

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2009 AUG -4 AM 11:18

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street) 222 South First Street  
Suite 303  
Louisville KY 40202

Check if different than previously reported. (ACC)

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

00352922

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

|                  |               |              |
|------------------|---------------|--------------|
| Primary (12P)    | General (12G) | Runoff (12R) |
| Convention (12C) | Special (12S) |              |

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

|               |              |               |
|---------------|--------------|---------------|
| General (30G) | Runoff (30R) | Special (30S) |
|---------------|--------------|---------------|

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 '07 ' 2009 through 06 '30 ' 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Greenrose

Signature of Treasurer *Karen L. Greenrose* Date 07 '31 ' 2009

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

29030141229

**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 ' 2009 To: 06 ' 30 ' 2009

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2009</u>  |                         | 7,404. <sup>87</sup>              |
| (b) Cash on Hand at Beginning of Reporting Period.....  | 7,404. <sup>87</sup>    |                                   |
| (c) Total Receipts (from Line 19) .....   | 7,490. <sup>00</sup>    | 7,490. <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).....       | 14,894. <sup>87</sup>   | 14,894. <sup>87</sup>             |
| 7. Total Disbursements (from Line 31).....  | 19,588. <sup>65</sup>   | 19,588. <sup>65</sup>             |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....                  | -4,693. <sup>78</sup>   | -4,693. <sup>78</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

29030141230

**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 ' 2009 To: 06 ' 30 ' 2009

**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).....  | 2,410. <sup>00</sup> | 2,410. <sup>00</sup> |
| (ii) Unitemized.....  | 5,080. <sup>00</sup> | 5,080. <sup>00</sup> |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 7,490. <sup>00</sup> | 7,490. <sup>00</sup> |
| (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).....▶  | 7,490. <sup>00</sup> | 7,490. <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)).....▶                         | 7,490. <sup>00</sup> | 7,490. <sup>00</sup> |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 7,490. <sup>00</sup> | 7,490. <sup>00</sup> |

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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 .....   | 588.65    | 588.65    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 588.65    | 588.65    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0         | 0         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 19,000.00 | 19,000.00 |
| 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 .....  | 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))..       | 19,588.65 | 19,588.65 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19,588.65 | 19,588.65 |

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 7,490. <sup>00</sup>          | 7,490. <sup>00</sup>              |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | ,                             | ,                                 |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 7,490. <sup>00</sup>          | 7,490. <sup>00</sup>              |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | ,588. <sup>65</sup>           | ,588. <sup>65</sup>               |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | ,                             | ,                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | ,588. <sup>65</sup>           | ,588. <sup>65</sup>               |

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

|   |   |                             |                             |                             |                             |                             |                             |                              |                              |                              |                             |
|---|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(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 |

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  
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)

Date of Disbursement 01 ' 27 ' 2009  
Amount of Each Disbursement this Period 495

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)

Date of Disbursement 01 ' 05 ' 2009  
Amount of Each Disbursement this Period 40.90

**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)

Date of Disbursement 02 ' 03 ' 2009  
Amount of Each Disbursement this Period 40.30

|  |  |  |
|--|--|--|
| 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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)    |                              |                              |                              |                             |                              | PAGE 2 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<br><u>PO Box 622227</u>   |  | <u>03' 26' 2009</u>                                       |
| City<br><u>Orlando</u>  | State<br><u>FL</u>   | Zip Code<br><u>32862</u>                                  |
| Purpose of Disbursement<br><u>electronic funds debit</u>  |  | Amount of Each Disbursement this Period<br><br><u>495</u> |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:  | District:  |   |

|   |  |  |
|---|--|--|
| B. <u>SunTrust Bank</u>   |  | Date of Disbursement   |
| Mailing Address<br><u>PO Box 622227</u>   |  | <u>03' 17' 2009</u>  |
| City<br><u>Orlando</u>  | State<br><u>FL</u>   | Zip Code<br><u>32862</u>                                     |
| Purpose of Disbursement<br><u>electronic funds debit</u>  |  | Amount of Each Disbursement this Period<br><br><u>150.00</u> |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:  | District:  |  |

|   |  |  |
|---|--|--|
| C. <u>SunTrust Bank</u>   |  | Date of Disbursement   |
| Mailing Address<br><u>PO Box 622227</u>   |  | <u>03' 03' 2009</u>  |
| City<br><u>Orlando</u>  | State<br><u>FL</u>   | Zip Code<br><u>32862</u>                                     |
| Purpose of Disbursement<br><u>electronic funds debit</u>  |  | Amount of Each Disbursement this Period<br><br><u>165.55</u> |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:  | District:  |  |

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

29030141235

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

|   |   |                              |                              |                              |                             |                              |             |
|---|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(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. 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 04' 20' 2009  
 Amount of Each Disbursement this Period 7.00

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 04' 02' 2009  
 Amount of Each Disbursement this Period 15.00

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 05' 04' 2009  
 Amount of Each Disbursement this Period 40.00

