

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

American Association of Preferred Providers Organization Political Action Committee

ADDRESS (number and street)

222 S. First Street Suite 303 Louisville KY 40202

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00352000

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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)

Election on [] / [] / [] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [] / [] / [] in the State of []

5. Covering Period

04 / 01 / 2012 through 06 / 30 / 2012

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 A. Greenrose

Date

07 / 14 / 2012

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

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 04^M ' 01^D ' 2012^Y To: 06^M ' 30^D ' 2012^Y

	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.....	, 10,274. ⁶⁹	
(c) Total Receipts (from Line 19).....	, 100. ⁰⁰	, 15,000. ⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 10,374. ⁶⁹	, 28,251. ⁶²
7. Total Disbursements (from Line 31).....	, 2815. ⁰⁰	, 20,691. ⁹³
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 7,559. ⁶⁹	, 7,559. 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

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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: 04 ' 01 ' 2012 To: 06 ' 30 ' 2012

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).....	0	8,230. ⁰⁰
(ii) Unitemized.....	100. ⁰⁰	6,770. ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	100. ⁰⁰	15,000. 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).....▶	100. ⁰⁰	15,000. 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)).....▶	100. ⁰⁰	15,000. ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	100. ⁰⁰	15,000. ⁰⁰

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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	, 315.00	, 10,191.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	, 315.00	, 10,191.93
22. Transfers to Affiliated/Other Party Committees.....	, , . 0	, , . 0
28. Contributions to Federal Candidates/Committees and Other Political Committees.....	, 2500.00	, 10,500.00
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))..	, 315.00	, 20,691.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	, 315.00	, 20,691.93

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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)	, 100. ⁰⁰	, 15,000. ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	, .0	, .0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 100. ⁰⁰	, 15,000. ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 315. ⁰⁰	, 10,191.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	, .0	, .0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 315. ⁰⁰	, 10,191.93

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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 2

21b 22 23 24 25 26
 27 28a 28b 28c 29 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 Planned Parenthood Organizations
Political Action Committee

A. Full Name (Last, First, Middle Initial) SanTrust Bank Date of Disbursement 04 ' 03 ' 2012

Mailing Address PO BOX 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees Amount of Each Disbursement this Period
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) _____
State: _____ District: _____

B. Full Name (Last, First, Middle Initial) SanTrust Bank Date of Disbursement 04 ' 03 ' 2012

Mailing Address PO BOX 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees Amount of Each Disbursement this Period
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) _____
State: _____ District: _____

C. Full Name (Last, First, Middle Initial) SanTrust Bank Date of Disbursement 05 ' 03 ' 2012

Mailing Address PO BOX 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees Amount of Each Disbursement this Period
Candidate Name _____ 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)..... ▶ , , .

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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 2

<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>SanTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>05 ' 03 ' 2012</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Candidate Name	Amount of Each Disbursement this Period <u>, , 85.00</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) ▼	
State: _____	District: _____	

B. <u>SanTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>06 ' 04 ' 2012</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Candidate Name	Amount of Each Disbursement this Period <u>, , 20.00</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) ▼	
State: _____	District: _____	

C. <u>SanTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>06 ' 04 ' 2012</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Candidate Name	Amount of Each Disbursement this Period <u>, , 85.00</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) ▼	
State: _____	District: _____	

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

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

, , 315.00

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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 / OF

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

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 Plasterers & Decorators
Organizers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tommy Thompson for Senate

Date of Disbursement

05 ' 21 ' 2012

Mailing Address

PO Box 2539

City

Madison

State

WI

Zip Code

53701

Purpose of Disbursement

contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: WI

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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)..... ▶

2500.00

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Federal Election Commission
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PREPARER

7/26/12
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