

**FEC
FORM 3X**

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

RECEIVED

2011 AUG -8 AM 11:37
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

FEDERAL CENTER

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)

(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)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

X July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(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

01 01 2011

through

06 30 2011

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 30 2011

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

11030651275

**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 ' 2011 To: 06 ' 30 ' 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2011</u>		1,652.91
(b) Cash on Hand at Beginning of Reporting Period.....	1,652.91	
(c) Total Receipts (from Line 19)	17,090.00	17,090.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18,742.91	18,742.91
7. Total Disbursements (from Line 31)	5,391.29	5,391.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13,351.62	13,351.62
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

11030651276

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name American Association of Referral Provider Organizations Political Action Committee

Report Covering the Period: From: 01 ' 01 ' 2011 To: 06 ' 30 ' 2011

11030651277

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).....	15,170.00	15,170.00
(ii) Unitemized.....	1,920.00	1,920.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17,090.00	17,090.00
(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).....▶	17,090.00	17,090.00
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)).....▶	17,090.00	17,090.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17,090.00	17,090.00

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	891.29	891.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	891.29	891.29
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,500.00	4,500.00
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))..	5,391.29	5,391.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,391.29	5,391.29

11030651278

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)	, 17,090. ⁰⁰	, 17,090. ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	, , . ⁰	, , . ⁰
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 17,090. ⁰⁰	, 17,090. ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 891. ²⁹	, 891. ²⁹
37. Offsets to Operating Expenditures (from Line 15, page 3)	, , . ⁰	, , . ⁰
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 891. ²⁹	, 891. ²⁹

11030651279

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 20

<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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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 Retired Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Atkinson, Brian

Mailing Address 1100 First Avenue

City King of Prussia State PA Zip Code 19406

FEC ID number of contributing federal political committee. C

Name of Employer DeventHealth Occupation President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 700.00

Date of Receipt 01 27 2011

Amount of Each Receipt this Period 500.00

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

Mailing Address 1100 First Avenue

City King of Prussia State PA Zip Code 19406

FEC ID number of contributing federal political committee. C

Name of Employer DeventHealth Occupation President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 700.00

Date of Receipt 01 27 2011

Amount of Each Receipt this Period 200.00

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

Mailing Address 21 W. Broad Street

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. C

Name of Employer GovernmentEdge Occupation President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 250.00

Date of Receipt 01 24 2011

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... 900.00

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

11030551289

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)

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<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) <u>Board, Dawn</u>		Date of Receipt <u>01 24 2011</u>
Mailing Address <u>41 W. Broad Street</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43215</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Government Edge</u>	Occupation <u>President</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Aggregate Year-to-Date <input type="checkbox"/> <u>250.00</u>

B. Full Name (Last, First, Middle Initial) <u>Bennett, George</u>		Date of Receipt <u>01 24 2011</u>
Mailing Address <u>1100 Circle 75 Parkway</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>Atlanta</u>	State <u>GA</u> Zip Code <u>30339</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>First Health</u>	Occupation <u>President</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Aggregate Year-to-Date <input type="checkbox"/> <u>500.00</u>

C. Full Name (Last, First, Middle Initial) <u>Bennett, George</u>		Date of Receipt <u>01 24 2011</u>
Mailing Address <u>1100 Circle 75 Parkway</u>		Amount of Each Receipt this Period <u>400.00</u>
City <u>Atlanta</u>	State <u>GA</u> Zip Code <u>30339</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>First Health</u>	Occupation <u>President</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		Aggregate Year-to-Date <input type="checkbox"/> <u>500.00</u>

SUBTOTAL of Receipts This Page (optional).....▶	<u>550.00</u>
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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) Bigsby, Bruce
 Mailing Address 6875 Shiloh Road East
 City Alpharetta State GA Zip Code 30005
 Date of Receipt 01 24 2011
 Amount of Each Receipt this Period 500⁰⁰
 FEC ID number of contributing federal political committee. C
 Name of Employer Woodcore Occupation President/CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500⁰⁰

B. Full Name (Last, First, Middle Initial) Braunard, Jacqueline
 Mailing Address One Union Square
 City Seattle State WA Zip Code 98101
 Date of Receipt 01 24 2011
 Amount of Each Receipt this Period 200⁰⁰
 FEC ID number of contributing federal political committee. C
 Name of Employer First Choice Occupation info requested
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200⁰⁰

C. Full Name (Last, First, Middle Initial) Demoss, Darrell
 Mailing Address 2701 Renaissance Blvd
 City King of Prussia State PA Zip Code 19406
 Date of Receipt 01 18 2011
 Amount of Each Receipt this Period 200⁰⁰
 FEC ID number of contributing federal political committee. C
 Name of Employer Med Risk Occupation Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200⁰⁰

SUBTOTAL of Receipts This Page (optional)..... 900⁰⁰
TOTAL This Period (last page this line number only).....

