

2010 JUL 20 AM 11:44

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

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

American Association of Preferred Provider Organizations Political Action Committee

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

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00352922

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 ' 01 ' 2010 through 06 ' 30 ' 2010

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: [Handwritten Signature] Date: 07 ' 14 ' 2010

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 grid with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

10030390347

**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: 04^M 01^D 2010^Y To: 06^M 30^D 2010^Y

10030390348

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2010^Y</u>		-3,108.46
(b) Cash on Hand at Beginning of Reporting Period.....	6,020.54	
(c) Total Receipts (from Line 19).....	0	19,640.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A, and Lines 6(a) and 6(c) for Column B).....	6,020.54	16,531.54
7. Total Disbursements (from Line 31).....	4,165.00	14,675.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,855.54	1,855.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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

Report Covering the Period: From: 04 ' 01 ' 2010 To: 06 ' 30 ' 2010

10030390349

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).....	0	14,950 ⁰⁰
(ii) Unitemized.....	0	4,190 ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	19,140 ⁰⁰
(b) Political Party Committees.....	0	
(c) Other Political Committees (such as PACs).....	0	500 ⁰⁰
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	19,640 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)).....▶	0	19,640 ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	19,640 ⁰⁰

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030390350

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	165.00	675.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	165.00	675.98
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,000.00	14,000.00
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements.....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4,165.00	14,675.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,165.00	14,675.98

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)	0	19,640.00
34. Total Contribution Refunds, (from Line 28(d)).....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	19,640.00
36. Total Federal Operating Expenditures. (add Line 21(a)(i) and Line 21(b)).....▶	165.00	675.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures. (subtract Line 37 from Line 36).....▶	165.00	675.98

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**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 2					
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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

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

Full Name (Last, First, Middle Initial) <i>SunTrust Bank</i>				Date of Disbursement <i>06 ' 02 ' 2010</i>	
Mailing Address <i>PO Box 62227</i>					
City <i>Orlando</i>		State <i>FL</i>	Zip Code <i>32862</i>		
Purpose of Disbursement <i>bank fees</i>				Amount of Each Disbursement this Period	
Candidate Name				<i>20.00</i>	
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:					

Full Name (Last, First, Middle Initial) <i>SunTrust Bank</i>				Date of Disbursement <i>06 ' 03 ' 2010</i>	
Mailing Address <i>PO Box 62227</i>					
City <i>Orlando</i>		State <i>FL</i>	Zip Code <i>32862</i>		
Purpose of Disbursement <i>bank fees</i>				Amount of Each Disbursement this Period	
Candidate Name				<i>35.00</i>	
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:					

Full Name (Last, First, Middle Initial) <i>SunTrust Bank</i>				Date of Disbursement <i>05 ' 03 ' 2010</i>	
Mailing Address <i>PO Box 62227</i>					
City <i>Orlando</i>		State <i>FL</i>	Zip Code <i>32862</i>		
Purpose of Disbursement <i>bank fees</i>				Amount of Each Disbursement this Period	
Candidate Name				<i>35.00</i>	
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).....▶	

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**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 2

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

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

Full Name (Last, First, Middle Initial)

A. SunTrust Bank Date of Disbursement 05 ' 04 ' 2010
Mailing Address PO Box 622227
City Orlando State FL Zip Code 32862
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

B. SunTrust Bank Date of Disbursement 04 ' 02 ' 2010
Mailing Address PO Box 622227
City Orlando State FL Zip Code 32862
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

C. SunTrust Bank Date of Disbursement 04 ' 05 ' 2010
Mailing Address PO Box 622227
City Orlando State FL Zip Code 32862
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 35.00
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)..... ▶

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**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 1

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

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

Full Name (Last, First, Middle Initial)

A. Tim Burns for Congress

Mailing Address: PO BOX 4483

City: Eighty Four State: PA Zip Code: 15330

Purpose of Disbursement: contribution

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

04 ' 22 ' 2010

Amount of Each Disbursement this Period

1,500.00

Full Name (Last, First, Middle Initial)

B. CAMPAC

Mailing Address: 5915 Eastman Avenue Suite 100

City: Midland State: MI Zip Code: 48660

Purpose of Disbursement: contribution

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

06 ' 03 ' 2010

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

4,000.00

10030390354

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.

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm D
 PREPARER

7/20/10
 DATE PREPARED

10030390355