

**FEC
FORM 3X**

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

RECEIVED
2012 AUG 28 PM 11:32
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12 FEDERAL MAIL 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 ▲

C00352922

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

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

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

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

07 / 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 L. Greenrose

Signature of Treasurer

Karen L. Greenrose

Date

08 / 23 / 2012

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

12030881326

**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

12030881327

**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

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

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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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

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))	,	,
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).....	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	,891. ²⁹	,891. ²⁹

12030881330

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		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

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 Teacher Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. Atkinson, Brian		Date of Receipt 01 27 2011
Mailing Address 100 First Avenue		Amount of Each Receipt this Period 500⁰⁰
City King of Prussia PA	Zip Code 19406	
FEC ID number of contributing federal political committee. C		
Name of Employer DeventHealth	Occupation President	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/> 700⁰⁰	

Full Name (Last, First, Middle Initial) B. Atkinson, Brian		Date of Receipt 01 27 2011
Mailing Address 100 First Avenue		Amount of Each Receipt this Period 200⁰⁰
City King of Prussia PA	Zip Code 19406	
FEC ID number of contributing federal political committee. C		
Name of Employer DeventHealth	Occupation President	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/> 700⁰⁰	

Full Name (Last, First, Middle Initial) C. Bica, Danna		Date of Receipt 01 24 2011
Mailing Address 21 W. Broad Street		Amount of Each Receipt this Period 200⁰⁰
City Columbus OH	Zip Code 43215	
FEC ID number of contributing federal political committee. C		
Name of Employer GovernmentEdge	Occupation President	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/> 250⁰⁰	

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

12030881331

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial) Beard, Deana Date of Receipt 01 24 2011
 Mailing Address 21 W. Broad Street
 City Columbus State OH Zip Code 43215 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Government Edge Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

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

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

SUBTOTAL of Receipts This Page (optional)..... 550.00
 TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)
for each category of the
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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) Bigson, Bruce
 Mailing Address 6875 Shiloh Road East
 City Alpharetta State GA Zip Code 30005
 FEC ID number of contributing federal political committee. C
 Name of Employer Wendicare Occupation President-CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500⁰⁰

Date of Receipt 01 24 2011
 Amount of Each Receipt this Period 500⁰⁰

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

Date of Receipt 01 24 2011
 Amount of Each Receipt this Period 200⁰⁰

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

Date of Receipt 01 18 2011
 Amount of Each Receipt this Period 200⁰⁰

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

12030881333

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 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 Referral Powder Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Dubela, 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 Administrators 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) EGlone 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) EGlone 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).....

12030881334

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

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NAME OF COMMITTEE (or Full) American Association of Retired Workers Organizations Political Action Committee

12030881335

A. Full Name (Last, First, Middle Initial) Faulkner, Blaine Date of Receipt 01 ' 24 ' 2011
 Mailing Address 10060 Meanley Drive
 City San Diego State CA Zip Code 92131
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer First Health Occupation COO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

B. Full Name (Last, First, Middle Initial) Faulkner, Blaine Date of Receipt 01 ' 24 ' 2011
 Mailing Address 10060 Meanley Drive
 City San Diego State CA Zip Code 92131
 Amount of Each Receipt this Period 40.00
 FEC ID number of contributing federal political committee. C
 Name of Employer First Health Occupation COO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

C. Full Name (Last, First, Middle Initial) Green, Doreas Date of Receipt 01 ' 24 ' 2011
 Mailing Address 3993 Jurupa Avenue
 City Riverside State CA Zip Code 92506
 Amount of Each Receipt this Period 500.00
 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

SUBTOTAL of Receipts This Page (optional) 740.00
 TOTAL This Period (last page this line number only)

**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)			
<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 Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Green, Dolores</u>		Date of Receipt <u>01 ' 18 ' 2011</u>
Mailing Address <u>3993 Lurpa Avenue</u>		Amount of Each Receipt this Period <u>400.00</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>		
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) ▼	Aggregate Year-to-Date ▼ <u>900.00</u>	

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

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

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

12030881336

**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
 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) McGinnis, Richard Date of Receipt 01 '24' 2011
 Mailing Address 2000 North 23rd Avenue
 City Phoenix State AZ Zip Code 85001 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer BCBS of Arizona Occupation Sr. Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

B. Full Name (Last, First, Middle Initial) Hardwick, Didi Date of Receipt 01 '27' 2011
 Mailing Address 920 East Blanco Road
 City Salisbury State CA Zip Code 93901 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Costco TPA Occupation President-CEO
 Receipt For: Primary General 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
 City Billings State MT Zip Code 59102 Amount of Each Receipt this Period 70.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Health Infonet Occupation CEO
 Receipt For: Primary General 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).....