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

29030141236



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

|   |                                      |                             |                             |                             |                             |                             |                             |                              |                              |                              |                             |
|---|--------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                             |                             |                             |                             |                             | PAGE 4 OF 4                 |                              |                              |                              |                             |
|   | <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 type="checkbox"/> 29 |

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

|  |                    |   |
|--|--------------------|---|
| A. Full Name (Last, First, Middle Initial)<br><u>Sun Trust Bank</u>  |                    | Date of Disbursement<br><u>06' 02' 2009</u>   |
| Mailing Address<br><u>PO Box 622227</u>  |                    | Amount of Each Disbursement this Period<br><br><u>60.00</u>   |
| City<br><u>Orlando</u>   | State<br><u>FL</u> |   |
| Zip Code<br><u>32802</u>   |                    | Category/<br>Type   |
| Purpose of Disbursement<br><u>electronic funds debit</u>   |                    |   |
| Candidate Name   |                    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                    |   |
| State:   | District:          |   |

|  |           |   |
|--|-----------|---|
| Full Name (Last, First, Middle Initial)  |           | Date of Disbursement<br>M M / D D / Y Y Y Y   |
| Mailing Address  |           | Amount of Each Disbursement this Period   |
| City   | State     |   |
| Zip Code   |           | Category/<br>Type   |
| Purpose of Disbursement  |           |   |
| Candidate Name   |           | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |           |   |
| State:   | District: |   |

|  |           |   |
|--|-----------|---|
| C. Full Name (Last, First, Middle Initial)   |           | Date of Disbursement<br>M M / D D / Y Y Y Y   |
| Mailing Address  |           | Amount of Each Disbursement this Period   |
| City   | State     |   |
| Zip Code   |           | Category/<br>Type   |
| Purpose of Disbursement  |           |   |
| Candidate Name   |           | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |           |   |
| State:   | District: |   |

|   |               |
|---|---------------|
| SUBTOTAL of Disbursements This Page (optional).....▶      |               |
| TOTAL This Period (last page this line number only).....▶ | <u>588.65</u> |

29030148237

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

|   |                                      |                              |  |                              |                             |                              |             |
|---|--------------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |  |                              |                             |                              | PAGE 1 OF 3 |
|   | <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 |             |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><u>A. Colburn for Senate 2010</u>  |  | Date of Disbursement<br><u>06<sup>M</sup> ' 30<sup>D</sup> ' 2009</u> |
| Mailing Address<br><u>PO Box 977</u>  |  | Amount of Each Disbursement this Period<br><u>1,500.00</u>            |
| City<br><u>Mustkee</u>  | State<br><u>OK</u> Zip Code<br><u>74402</u>  |   |
| Purpose of Disbursement<br><u>Contribution</u>  |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><u>Continuing A Majority PAC</u>   |  | Date of Disbursement<br><u>04<sup>M</sup> ' 29<sup>D</sup> ' 2009</u> |
| Mailing Address<br><u>5915 Eastman Avenue Suite 100</u>   |  | Amount of Each Disbursement this Period<br><u>2000.00</u>             |
| City<br><u>Midland</u>  | State<br><u>MI</u> Zip Code<br><u>48640</u>  |   |
| Purpose of Disbursement<br><u>Contribution</u>  |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><u>Continuing A Majority</u>   |  | Date of Disbursement<br><u>04<sup>M</sup> ' 29<sup>D</sup> ' 2009</u> |
| Mailing Address<br><u>5915 Eastman Avenue Suite 100</u>   |  | Amount of Each Disbursement this Period<br><u>500.00</u>              |
| City<br><u>Midland</u>  | State<br><u>MI</u> Zip Code<br><u>48640</u>  |   |
| Purpose of Disbursement<br><u>Contribution</u>  |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:<br>District:   |  |   |

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

2903014738

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

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input 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 |

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

A. Richard Burr Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement Contribution

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Date of Disbursement 06 ' 09 ' 2009

Amount of Each Disbursement this Period 2,000.00

Zach Space for Congress Committee

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2166

City Dover State OH Zip Code 44622

Purpose of Disbursement Contribution

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: OH District: 18th

Date of Disbursement 06 ' 22 ' 2009

Amount of Each Disbursement this Period 1,000.00

C. John Shadegg's Friends

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement Contribution

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: AZ District: 3rd

Date of Disbursement 06 ' 16 ' 2009

Amount of Each Disbursement this Period 2,000.00

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

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

29030141239

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input 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 |

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

A. DSCC  
 Full Name (Last, First, Middle Initial)

Mailing Address 120 Maryland Avenue NE  
 City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

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

Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement 03/12/2009

Amount of Each Disbursement this Period  
5,000.00

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

Mailing Address 120 Maryland Avenue NE  
 City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

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

Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement 06/10/2009

Amount of Each Disbursement this Period  
5,000.00

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

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

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

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

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

Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
 M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