11030651282

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)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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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) Dubella, Kenneth

Mailing Address 250 Civic Center Drive

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. C

Name of Employer CBCA Occupation CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 01 ' 07 ' 2011

Amount of Each Receipt this Period 200.00

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

Mailing Address 100 South Bedford Road

City Mt. Kisco State NY Zip Code 10549

FEC ID number of contributing federal political committee. C

Name of Employer Leverage Healthsol. Occupation Partner

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 240.00

Date of Receipt 01 ' 24 ' 2011

Amount of Each Receipt this Period 200.00

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

Mailing Address 100 South Bedford Road

City Mt. Kisco State NY Zip Code 10549

FEC ID number of contributing federal political committee. C

Name of Employer Leverage Healthsol. Occupation Partner

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 240.00

Date of Receipt 01 ' 24 ' 2011

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) 440.00

TOTAL This Period (last page this line number only) 440.00

1103065123

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 5 OF 20

<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) <u>Faulkner, Blaine</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>10260 Meanley Drive</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>San Diego</u>	State <u>CA</u> Zip Code <u>92131</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date ▼ <u>240.00</u>
Name of Employer <u>First Health</u>	Occupation <u>COO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <u>Faulkner, Blaine</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>10260 Meanley Drive</u>		Amount of Each Receipt this Period <u>40.00</u>
City <u>San Diego</u>	State <u>CA</u> Zip Code <u>92131</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date ▼ <u>240.00</u>
Name of Employer <u>First Health</u>	Occupation <u>COO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <u>Green, Dorees</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>3993 Jurupa Avenue</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Riverside</u>	State <u>CA</u> Zip Code <u>92506</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date ▼ <u>900.00</u>
Name of Employer <u>CFMC</u>	Occupation <u>CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<u>740.00</u>
TOTAL This Period (last page this line number only).....▶	

11030651284

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

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

FOR LINE NUMBER: PAGE 6 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial) Green, Dolores
 Mailing Address 3993 Jurupa Avenue
 City Riverside State CA Zip Code 92506
 Date of Receipt 01 ' 18 ' 2011
 Amount of Each Receipt this Period 400.00
 FEC ID number of contributing federal political committee. C
 Name of Employer CFMC Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 900.00

B. Full Name (Last, First, Middle Initial) Green Rose, Karen
 Mailing Address 222 South First Street
 City Louisville State KY Zip Code 40202
 Date of Receipt 01 ' 24 ' 2011
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AAPPO Occupation President/CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) Hamm, Ken
 Mailing Address One Union Square
 City Seattle State WA Zip Code 98101
 Date of Receipt 01 ' 24 ' 2011
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer First Choice Health Net Occupation President/CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1,400.00
TOTAL This Period (last page this line number only).....▶

11030651285

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)

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<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 (If Full) **American Association of Preferred Powder Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) McNair, Richard		Date of Receipt 01 '24' 2011
Mailing Address 2000 North 23rd Avenue		Amount of Each Receipt this Period 200.00
City Phoenix	State Zip Code AZ 85021	
FEC ID number of contributing federal political committee. C		
Name of Employer BCBS of Arizona	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) Hardwick, Deb		Date of Receipt 01 '27' 2011
Mailing Address 920 East Blanco Road		Amount of Each Receipt this Period 200.00
City Salinas	State Zip Code CA 93901	
FEC ID number of contributing federal political committee. C		
Name of Employer Costal TPA	Occupation President: CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Hunter, Bob		Date of Receipt 01 '24' 2011
Mailing Address 1150 16th Street		Amount of Each Receipt this Period 270.00
City Billings	State Zip Code MT 59102	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Infonet	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	470.00
TOTAL This Period (last page this line number only).....▶	

11030851235

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)

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<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 Retired Teacher Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Hunter, Rob**

Mailing Address **1156 16th Street**

City **Billings** State **MT** Zip Code **59102**

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

Name of Employer **Health Informet** Occupation **CEO**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **270.00**