12030881337

**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

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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) Burter, Rob Date of Receipt 01 '24' 2011
 Mailing Address 1156 16th Street
 City Billings State MT Zip Code 59102
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Health Internet Occupation CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 270.00

B. Full Name (Last, First, Middle Initial) Lambello, Cara Date of Receipt 01 '24' 2011
 Mailing Address 300 American Metro Blvd
 City Hamilton State NJ Zip Code 02619
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Cored Services/Slip Occupation Sr. Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

C. Full Name (Last, First, Middle Initial) King, Carl Date of Receipt 01 '24' 2011
 Mailing Address 2771N. Stemmons Freeway
 City Dallas State TX Zip Code 75207
 Amount of Each Receipt this Period 500.00
 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

SUBTOTAL of Receipts This Page (optional)..... 900.00
 TOTAL This Period (last page this line number only).....

12030881338

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 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 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

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 400.00

Date of Receipt 01 '24' 2011

Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial) Larmer Lutka Robin

Mailing Address 4127 SW Holden Street

City Seattle State WA Zip Code 98136

FEC ID number of contributing federal political committee. C

Name of Employer RLL Consulting Occupation Owner

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) Larmer Lutka Robin

Mailing Address 4127 SW Holden Street

City Seattle State WA Zip Code 98136

FEC ID number of contributing federal political committee. C

Name of Employer RLL Consulting Occupation Owner

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) 640.00

TOTAL This Period (last page this line number only)

12030881339

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

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

FOR LINE NUMBER: PAGE 10 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 Retired Workers Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Lubiarz, Cindy
 Mailing Address 7090 Carmen Blvd.
 City Las Vegas State NV Zip Code 89128
 Date of Receipt 01 '21 '2011
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Care Meridian Occupation Vice President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

B. Full Name (Last, First, Middle Initial) Lungen, Richard
 Mailing Address 100 South Bedford Blvd
 City Mt. Kisco State NY Zip Code 10549
 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 Leverage HealthSol Occupation Partner
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

C. Full Name (Last, First, Middle Initial) Lungen, Richard
 Mailing Address 100 South Bedford Blvd
 City Mt. Kisco State NY Zip Code 10549
 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 Leverage HealthSol Occupation Partner
 Receipt For: Primary General 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).....

-12030881340

**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

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 '04 '01

Mailing Address PO Box 1148

City Bountiful State UT Zip Code 84011

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 200.00

Name of Employer Proper Resources Occupation President: CEO

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

B. Full Name (Last, First, Middle Initial) Lynch, Richard Date of Receipt 01 '04 '01

Mailing Address PO Box 1148

City Bountiful State UT Zip Code 84011

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 40.00

Name of Employer Proper Resources Occupation President: CEO

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

C. Full Name (Last, First, Middle Initial) Mares, Angie Date of Receipt 01 '05 '01

Mailing Address 654 North Sam Houston Pkwy

City Houston State TX Zip Code 77060

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 200.00

Name of Employer Agents by Angie Occupation owner

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

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

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

12030881341

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

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NAME OF COMMITTEE (in Full) American Association of Retired Producers
Organizers Political Action Committee

A. Full Name (Last, First, Middle Initial) Maes, Angie
 Mailing Address 654 North Sam Houston Pkwy
 City Houston State TX Zip Code 77060
 FEC ID number of contributing federal political committee. C
 Name of Employer Accents by Angie Occupation Owner
 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

B. Full Name (Last, First, Middle Initial) Mauzey, David
 Mailing Address 1311 President George Bush Highway
 City Richardson State TX Zip Code 75080
 FEC ID number of contributing federal political committee. C
 Name of Employer DDONE Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 700.00

Date of Receipt 01 '24 '2011
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial) Mauzey, David
 Mailing Address 1311 President George Bush Highway
 City Richardson State TX Zip Code 75080
 FEC ID number of contributing federal political committee. C
 Name of Employer DDONE Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 700.00

Date of Receipt 01 '12 '2011
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... 740.00
 TOTAL This Period (last page this line number only).....

