAR 26 2004 9 A 12:31

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines **12PB4M5**
 American Association of Preferred Provider Organizations
 Political Action Committee

ADDRESS (number and street) **PO Box 429**
 Check if different than previously reported (ADC) **Jeffersonville IN 47131-0429**

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 00352922

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	3. IS THIS REPORT				AMENDED (A)
		NEW (N)	OR	AMENDED (A)	AMENDED (A)	
(a) Quarterly Reports:	Feb 20 (M2)	XX				
Apr 15 Quarterly Report (Q1)	May 20 (M5)					
July 15 Quarterly Report (Q2)	Aug 20 (M8)					
October 15 Quarterly Report (Q3)	Sep 20 (M9)					
XX January 31 Year-End Report (YE)	Nov 20 (M11)					
July 31 Mid-Year Report (Non-election Year Only) (MY)	Dec 20 (M12)					
Termination Report (TR)	Jan 31 (YE)					
(c) 12-Day PRE-Election Report for the Election on	Primary (12P)					
Report for the Election on	General (12G)					
(d) 30-Day POST-Election Report for the Election on	Convention (12C)					
Report for the Election on	Special (12S)					

5. Covering Period **07 01 2003** through **12 31 2003**

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, Asst. Treasurer**
 Signature of Treasurer *Karen Greenrose* Date **01 29 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497a.
 Office Use Only
FEC FORM 3X
 (Rev. 02/2003)

**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: 07 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003		6,560.77
(b) Cash on Hand at Beginning of Reporting Period	13,414.84	
(c) Total Receipts (from Line 19)	35.00	11,685.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13,449.84	18,245.77
7. Total Disbursements (from Line 31)	5,120.00	9,915.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8,329.84	8,329.84
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 noncandidate 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

Page 3

SEC Form 8X (Rev. 02/2003)

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

Report Covering the Period: From: 07 01 2003 To: 12 31 2003

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	0.00	
(b) Itemized (use Schedule A)	0.00	
(c) Unitemized	0.00	
(d) TOTAL (add Lines 11(a)(i) and (b))	0.00	11,650.00
(e) Political Party Committees	0.00	0.00
(f) Other Political Committees (such as PACs)	0.00	0.00
(g) Total Contributions (add Lines 11(a)(i), (b), and (e)) (Carry Totals to Line 23, page 5)	0.00	11,650.00
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 27, page 5)	35.00	35.00
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))	35.00	11,685.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35.00	11,685.00

DETAILED SUMMARY PAGE
of Disbursements

Page 4

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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 Expenses	1,070.00	3,415.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,070.00	3,415.93
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Districts	4,000.00	6,500.00
24. Independent Expenditures (use Schedule G)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441e(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	50.00	50.00
30. Federal Election Activity (2 U.S.C. §431(2))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(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))	5,120.00	9,915.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5,120.00	9,915.93

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	11,650.00
34. Total Contribution Refunds (from Line 22(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	11,650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,070.00	3,415.93
37. Offset to Operating Expenditures (from Line 15, page 3)	35.00	35.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,035.00	3,380.93

**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 1
<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

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 Receipt 07 03 2003
Mailing Address PO Box 622227		Amount of Each Receipt this Period 35.00
City Orlando	State Zip Code FL 32862	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Refund	Aggregate Year-to-Date 35.00	

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

Full Name (Last, First, Middle Initial) C.		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)	35.00
TOTAL This Period (last page this line number only)	35.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 3

21a 22 23 24 25 26
 27 28a 28b 28c 28d

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NAME OF COMMITTEE (or Fund) **American Association of Preferred Provider Organizations Political Action Committee**

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

07 02 2003

Mailing Address
PO Box 622227

City State Zip Code
Orlando FL 32862

Purpose of Disbursement
Electronic Funds Debit

001
Category/Type

Amount of Each Disbursement this Period
35.00

Candidate Name

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

State: District

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Date of Disbursement

07 02 2003

Mailing Address
PO Box 622227

City State Zip Code
Orlando FL 32862

Purpose of Disbursement
Electronic Funds Debit

001
Category/Type

Amount of Each Disbursement this Period
35.00

Candidate Name

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

State: District

Full Name (Last, First, Middle Initial)

C. Karen Shuler Stakem

Date of Disbursement

07 30 2003

Mailing Address
48 Poplar Avenue

City State Zip Code
Wheeling WV 26003

Purpose of Disbursement
Federal Election Compliance

001
Category/Type

Amount of Each Disbursement this Period
400.00

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)

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

Use separate subentries for each category of the Detailed Summary Page	FOR LINE NUMBERS (check only one)							
	<input checked="" type="checkbox"/> 21a	<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"/> 28

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NAME OF COMMITTEE (in full) **American Association of Preferred Provider Organizations Political Action Committee**

A. SunTrust Bank

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 08 04 2003

Mailing Address: PO Box 622227

City: Orlando State: FL Zip Code: 32862

Purpose of Disbursement: Electronic Funds Debit

Candidate Name: _____

Category/Type: 001

Amount of Each Disbursement this Period: 35.00

Office Sought: House Senate Presidential

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B. SunTrust Bank

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 09 03 2003

Mailing Address: PO Box 622227

City: Orlando State: FL Zip Code: 32862

Purpose of Disbursement: Electronic Funds Debit

Candidate Name: _____

Category/Type: 001

Amount of Each Disbursement this Period: 35.00

Office Sought: House Senate Presidential

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C. SunTrust Bank

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 10 02 2003

Mailing Address: PO Box 622227

City: Orlando State: FL Zip Code: 32862

Purpose of Disbursement: Electronic Funds Debit

Candidate Name: _____

Category/Type: 001

Amount of Each Disbursement this Period: 35.00

Office Sought: House Senate Presidential

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (fill page this line number only) _____

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

Use separate schedule(s) for each category of the Detailed Expenditure Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 3	
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<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. Karen Shuler Stakem

Full Name (Last, First, Middle Initial)

Date of Disbursement: 10 06 2003

Meeting Address: 48 Poplar Avenue

City: Wheeling State: WV Zip Code: 26003

Purpose of Disbursement: Federal Election Compliance

Candidate Name:

Category Type: 001

Amount of Each Disbursement this Period: 425.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B. SunTrust Bank

Full Name (Last, First, Middle Initial)

Date of Disbursement: 11 04 2003

Meeting Address: PO Box 622227

City: Orlando State: FL Zip Code: 32862

Purpose of Disbursement: Electronic Funds Debit

Candidate Name:

Category Type: 001

Amount of Each Disbursement this Period: 35.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C. SunTrust Bank

Full Name (Last, First, Middle Initial)

Date of Disbursement: 12 02 2003

Meeting Address: PO Box 622227

City: Orlando State: FL Zip Code: 32862

Purpose of Disbursement: Electronic Funds Debit

Candidate Name:

Category Type: 001

Amount of Each Disbursement this Period: 35.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional):

TOTAL This Period (last page line five number only): **1,070.00**

**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 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) **Nancy Johnson for Congress**

Mailing Address **PO Box 1986**

City **New Britain** State **CT** Zip Code **06050**

Purpose of Disbursement **Contribution** Category/Type **011**

Candidate Name **Nancy Johnson**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CT** District: **6th**

Date of Disbursement **07 18 2003**

Amount of Each Disbursement this Period **4,000.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **4,000.00**

TOTAL This Period (last page into line number only) **4,000.00**

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C) 2-30-04
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>101</i>	<i>2-9-04</i>
PREPARER	DATE PREPARED