Date of Receipt **01 '24 '2011**

Amount of Each Receipt this Period **200.00**

B. Full Name (Last, First, Middle Initial) **Fabiello, Cara**

Mailing Address **300 American Metro Blvd**

City **Hamilton** State **NS** Zip Code **02619**

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

Name of Employer **United Services Group** Occupation **Sr. Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **200.00**

Date of Receipt **01 '24 '2011**

Amount of Each Receipt this Period **200.00**

C. Full Name (Last, First, Middle Initial) **King, Carl**

Mailing Address **2777N. Stemmons Freeway**

City **Dallas** State **TX** Zip Code **75207**

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

Name of Employer **Aetna** Occupation **Head - Nat. Networks**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt **01 '24 '2011**

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**

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

11030651287

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

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

FOR LINE NUMBER: PAGE 9 OF 20
(check only one)

<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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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 Powder Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Land, Warren
 Mailing Address 11 Brendon Way
 City Greenville State SC Zip Code 29615
 Date of Receipt 01 ' 24 ' 2011
 Amount of Each Receipt this Period 400.00
 FEC ID number of contributing federal political committee. C
 Name of Employer - VSP Vision Care Occupation Sr. Account Exec.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) Harmer Lutka, Robin
 Mailing Address info requested
 City _____ State _____ Zip Code _____
 Date of Receipt 01 ' 24 ' 2011
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AAPPO Occupation Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

C. Full Name (Last, First, Middle Initial) Harmer Lutka, Robin
 Mailing Address info requested
 City _____ State _____ Zip Code _____
 Date of Receipt 01 ' 24 ' 2011
 Amount of Each Receipt this Period 40.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AAPPO Occupation Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 640.00
TOTAL This Period (last page this line number only)..... ▶

11030651289

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 10 OF 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full) **America Association of Referral Powder Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) Lubiarz, Cindy		Date of Receipt 01 ' 24 ' 2011
Mailing Address 7090 Carmen Blvd.		Amount of Each Receipt this Period . 200.00
City Las Vegas	State Zip Code NV 89128	
FEC ID number of contributing federal political committee. C		
Name of Employer Core Meridian	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) Lungen, Richard		Date of Receipt 01 ' 24 ' 2011
Mailing Address 100 South Bedford Road		Amount of Each Receipt this Period . 200.00
City Mt. Kisco	State Zip Code NY 10549	
FEC ID number of contributing federal political committee. C		
Name of Employer Leverage Healthsol	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) Lungen, Richard		Date of Receipt 01 ' 24 ' 2011
Mailing Address 100 South Bedford Road		Amount of Each Receipt this Period . 40.00
City Mt. Kisco	State Zip Code NY 10549	
FEC ID number of contributing federal political committee. C		
Name of Employer Leverage Healthsol	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ . 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	. 440.00
TOTAL This Period (last page this line number only).....▶	

11030651289

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 20

(check only one)

<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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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) Lynch, Richard		Date of Receipt 01 ' 24 ' 2011
Mailing Address PO Box 1148		Amount of Each Receipt this Period 200.00
City Bountiful	State Zip Code UT 84011	
FEC ID number of contributing federal political committee. C		
Name of Employer Proper Resources	Occupation President: CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) Lynch, Richard		Date of Receipt 01 ' 24 ' 2011
Mailing Address PO Box 1148		Amount of Each Receipt this Period 40.00
City Bountiful	State Zip Code UT 84011	
FEC ID number of contributing federal political committee. C		
Name of Employer Proper Resources	Occupation President: CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C. Full Name (Last, First, Middle Initial) Mares, Angie		Date of Receipt 01 ' 05 ' 2011
Mailing Address 654 Northsen Houston Pkwy		Amount of Each Receipt this Period 200.00
City Houston	State Zip Code TX 77060	
FEC ID number of contributing federal political committee. C		
Name of Employer info requested	Occupation info requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	440.00
TOTAL This Period (last page this line number only).....▶	

11030651290

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

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

FOR LINE NUMBER:		PAGE 12 OF 20	
(check only one)			
<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 Organizers Political Action Committee

