

**FEC
FORM 3X**

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

RECEIVED

2014 APR 21 AM 7:28

FEC Office Use Only
FEDERAL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

American Association of Referred Provider Organizations Political Action Committee

ADDRESS (number and street)

200 South First Street

Suite 303

Louisville

KY

40202

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000352922

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

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 / 2014

through

03 / 31 / 2014

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 J. Greenrose

Date

04 / 15 / 2014

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

14031223288

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name American Association of Preferred Provider
Organization Political Action Committee

Report Covering the Period: From: To:

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="3,937.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3,937.28"/>	<input type="text" value=""/>
(c) Total Receipts (from Line 19).....	<input type="text" value="11,680.00"/>	<input type="text" value="11,680.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="15,617.28"/>	<input type="text" value="15,617.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2,266.58"/>	<input type="text" value="2,266.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13,350.70"/>	<input type="text" value="13,350.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value=""/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value=""/>



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

14031223289

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name American Association Preferred Provider Organization Political Action Committee

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

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).....

10,350.00

10,350.00

(ii) Unitemized.....

1,330.00

1,330.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11,680.00

11,680.00

(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)..... ▶

11,680.00

11,680.00

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))..... ▶

11,680.00

11,680.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

11,680.00

11,680.00

14031223290

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	2,266.58	2,266.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,266.58	2,266.58
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
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)) ..	2,266.58	2,266.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,266.58	2,266.58

14031223291

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)	11,680 ⁰⁰	11,680 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11,680 ⁰⁰	11,680 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,266 ⁵⁸	2,266 ⁵⁸
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,266 ⁵⁸	2,266 ⁵⁸

14031223292

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
(check only one)		11	11
<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 Organization Political Action Committee

A. Full Name (Last, First, Middle Initial) Gray, Larry

Mailing Address 2758 Hawk Point Court

City Castle Rock State CO Zip Code 80014

FEC ID number of contributing federal political committee. C

Name of Employer Verisk Health Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 200.00

Date of Receipt 01 / 02 / 2014

Amount of Each Receipt this Period 200.00

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

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 CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 400.00

Date of Receipt 01 / 02 / 2014

Amount of Each Receipt this Period 400.00

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

Mailing Address 2040 West Blvd Road

City E. Aurora State NY Zip Code 14052

FEC ID number of contributing federal political committee. C

Name of Employer Cottell's Pharmacy Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 200.00

Date of Receipt 01 / 06 / 2014

Amount of Each Receipt this Period 200.00

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

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

14031223293

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 11
	<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 Organization Political Action Committee

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

Mailing Address 2777 N. Shermans Freeway

City Dallas State TX Zip Code 75207

FEC ID number of contributing federal political committee. C

Name of Employer Aetna Occupation Head of National Networks

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 01/07/2014

Amount of Each Receipt this Period 200.00

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

Mailing Address 3449 E. Cooper Point Drive

City Meriden State ID Zip Code 83642

FEC ID number of contributing federal political committee. C

Name of Employer Ameri Ben Occupation President CFO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 01/08/2014

Amount of Each Receipt this Period 200.00

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

Mailing Address 15950 N. 76th Street

City Scottsdale State AZ Zip Code 85260

FEC ID number of contributing federal political committee. C

Name of Employer Partners Rx Occupation CMA Senior Vice Pres.

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 01/14/2014

Amount of Each Receipt this Period 200.00

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

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

14031223294

**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 11	
	<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 Organization Political Action Committee

14031223295

A. Full Name (Last, First, Middle Initial) Wright, Kelly

Mailing Address 28508 Northwestern Hwy

City Southfield State MI Zip Code 48034

FEC ID number of contributing federal political committee. C

Name of Employer Cotinity Occupation President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 01/14/2014

Amount of Each Receipt this Period 200.00

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

Mailing Address 7320 South Banbury Circle

City Cottonwood Heights State UT Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Progressive Medical Occupation Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 01/15/2014

Amount of Each Receipt this Period 200.00

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

Mailing Address 11301 Corporate Blvd

City Orlando State FL Zip Code 32817

FEC ID number of contributing federal political committee. C

Name of Employer Med Advantage Occupation CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

Date of Receipt 01/19/2014

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 11

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

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

A. Full Name (Last, First, Middle Initial) Brownard, Jacqueline
Mailing Address One Union Square
City Seattle State WA Zip Code 98101

Date of Receipt
01 / 19 / 2014

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
300.00

Name of Employer First Choice Health Occupation Vice President
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date 300.00

B. Full Name (Last, First, Middle Initial) Coliendo, Paul
Mailing Address 9200 E. Via Linda
City Scottsdale State AZ Zip Code 85258

Date of Receipt
01 / 19 / 2014

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
400.00

Name of Employer Preferred Medical Chain Sol. Occupation President: CEO
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date 400.00