TOTAL This Period (last page this line number only)..... ▶ 19,000.00

29030141240

**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 3

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>A. <u>Hannon, Richard</u>  |   | Date of Receipt<br><u>02/24/2009</u>                  |
| Mailing Address<br><u>2220 N. 23rd Avenue</u>   |   | Amount of Each Receipt this Period<br><u>, 300.00</u> |
| City<br><u>Phoenix</u>  | State Zip Code<br><u>AZ 85021</u>           |   |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |   |   |
| Name of Employer<br><u>BCBS Arizona</u>   | Occupation<br><u>Sr. Vice President</u>     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><u>, 300.00</u> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>B. <u>Flowers, Harriet</u>   |   | Date of Receipt<br><u>02/24/2009</u>                  |
| Mailing Address<br><u>2116 Aristocrat</u>   |   | Amount of Each Receipt this Period<br><u>, 210.00</u> |
| City<br><u>Irving</u>   | State Zip Code<br><u>TX 75063</u>           |   |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |   |   |
| Name of Employer<br><u>Enumenest, LLC</u>   | Occupation<br><u>President</u>              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><u>, 210.00</u> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>C. <u>Beckwith Corp, Christy</u>   |   | Date of Receipt<br><u>02/24/2009</u>                  |
| Mailing Address<br><u>19820 N. 7th Street, Suite 250</u>  |   | Amount of Each Receipt this Period<br><u>, 300.00</u> |
| City<br><u>Phoenix</u>  | State Zip Code<br><u>AZ 85024</u>           |   |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |   |   |
| Name of Employer<br><u>Preferred Therapy Proval</u>   | Occupation<br><u>Vice President</u>         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><u>, 300.00</u> |   |

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

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

29030141241

**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 3

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>A. <u>Cotino, Annette</u>  |  | Date of Receipt<br><u>04 ' 02 ' 2009</u>                         |
| Mailing Address<br><u>4 Princess Court</u>  |  | Amount of Each Receipt this Period<br><u>, 200.<sup>00</sup></u> |
| City<br><u>Ferrisville</u>  | State Zip Code<br><u>NI 08535</u>                      |  |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |  |  |
| Name of Employer<br><u>QualCare</u>   | Occupation<br><u>President &amp; CEO</u>               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><u>, 200.<sup>00</sup></u> |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>B. <u>Keefe, Kevin</u>   |  | Date of Receipt<br><u>04 ' 02 ' 2009</u>                         |
| Mailing Address<br><u>301 Sycamore Avenue</u>   |  | Amount of Each Receipt this Period<br><u>, 200.<sup>00</sup></u> |
| City<br><u>Shrewsbury</u>   | State Zip Code<br><u>NT 07702</u>                      |  |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |  |  |
| Name of Employer<br><u>QualCare</u>   | Occupation<br><u>Vice President</u>                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><u>, 200.<sup>00</sup></u> |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br>C. <u>Ross, William</u>  |  | Date of Receipt<br><u>02 ' 24 ' 2009</u>                         |
| Mailing Address<br><u>3400 Torrance Blvd Suite 200</u>  |  | Amount of Each Receipt this Period<br><u>, 700.<sup>00</sup></u> |
| City<br><u>Torrance</u>   | State Zip Code<br><u>CA 90503</u>                      |  |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |  |  |
| Name of Employer<br><u>SBIPMG</u>   | Occupation<br><u>Executive Director</u>                |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><u>, 700.<sup>00</sup></u> |  |

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

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

29030141242

**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 3 OF 3

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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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)<br><u>Wargenson Keith</u>  |   | Date of Receipt<br><u>02 ' 24 ' 2009</u>              |
| Mailing Address<br><u>535 E. Diehl Road, Suite 100</u>  |   | Amount of Each Receipt this Period<br><u>, 500.00</u> |
| City<br><u>Naperville</u>   | State Zip Code<br><u>IL 60563</u>           |   |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |   |   |
| Name of Employer<br><u>Vicent</u>   | Occupation<br><u>Exec. Vice President</u>   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><u>, 500.00</u> |   |

|   |                          |                                    |
|---|--------------------------|------------------------------------|
| B. Full Name (Last, First, Middle Initial)  |                          | Date of Receipt                    |
| Mailing Address   |                          | M M / D D / Y Y Y Y                |
| City  | State Zip Code           | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |                          |                                    |
| Name of Employer  | Occupation               |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |                                    |

|   |                          |                                    |
|---|--------------------------|------------------------------------|
| C. Full Name (Last, First, Middle Initial)  |                          | Date of Receipt                    |
| Mailing Address   |                          | M M / D D / Y Y Y Y                |
| City  | State Zip Code           | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |                          |                                    |
| Name of Employer  | Occupation               |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |                                    |

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

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

2,410.00

29030141243

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                    | Postmarked (R/C)<br>7/31/09   |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                               |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                      |                               |
| <input type="checkbox"/> No Postmark   |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <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 |

*ER*

*8/4/09*

PREPARER  
(3/2005)

DATE PREPARED

29030141244