Full Name (Last, First, Middle Initial) A. <u>Mañes, Angie</u>		Date of Receipt
Mailing Address <u>654 North Sam Houston Pkwy</u>		<u>01 ' 24 ' 2011</u>
City <u>Houston</u>	State <u>TX</u>	Zip Code <u>77060</u>
Amount of Each Receipt this Period : : <u>40.00</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>info requested</u>		Occupation <u>info requested</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ : : <u>240.00</u>
Full Name (Last, First, Middle Initial) B. <u>Mauzey, David</u>		Date of Receipt
Mailing Address <u>1311 President George Bush Highway</u>		<u>01 ' 20 ' 2011</u>
City <u>Richardson</u>	State <u>TX</u>	Zip Code <u>75080</u>
Amount of Each Receipt this Period : : <u>500.00</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>DDONE</u>		Occupation <u>COO</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ : : <u>700.00</u>
Full Name (Last, First, Middle Initial) C. <u>Mauzey, David</u>		Date of Receipt
Mailing Address <u>1311 President George Bush Highway</u>		<u>01 ' 12 ' 2011</u>
City <u>Richardson</u>	State <u>TX</u>	Zip Code <u>75080</u>
Amount of Each Receipt this Period : : <u>200.00</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>DDONE</u>		Occupation <u>COO</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ : : <u>700.00</u>
SUBTOTAL of Receipts This Page (optional)..... ▶		<u>740.00</u>
TOTAL This Period (last page this line number only)..... ▶		

11030651291

**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 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial) <u>Voster, Linda</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>150 153rd Avenue</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>St. Petersburg</u>	State <u>FL</u>	
Zip Code <u>33708</u>		FEC ID number of contributing federal political committee. <u>C</u>
Name of Employer <u>Integrated HealthPlan</u>		
Occupation <u>Resident: CEO</u>		Aggregate Year-to-Date <u>1,300.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <u>Voster, Linda</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>150 153rd Avenue</u>		Amount of Each Receipt this Period <u>800.00</u>
City <u>St. Petersburg</u>	State <u>FL</u>	
Zip Code <u>33708</u>		FEC ID number of contributing federal political committee. <u>C</u>
Name of Employer <u>Integrated HealthPlan</u>		
Occupation <u>Resident: CEO</u>		Aggregate Year-to-Date <u>1,300.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <u>Roole, Jerry</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>2701 Renaissance Blvd</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>King of Prussia PA</u>	State <u>PA</u>	
Zip Code <u>19406</u>		FEC ID number of contributing federal political committee. <u>C</u>
Name of Employer <u>Med Risk</u>		
Occupation <u>COO / CIO</u>		Aggregate Year-to-Date <u>500.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<u>1,800.00</u>
TOTAL This Period (last page this line number only).....▶	

11030651292

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF 00

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial): <u>Buss, William</u></p>		Date of Receipt
<p>Mailing Address: <u>3400 Torrance Blvd</u></p>		<u>01 ' 24 ' 2011</u>
<p>City: <u>Torrance</u> State: <u>CA</u> Zip Code: <u>90503</u></p>	Amount of Each Receipt this Period	
<p>FEC ID number of contributing federal political committee: <u>C</u></p>	<p><u>500.00</u></p>	
<p>Name of Employer: <u>SBIRMG</u> Occupation: <u>Executive Director</u></p>	<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u></p>	
<p>Aggregate Year-to-Date <u>540.00</u></p>		
<p>B. Full Name (Last, First, Middle Initial): <u>Buss, William</u></p>		Date of Receipt
<p>Mailing Address: <u>3400 Torrance Blvd</u></p>		<u>01 ' 24 ' 2011</u>
<p>City: <u>Torrance</u> State: <u>CA</u> Zip Code: <u>90503</u></p>	Amount of Each Receipt this Period	
<p>FEC ID number of contributing federal political committee: <u>C</u></p>	<p><u>40.00</u></p>	
<p>Name of Employer: <u>SBIRMG</u> Occupation: <u>Executive Director</u></p>	<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u></p>	
<p>Aggregate Year-to-Date <u>540.00</u></p>		
<p>C. Full Name (Last, First, Middle Initial): <u>Schubert, Al</u></p>		Date of Receipt
<p>Mailing Address: <u>3533 Quality Drive</u></p>		<u>01 ' 24 ' 2011</u>
<p>City: <u>Paracho Candia</u> State: <u>CA</u> Zip Code: <u>95670</u></p>	Amount of Each Receipt this Period	
<p>FEC ID number of contributing federal political committee: <u>C</u></p>	<p><u>400.00</u></p>	
<p>Name of Employer: <u>USP Vision Care</u> Occupation: <u>Vice President</u></p>	<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u></p>	
<p>Aggregate Year-to-Date <u>1050.00</u></p>		
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		<u>940.00</u>
<p>TOTAL This Period (last page this line number only).....▶</p>		