C. Full Name (Last, First, Middle Initial) Carnal, Barry
Mailing Address 622 Third Street
City Annapolis State MD Zip Code 21043

Date of Receipt
01 / 19 / 2014

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
200.00

Name of Employer PodSite, LLC. Occupation President: CEO
Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date 200.00

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

14031223296

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 11
 (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 Organization Political Action Committee

A. Full Name (Last, First, Middle Initial) C. Cocchi, Michael
 Mailing Address 151 Farmington Ave.
 City Hartford State CT Zip Code 06180
 Name of Employer Meritain Health Occupation Head of Distribution
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01/19/2014
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial) Furlong, George
 Mailing Address 1100 Ridgeway Loop
 City Memphis State TN Zip Code 38160
 Name of Employer Sedwick Claims man. Occupation sr. vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 200.00

Date of Receipt 01/19/2014
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial) Hillebert, Jayne
 Mailing Address 23460 N. 19th Avenue
 City Phoenix State AZ Zip Code 85027
 Name of Employer Preferred therapy Pro. Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 400.00

Date of Receipt 01/19/2014
 Amount of Each Receipt this Period 400.00

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

14031223297

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full) American Association of Retarded ^{Handicapped} Organization 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 First Choice Health Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 200.00

Date of Receipt 01 '19' 2014
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial) King, Carl
 Mailing Address 2777 N. Stemmons Freeway
 City Dallas State TX Zip Code 75207
 FEC ID number of contributing federal political committee. C
 Name of Employer Aethra Occupation Head of Net. Networks
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 '19' 2014
 Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial) Ludwig, Eric
 Mailing Address 11635 N. Park Dr.
 City Wake Forest State NC Zip Code 27507
 FEC ID number of contributing federal political committee. C
 Name of Employer Interactive Medical Systems Occupation President: CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 200.00

Date of Receipt 01 '19' 2014
 Amount of Each Receipt this Period 200.00

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

14031223298

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 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) Schaefer, Eric
 Mailing Address 1100 Bonhomme Ave.
 City St. Louis State MO Zip Code 63105
 Date of Receipt 01 '19' 2014
 Amount of Each Receipt this Period 400.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Bedcard Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 400.00

B. Full Name (Last, First, Middle Initial) Smith, Sean
 Mailing Address Two Concourse Parkway
 City Atlanta State GA Zip Code 30328
 Date of Receipt 01 '19' 2014
 Amount of Each Receipt this Period 700.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Stratose Occupation Chairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 700.00

C. Full Name (Last, First, Middle Initial) Burd, Tom
 Mailing Address 3080 Premiere Pkwy
 City Duluth State GA Zip Code 30097
 Date of Receipt 01 '23' 2014
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Good Presurics Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

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

14031223299

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 11
 11a 11b 11c 12
 13 14 15 16 17

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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) Faulkner, Blaine
 Mailing Address 10200 Meanley Drive
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. C
 Name of Employer First Health Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 ' 23 ' 2014
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial) Hott, Joe
 Mailing Address 1233 N. Mayfair Road
 City Wauwatosa State WI Zip Code 53220
 FEC ID number of contributing federal political committee. C
 Name of Employer Auxiant Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 ' 23 ' 2014
 Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial) Nicholson, Tom
 Mailing Address 1100 First Ave
 City King of Prussia State PA Zip Code 19406
 FEC ID number of contributing federal political committee. C
 Name of Employer Dein Health Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 ' 23 ' 2014
 Amount of Each Receipt this Period 300.00

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

14031223300

**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 9 OF 11
	<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) Boss, Bill

Mailing Address 3419 Torrance Blvd.

City Torrance State CA Zip Code 90503

FEC ID number of contributing federal political committee. C

Name of Employer SPRPMG Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 01 '23' 2014

Amount of Each Receipt this Period 500.00

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

Mailing Address 202 Las Colinas Blvd.

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. C

Name of Employer Health Smart Occupation Executive Vice Pres.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 '23' 2014

Amount of Each Receipt this Period 300.00

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

Mailing Address 2000 N. Dallas Parkway

City Dallas State TX Zip Code 75039

FEC ID number of contributing federal political committee. C

Name of Employer Coventry Workslamp Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 '23' 2014

Amount of Each Receipt this Period 500.00

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

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

14031223301

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

PAGE 10 OF 11

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

14031223302

A. Full Name (Last, First, Middle Initial) Catino, Annette

Mailing Address 30 Knightsbridge Road

City Piscataway State NS Zip Code 08854

FEC ID number of contributing federal political committee. C

Name of Employer Qualcare Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2014

Amount of Each Receipt this Period 250.00

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

Mailing Address 30 Knightsbridge Road

City Piscataway State NI Zip Code 08854

FEC ID number of contributing federal political committee. C

Name of Employer Qualcare Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 29 / 2014

