

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name American Association of Preferred Producers
Organizations Political Action Committee

Report Covering the Period: From: 07'01'2013 To: 12'31'2013

14031181271

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2013</u>		5,545 ³⁸
(b) Cash on Hand at Beginning of Reporting Period.....	3,214. ¹⁸	
(c) Total Receipts (from Line 19).....	1,600. ⁰⁰	14,260. ⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,814. ¹⁸	19,805. ³⁸
7. Total Disbursements (from Line 31).....	876. ⁹⁰	15,868. ¹⁰
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,937. ²⁸	3,937. ²⁸
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: 07 01 2013 To: 12 31 2013

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,600⁰⁰
1,600⁰⁰

14,000⁰⁰
260⁰⁰
14,260⁰⁰

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0
0
1,600⁰⁰

0
0
14,260⁰⁰

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).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0
0
0

0
0
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,600⁰⁰

14,260⁰⁰

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,600⁰⁰

14,260⁰⁰

14031181272

DETAILED SUMMARY PAGE
of Disbursements

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	876.90	7,868.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	876.90	7,868.10
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		8000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	876.90	15,868.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	876.90	15,868.10

14031181273

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

1,600.00
0
1,600.00
876.90
0
876.90

14,260.00
0
14,260.00
7,868.10
0
7,868.10

14031181274

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) Brownard, Jacqueline

Mailing Address One Union Square

City Seattle State WA Zip Code 98101

FEC ID number of contributing federal political committee. C

Name of Employer First Choice Health Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 200.00

Date of Receipt 09'03'2013

Amount of Each Receipt this Period 200.00

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

Mailing Address 9000 E. Via Linda

City Scottsdale State AZ Zip Code 85258

FEC ID number of contributing federal political committee. C

Name of Employer Preferred Medical Claims Occupation Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 600.00

Date of Receipt 09'09'2013

Amount of Each Receipt this Period 600.00

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

Mailing Address 20 Waterford Blvd

City Parsippany State NS Zip Code 07054

FEC ID number of contributing federal political committee. C

Name of Employer One Call Care Management Occupation Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 400.00

Date of Receipt 12'18'2013

Amount of Each Receipt this Period 400.00

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

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

14031181275

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 2
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

14031181276

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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) **Spaldard, Kent**

Mailing Address **20 Waterview Blvd.**

City **Passippany** State **NJ** Zip Code **07054**

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

Name of Employer **OneCall Care Management** Occupation **CEO**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **200.00**

Date of Receipt **12/18/2013**

Amount of Each Receipt this Period **200.00**

B. Full Name (Last, First, Middle Initial) **McBumie, Edward**

Mailing Address **2701 Renaissance Blvd**

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

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

Name of Employer **MedRisk** Occupation **Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **200.00**

Date of Receipt **12/20/2013**

Amount of Each Receipt this Period **200.00**

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) **▶**

TOTAL This Period (last page this line number only) **▶** **1,600.00**

**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 5

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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

14031181277

A.

Full Name (Last, First, Middle Initial) SunTrust Bank

Date of Disbursement 07 ' 02 ' 2013

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees

Candidate Name _____

Amount of Each Disbursement this Period 20.00

Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B.

Full Name (Last, First, Middle Initial) SunTrust Bank

Date of Disbursement 07 ' 02 ' 2013

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees

Candidate Name _____

Amount of Each Disbursement this Period 85.00

Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial) SunTrust Bank

Date of Disbursement 08 ' 02 ' 2013

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees

Candidate Name _____

Amount of Each Disbursement this Period 20.00

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).....▶

**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 5

<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 <u>09 ' 20 ' 2013</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>bank fees</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:	

B. <u>SunTrust Bank</u>		Date of Disbursement <u>10 ' 02 ' 2013</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period <u>20.80</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</u>	
Purpose of Disbursement <u>bank fees</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:	

C. <u>SunTrust Bank</u>		Date of Disbursement <u>10 ' 03 ' 2013</u>
Mailing Address <u>PO Box 622227</u>		Amount of Each Disbursement this Period <u>85.00</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</u>	
Purpose of Disbursement <u>bank fees</u>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

14031181279

**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 5

<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>SanTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>10' 07' 2013</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Amount of Each Disbursement this Period	
Candidate Name	<u>26.00</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 622227</u>		<u>11' 04' 2013</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Amount of Each Disbursement this Period	
Candidate Name	<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 622227</u>		<u>11' 04' 2013</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Amount of Each Disbursement this Period	
Candidate Name	<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)..... ▶

14031181280

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

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

FOR LINE NUMBER:
(check only one)

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

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. **SanTrust Bank**

Mailing Address **PO BOX 622227**

City **Orlando** State **FL** Zip Code **32862**

Purpose of Disbursement **bank fees**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

12 '03' 2013

Amount of Each Disbursement this Period

297.95

Category/
Type

Full Name (Last, First, Middle Initial)

B. **SanTrust Bank**

Mailing Address **PO BOX 622227**

City **Orlando** State **FL** Zip Code **32862**

Purpose of Disbursement **bank fees**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

12 '03' 2013

Amount of Each Disbursement this Period

20.00

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

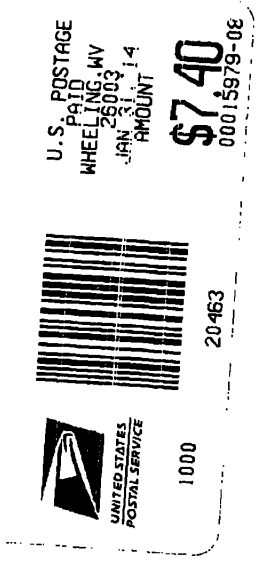
SUBTOTAL of Disbursements This Page (optional).....▶

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

14031181281

3 WJ 210003

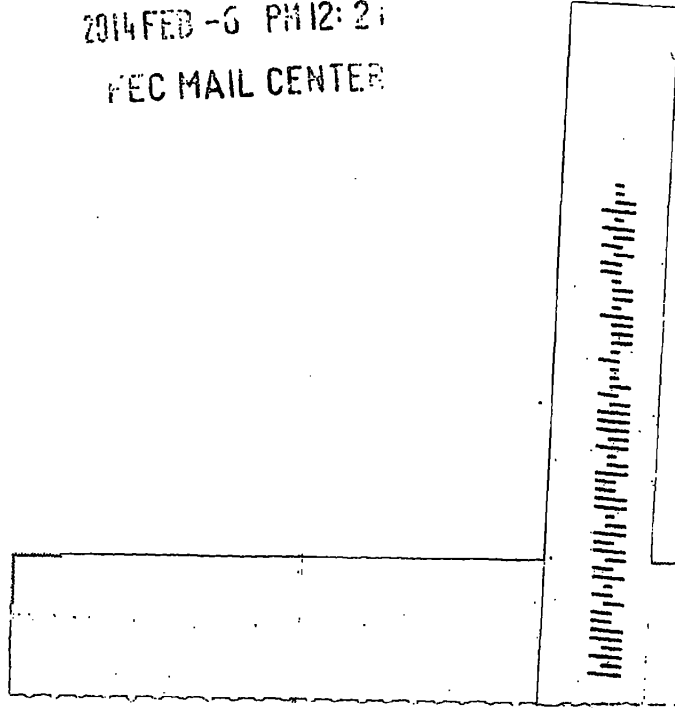
031181282



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 Washington DC 20463

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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1/31/14

USPS Priority Mail Postmarked

USPS Priority Mail Express 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
(8/2013)

2/6/14
DATE PREPARED

14031181283