11030651293

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

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

FOR LINE NUMBER: PAGE 5 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (If Full) American Association of Referral Provider Organizations Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) <u>Santoro, Lisa</u></p>		<p>Date of Receipt 01 ' 24 ' 2011</p>	
<p>Mailing Address <u>300 American Metro Blvd</u></p>		<p>Amount of Each Receipt this Period , , 200.00</p>	
<p>City <u>Hamilton</u></p>	<p>State <u>NJ</u></p>	<p>Zip Code <u>08619</u></p>	
<p>FEC ID number of contributing federal political committee. <u>C</u></p>			
<p>Name of Employer <u>Conrad Services Group</u></p>		<p>Occupation <u>AVP network operations</u></p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ , , 200.00</p>	
<p>B. Full Name (Last, First, Middle Initial) <u>Spengler, Ric</u></p>		<p>Date of Receipt 01 ' 24 ' 2011</p>	
<p>Mailing Address <u>One Union Square</u></p>		<p>Amount of Each Receipt this Period , , 200.00</p>	
<p>City <u>Seattle</u></p>	<p>State <u>WA</u></p>	<p>Zip Code <u>98101</u></p>	
<p>FEC ID number of contributing federal political committee. <u>C</u></p>			
<p>Name of Employer <u>First Choice Health Net.</u></p>		<p>Occupation <u>EAP marketing</u></p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ , , 240.00</p>	
<p>C. Full Name (Last, First, Middle Initial) <u>Spengler, Ric</u></p>		<p>Date of Receipt 01 ' 24 ' 2011</p>	
<p>Mailing Address <u>One Union Square</u></p>		<p>Amount of Each Receipt this Period , , 40.00</p>	
<p>City <u>Seattle</u></p>	<p>State <u>WA</u></p>	<p>Zip Code <u>98101</u></p>	
<p>FEC ID number of contributing federal political committee. <u>C</u></p>			
<p>Name of Employer <u>First Choice Health Net.</u></p>		<p>Occupation <u>EAP marketing</u></p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ , , 240.00</p>	

SUBTOTAL of Receipts This Page (optional).....▶ , , 440.00

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

11030651294

**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 10 OF 20	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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) <u>Taddeo, Michael</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>2000 E 9th Street</u>		Amount of Each Receipt this Period <u>, 400.00</u>
City <u>Cleveland</u>	State <u>OH</u> Zip Code <u>44115</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>, 440.00</u>
Name of Employer <u>Medical Mutual of Ohio</u>	Occupation <u>Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <u>Taddeo, Michael</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>2000 E. 9th Street</u>		Amount of Each Receipt this Period <u>, 40.00</u>
City <u>Cleveland</u>	State <u>OH</u> Zip Code <u>44115</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>, 440.00</u>
Name of Employer <u>Medical Mutual of Ohio</u>	Occupation <u>Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <u>Vangeresen, Keith</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>535 E. Diehl Road</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>Naperville</u>	State <u>IL</u> Zip Code <u>60563</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>, 500.00</u>
Name of Employer <u>Multiplex</u>	Occupation <u>Executive VP</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 940.00</u>
TOTAL This Period (last page this line number only).....▶	

11030651295

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

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

FOR LINE NUMBER: PAGE 7 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) A. <u>Warren, Jeffrey</u>		Date of Receipt <u>01 '24' 2011</u>
Mailing Address <u>13 High Ridge Road</u>		Amount of Each Receipt this Period \$ <u>200.00</u>
City <u>Randolph</u>	State Zip Code <u>NS 07869</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>JR Market Strategies</u>	Occupation <u>Principal</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>200.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Wofford, John</u>		Date of Receipt <u>01 '24' 2011</u>
Mailing Address <u>200 W. Knight Road</u>		Amount of Each Receipt this Period \$ <u>200.00</u>
City <u>McDonough</u>	State Zip Code <u>GA 30252</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Medical Mutual of Ohio</u>	Occupation <u>Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>200.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Young, Nancy</u>		Date of Receipt <u>01 '24' 2011</u>
Mailing Address <u>2279 Eagle Glen Parkway</u>		Amount of Each Receipt this Period \$ <u>200.00</u>
City <u>Corona</u>	State Zip Code <u>CA 92883</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>KeyClaims</u>	Occupation <u>Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>200.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	\$ <u>600.00</u>
TOTAL This Period (last page this line number only).....▶	