Amount of Each Receipt this Period 300.00

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

Mailing Address 8400 West Dodge Road

City Omaha State NE Zip Code 68114

FEC ID number of contributing federal political committee. C

Name of Employer Midlands Choice Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 29 / 2014

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional).....▶ 750.00

TOTAL This Period (last page this line number only).....▶ 750.00

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 11
 (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) Press, Bill
 Mailing Address 3479 Torrance Blvd
 City Torrance State CA Zip Code 90503
 FEC ID number of contributing federal political committee. C
 Name of Employer SBIRMG Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 900.00

Date of Receipt 01 ' 29 ' 2014
 Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial) Lucas, Stephanie
 Mailing Address 939 Elkridge Landing
 City Linthicum State MD Zip Code 21090
 FEC ID number of contributing federal political committee. C
 Name of Employer Block Usan Occupation President: CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 200.00

Date of Receipt 01 ' 29 ' 2014
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial) Alcom, Andrew
 Mailing Address 939 Elkridge Landing
 City Linthicum State MD Zip Code 21090
 FEC ID number of contributing federal political committee. C
 Name of Employer Block Usan Occupation Sc. Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 200.00

Date of Receipt 01 ' 29 ' 2014
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... 10350.00
TOTAL This Period (last page this line number only)..... 10350.00

14031223303

**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 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 Organization Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement: 01 ' 02 ' 2014

Mailing Address: PO BOX 305183

City: Nashville State: TN Zip Code: 37230

Purpose of Disbursement: bank fees

Candidate Name: _____

Amount of Each Disbursement this Period: 92.54

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B. SunTrust Bank

Date of Disbursement: 01 ' 03 ' 2014

Mailing Address: PO BOX 305183

City: Nashville State: TN Zip Code: 37230

Purpose of Disbursement: bank fees

Candidate Name: _____

Amount of Each Disbursement this Period: 21.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C. SunTrust Bank

Date of Disbursement: 01 ' 06 ' 2014

Mailing Address: PO BOX 305183

City: Nashville State: TN Zip Code: 37230

Purpose of Disbursement: _____

Candidate Name: _____

Amount of Each Disbursement this Period: 6.50

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).....▶

1403123304

**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 4

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<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 Organization Political Action Committee**

14031223305

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Date of Disbursement 01 ' 27 ' 2014
Mailing Address PO BOX 305183		Amount of Each Disbursement this Period 1.95
City Nashville	State TN	
Zip Code 37230		Category/ Type
Purpose of Disbursement bank fees		
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) B. Sun Trust Bank		Date of Disbursement 02 ' 04 ' 2014
Mailing Address PO BOX 305183		Amount of Each Disbursement this Period 28.80
City Nashville	State TN	
Zip Code 37230		Category/ Type
Purpose of Disbursement bank fees		
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) C. Sun Trust Bank		Date of Disbursement 02 ' 05 ' 2014
Mailing Address PO BOX 305183		Amount of Each Disbursement this Period 116.47
City Nashville	State TN	
Zip Code 37230		Category/ Type
Purpose of Disbursement		
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).....▶	

**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 4

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

A. Full Name (Last, First, Middle Initial) San Trust Bank Date of Disbursement 02 '05' 2014

Mailing Address PO BOX 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 240.16

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) San Trust Bank Date of Disbursement 02 '06' 2014

Mailing Address PO BOX 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 7.95

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

C. Full Name (Last, First, Middle Initial) San Trust Bank Date of Disbursement 03 '03' 2014

Mailing Address PO BOX 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 85.00

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

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

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

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

14031223306

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)

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

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address PO BOX 305183

City Mashville State TN Zip Code 37230

Purpose of Disbursement bank fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

03 / 04 / 2014

Amount of Each Disbursement this Period

20.00

B. Marriott Business Services

Mailing Address PO BOX 402642

City Atlanta State GA Zip Code 30384

Purpose of Disbursement food beverage - event

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

03 / 20 / 2014

Amount of Each Disbursement this Period

1,640.01

C.

Full Name (Last, First, Middle Initial)

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

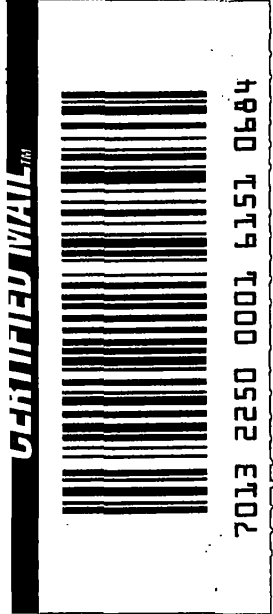
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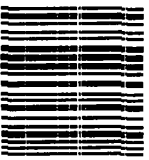
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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

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PREPARER **DATE PREPARED**
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