12030881342

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

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

FOR LINE NUMBER: PAGE 3 OF 20
(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 Retired Workers
Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Wester, Linda
 Mailing Address 150 153rd Avenue
 City St. Petersburg State FL Zip Code 33708
 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 Integrated HealthPlan Occupation Resident: CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1,300.00

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

C. Full Name (Last, First, Middle Initial) Hoole, Jerry
 Mailing Address 2701 Renaissance Blvd
 City King of Prussia PA State PA Zip Code 19406
 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 Med Risk Occupation COO / CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

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

12030881343

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 14 OF 00	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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

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

A. Full Name (Last, First, Middle Initial): <u>BESS, William</u>		Date of Receipt
Mailing Address: <u>3400 Torrance Blvd</u>		<u>01 '24 '2011</u>
City: <u>Torrance</u> State: <u>CA</u> Zip Code: <u>90503</u>	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee: <u>C</u>	, <u>500.00</u>	
Name of Employer: <u>SIBIPMG</u> Occupation: <u>Executive Director</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<u>540.00</u>	

B. Full Name (Last, First, Middle Initial): <u>BESS, William</u>		Date of Receipt
Mailing Address: <u>3400 Torrance Blvd</u>		<u>01 '24 '2011</u>
City: <u>Torrance</u> State: <u>CA</u> Zip Code: <u>90503</u>	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee: <u>C</u>	, <u>40.00</u>	
Name of Employer: <u>SIBIPMG</u> Occupation: <u>Executive Director</u>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<u>540.00</u>	

C. Full Name (Last, First, Middle Initial): <u>Schubert, Al</u>		Date of Receipt
Mailing Address: <u>3533 Quality Drive</u>		<u>01 '24 '2011</u>
City: <u>Marcho Cordua</u> State: <u>CA</u> Zip Code: <u>95670</u>	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee: <u>C</u>	, <u>400.00</u>	
Name of Employer: <u>VSP 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>1050.00</u>	

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

1203088134A

**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 15 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

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

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

C. Full Name (Last, First, Middle Initial) <u>Spengler, Ric</u>		Date of Receipt <u>01 ' 24 ' 2011</u>
Mailing Address <u>One Union Square</u>		Amount of Each Receipt this Period <u>, 40.00</u>
City <u>Seattle</u>	State Zip Code <u>WA 98101</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>First Choice Health Net.</u>	Occupation <u>EAP marketing</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 240.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>, 440.00</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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>10</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
	<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>Taddeo, Michael</u>		Date of Receipt <u>01 ' 20 ' 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>		
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>, 440.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Taddeo, Michael</u>		Date of Receipt <u>01 ' 20 ' 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>		
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>, 440.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Wangerson, Keith</u>		Date of Receipt <u>01 ' 20 ' 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>		
Name of Employer <u>Multiple</u>	Occupation <u>Executive VP</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 500.00</u>	

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

12030881346

**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 7 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>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>	

B. Full Name (Last, First, Middle Initial) <u>Wittered, 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>	

C. Full Name (Last, First, Middle Initial) <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>Key Claims</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).....▶	

12030881347

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 13 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

Full Name (Last, First, Middle Initial) A. <u>Zygas, Mark</u>		Date of Receipt <u>01 '24' 2011</u>
Mailing Address <u>2732 Transit Road</u>		Amount of Each Receipt this Period <u>, 200.00</u>
City <u>West Seneca</u>	State <u>NY</u> Zip Code <u>14224</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Indian Muscular</u>	Occupation <u>Exec. VP: COO</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>Zygas, Mark</u>		Date of Receipt <u>01 '24' 2011</u>
Mailing Address <u>2732 Transit Road</u>		Amount of Each Receipt this Period <u>, 40.00</u>
City <u>West Seneca</u>	State <u>NY</u> Zip Code <u>14224</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Indian Muscular</u>	Occupation <u>Exec. VP: COO</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) C. <u>Catino, Annette</u>		Date of Receipt <u>02 '01' 2011</u>
Mailing Address <u>4 Princess Court</u>		Amount of Each Receipt this Period <u>, 200.00</u>
City <u>Perrineville</u>	State <u>NY</u> Zip Code <u>08535</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>QualCare</u>	Occupation <u>CEO: 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>, 440.00</u>
TOTAL This Period (last page this line number only).....▶	<u>, .</u>