11030651296

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

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

FOR LINE NUMBER: PAGE 18 OF 20
(check only one)
 11a 11b 11c 12
13 14 15 16 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) **Zyga, Mark**
 Mailing Address **2732 Transit Road**
 City **West Seneca** State **NY** Zip Code **14224**
 Date of Receipt **01 '20' 2011**
 Amount of Each Receipt this Period **, 200.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **William Muscardi** Occupation **Exec. VP: COO**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **, 240.00**

B. Full Name (Last, First, Middle Initial) **Zyga, Mark**
 Mailing Address **2732 Transit Road**
 City **West Seneca** State **NY** Zip Code **14224**
 Date of Receipt **01 '20' 2011**
 Amount of Each Receipt this Period **, 40.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **William Muscardi** Occupation **Exec. VP: COO**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **, 240.00**

C. Full Name (Last, First, Middle Initial) **Catino, Annette**
 Mailing Address **4 Princess Court**
 City **Perrineville** State **ND** Zip Code **08535**
 Date of Receipt **02 '01' 2011**
 Amount of Each Receipt this Period **, 200.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **QualCare** Occupation
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **, 200.00**

SUBTOTAL of Receipts This Page (optional) **, 440.00**
TOTAL This Period (last page this line number only)

11030651297

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 20

(check only one)

<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 Retarded Parents Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Linhai, Alice</u>		Date of Receipt <u>02 ' 01 ' 2011</u>
Mailing Address <u>30 Klein's Lane</u>		Amount of Each Receipt this Period <u>, 200.00</u>
City <u>Greenview</u>	State Zip Code <u>NS 08030</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Qualicare</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 200.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Roberts, Julian</u>		Date of Receipt <u>03 ' 07 ' 2011</u>
Mailing Address <u>3114 Lavista Road</u>		Amount of Each Receipt this Period <u>, 250.00</u>
City <u>Tucker</u>	State Zip Code <u>GA 30084</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Roberts Resource</u>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 250.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Jones, Ed</u>		Date of Receipt <u>03 ' 11 ' 2011</u>
Mailing Address <u>PO Box 6005</u>		Amount of Each Receipt this Period <u>, 250.00</u>
City <u>Cypress</u>	State Zip Code <u>CA 90630</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Vale Options</u>	Occupation <u>President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 250.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 700.00</u>
TOTAL This Period (last page this line number only).....▶	

11030651298

**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 <u>20</u> OF <u>20</u>	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (in Full) American Association of Referred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Schubert, Al</u>		Date of Receipt <u>03 ' 14 ' 2011</u>
Mailing Address <u>3353 Quality Drive</u>		Amount of Each Receipt this Period <u>, 250.00</u>
City <u>Marche Cordoue</u>	State <u>CA</u>	
Zip Code <u>95670</u>		Aggregate Year-to-Date <u>, 650.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>USP Vision Care</u>	Occupation <u>Vice President</u>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ <u>, 650.00</u>		

B. Full Name (Last, First, Middle Initial) <u>Fusco, Michelle</u>		Date of Receipt <u>04 ' 05 ' 2011</u>
Mailing Address <u>301 Oak Grove Street</u>		Amount of Each Receipt this Period <u>, 250.00</u>
City <u>Minneapolis</u>	State <u>MN</u>	
Zip Code <u>55403</u>		Aggregate Year-to-Date <u>, 250.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Amplitude USA</u>	Occupation <u>Sr. Vice President</u>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ <u>, 250.00</u>		

C. Full Name (Last, First, Middle Initial) <u>Kennedy, Kyle</u>		Date of Receipt <u>04 ' 05 ' 2011</u>
Mailing Address <u>1615 Daston Field Drive</u>		Amount of Each Receipt this Period <u>, 250.00</u>
City <u>Dublin</u>	State <u>OH</u>	
Zip Code <u>43017</u>		Aggregate Year-to-Date <u>, 250.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>ABS</u>	Occupation <u>info requested</u>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ <u>, 250.00</u>		

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 750.00</u>
TOTAL This Period (last page this line number only).....▶	<u>, 15,170.00</u>

11030651299

**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 6
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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) <u>SunTrust Bank</u>		Date of Disbursement <u>01 ' 03 ' 2011</u>
Mailing Address <u>PO Box 622227</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32822</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>35.06</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>01 ' 04 ' 2011</u>
Mailing Address <u>PO Box 622227</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32822</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>22.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>01 ' 21 ' 2011</u>
Mailing Address <u>PO Box 622227</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>200.00</u>
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).....▶

11030651300

**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 6

<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 <u>PO Box 62227</u>		<u>01 ' 26 ' 2011</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
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) ▼	<u>4.95</u>
State: _____	District: _____	Category/Type

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>02 ' 02 ' 2011</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
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) ▼	<u>32.00</u>
State: _____	District: _____	Category/Type

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>02 ' 03 ' 2011</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
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) ▼	<u>286.34</u>
State: _____	District: _____	Category/Type

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

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

1021580201

**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

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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) <u>SanTrust Bank</u>		Date of Disbursement <u>02'08'2011</u>
Mailing Address <u>PO BOX 622227</u>		Amount of Each Disbursement this Period <u>4.95</u>
City <u>Orlando</u>	State <u>FL</u>	
Zip Code <u>32822</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. Full Name (Last, First, Middle Initial) <u>SanTrust Bank</u>		Date of Disbursement <u>03'02'2011</u>
Mailing Address <u>PO BOX 622227</u>		Amount of Each Disbursement this Period <u>20.00</u>
City <u>Orlando</u>	State <u>FL</u>	
Zip Code <u>32822</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 checked="" type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) <u>SanTrust Bank</u>		Date of Disbursement <u>03'03'2011</u>
Mailing Address <u>PO BOX 622227</u>		Amount of Each Disbursement this Period <u>54.95</u>
City <u>Orlando</u>	State <u>FL</u>	
Zip Code <u>32822</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).....	▶			

1030651302

**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 6

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank
Mailing Address PO Box 62227
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

03 '08' 2011

Amount of Each Disbursement this Period

4.95

B. SunTrust Bank
Mailing Address PO Box 62227
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

04 '04' 2011

Amount of Each Disbursement this Period

21.20

C. SunTrust Bank
Mailing Address PO Box 62227
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

04 '04' 2011

Amount of Each Disbursement this Period

54.99

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

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

11030651303

**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)

PAGES OF 6

<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 Referred Producers
Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 05 '03' 2011
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 20.00
City Orlando	State FL	
Purpose of Disbursement bank fees	Zip Code 32862	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 05 '03' 2011
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 54.95
City Orlando	State FL	
Purpose of Disbursement bank fees	Zip Code 32862	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 06 '02' 2011
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 20.00
City Orlando	State FL	
Purpose of Disbursement bank fees	Zip Code 32862	
Candidate Name	Category/ Type	
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).....▶	

11030651304

**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 6 OF 6
	<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)		Date of Disbursement
A. <u>San Trust Bank</u>		<u>06 03 2011</u>
Mailing Address <u>PO Box 600027</u>		Amount of Each Disbursement this Period <u>5495</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32807</u>	
Purpose of Disbursement <u>bank fees</u>	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B.		
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C.		
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
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).....▶	<u>891 29</u>

11030631305

**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		

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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. Geoff Davis for Congress		Date of Disbursement 02 ' 08 ' 2011
Mailing Address PO Box 17192		Amount of Each Disbursement this Period 1,000.00
City Fort Mitchell	State KY	
Zip Code 41017		
Purpose of Disbursement Contribution		
Candidate Name Geoff Davis		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 4th	

Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign		Date of Disbursement 03 ' 02 ' 2011
Mailing Address PO Box 116128		Amount of Each Disbursement this Period 2,000.00
City Houston	State TX	
Zip Code 77022		
Purpose of Disbursement Contribution		
Candidate Name Gene Green		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 29	

Full Name (Last, First, Middle Initial) C. Upton for All of US		Date of Disbursement 04 ' 11 ' 2011
Mailing Address 402 State Street		Amount of Each Disbursement this Period 1,500.00
City St. Joseph	State MI	
Zip Code 49085		
Purpose of Disbursement Contribution		
Candidate Name Fred Upton		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 10th	

SUBTOTAL of Disbursements This Page (optional).....▶	4,500.00
TOTAL This Period (last page this line number only).....▶	4,500.00

11030651306

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/30/11

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

8/8/11
 DATE PREPARED

11039651397