12030881348

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

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NAME OF COMMITTEE (in Full) American Association of Retired Workers Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Linnou, Alice
 Mailing Address 38 Klein's Lane
 City Greenview State NS Zip Code 08230
 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 Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date , 200.00

B. Full Name (Last, First, Middle Initial) Roberts, Julian
 Mailing Address 3114 Lavista Road
 City Tucker State GA Zip Code 30084
 Date of Receipt 03 '01' 2011
 Amount of Each Receipt this Period , 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Roberts Resource Occupation Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date , 250.00

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

SUBTOTAL of Receipts This Page (optional)..... , 700.00
 TOTAL This Period (last page this line number only).....

12030881349

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of item Detailed Summary Page	FOR LINE NUMBER: PAGE <u>20</u> OF <u>20</u>							
	(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 (or Full) American Association of Retired Workers Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Schubert, Al</u>		Date of Receipt <u>03 ' 10 ' 2011</u>
Mailing Address <u>3353 Quality Drive</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>Marino Cordova</u>	State <u>CA</u>	
Zip Code <u>95670</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>VSP 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>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Ampiton 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>Hennedy, Kyle</u>		Date of Receipt <u>04 ' 05 ' 2011</u>
Mailing Address <u>1615 Dalton 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>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Audiology Business Service</u>	Occupation <u>managing Director</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>

12030881350

**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	<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 Retired Workers
Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>01 ' 03 ' 2011</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32802</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>35.06</u>
State: _____	District: _____	Category/Type

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>01 ' 04 ' 2011</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32802</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>22.00</u>
State: _____	District: _____	Category/Type

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>01 ' 21 ' 2011</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code
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>200.00</u>
State: _____	District: _____	Category/Type

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

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

12030881351

**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
Organizers 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 <u>4.95</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

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 <u>32.00</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

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 <u>286.34</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

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

12030881352

**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

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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>SunTrust Bank</u>		<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>	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)		Date of Disbursement
B. <u>SunTrust Bank</u>		<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>	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)		Date of Disbursement
C. <u>SunTrust Bank</u>		<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>	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).....▶	

12030881353

**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	<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) America 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 622227</u>		<u>03 '08' 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 622227</u>		<u>04 '04' 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>21.20</u>
State: _____	District: _____	Category/Type

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>04 '04' 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>54.99</u>
State: _____	District: _____	Category/Type

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

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

12030881354

**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 Retired Teachers Organizational Political Action Committee

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

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 05 '03' 2011

Amount of Each Disbursement this Period 20⁰⁰

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

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 05 '03' 2011

Amount of Each Disbursement this Period 5495

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

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 06 '02' 2011

Amount of Each Disbursement this Period 20⁰⁰

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

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

12030881355

**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 0 OF 0
	<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"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full) American Association of Retired Teacher 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 6000027</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32802</u>
Purpose of Disbursement <u>bank fees</u>	Candidate Name	Amount of Each Disbursement this Period <u>5495</u>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type
State:	District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<u>891 29</u>

12030881356

**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 Powder Organizers Political Action Committee

A. Full Name (Last, First, Middle Initial) Geoff Dawster Congress Date of Disbursement 02' 08' 2011

Mailing Address PO Box 17192

City Fort Mitchell State KY Zip Code 41017

Purpose of Disbursement Contribution Amount of Each Disbursement this Period 1,000.00

Candidate Name Geoff Dawst Category/Type

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

State: KY District: 4th

B. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign Date of Disbursement 03' 02' 2011

Mailing Address PO Box 116128

City Houston State TX Zip Code 77022

Purpose of Disbursement Contribution Amount of Each Disbursement this Period 2,000.00

Candidate Name Gene Green Category/Type

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

State: TX District: 29

C. Full Name (Last, First, Middle Initial) Upton for All of US Date of Disbursement 04' 11' 2011

Mailing Address 402 State Street

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement Contribution Amount of Each Disbursement this Period 1,500.00

Candidate Name Fred Upton Category/Type

Office Sought: House Senate President Disbursement For: Primary General 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

12030881357

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

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8/24/12

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

Am 10
PREPARER

8/28/12
DATE PREPARED

12030881358