

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2005 AUG -3 A 10:20

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 1367

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00352922

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

X NEW (N) OR

Table with 4 columns: (a) Quarterly Reports, (b) Monthly Report Due On, (c) 12-Day PRE-Election Report for the, (d) 30-Day POST-Election Report for the. Includes options like April 15 Quarterly Report (Q1), Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), etc.

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

5. Covering Period 01 01 2005 through 06 30 2005

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 MEO GREENROSE

Signature of Treasurer [Handwritten Signature] Date 07 27 2005

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

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**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 2005 To: 06 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2005</u>		8,478.71
(b) Cash on Hand at Beginning of Reporting Period.....	8,478.71	
(c) Total Receipts (from Line 19).....	7,240.00	7,240.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15,718.71	15,718.71
7. Total Disbursements (from Line 31).....	7,994.30	7,994.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7,724.41	7,724.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: 01 ' 01 ' 2005 To: 06 ' 30 ' 2005

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).....	1,780.00	1,780.00
(ii) Unitemized.....	4,460.00	4,460.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6,240.00	6,240.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1,000.00	1,000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	7,240.00	7,240.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7,240.00	7,240.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7,240.00	7,240.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

ii. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	994.30	994.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	994.30	994.30
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7994.30	7994.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7994.30	7994.30

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**DETAILED SUMMARY PAGE
of Disbursements**

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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)	7,240.00	7,240.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,240.00	7,240.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	994.30	994.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	994.30	994.30

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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:			PAGE	OF
	(check only one)			1	3
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
	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 Comm. Inc

Full Name (Last, First, Middle Initial) A. <u>Gotcher, Patrick</u>		Date of Receipt <u>01 17 2005</u>
Mailing Address <u>1300 Summit Avenue, Suite 600</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Fort Worth</u>	State Zip Code <u>TX 76102</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>CorpHealth</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>200.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Tannenbaum, Ken</u>		Date of Receipt <u>02 28 2005</u>
Mailing Address <u>1899 Powers Ferry Rd Suite 400</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Atlanta</u>	State Zip Code <u>GA 30339</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>1st Medical Network</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>200.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Jacerek, James</u>		Date of Receipt <u>01 11 2005</u>
Mailing Address <u>2 Trans Am Plaza Drive Suite 400</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Oakbrook Terrace</u>	State Zip Code <u>IL 60181</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>Beech Street</u>	Occupation <u>Account Exec.</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).....▶	
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 2 OF 3	
	<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. Busch, Charles		Date of Receipt 01 ' 04 ' 2005
Mailing Address 3460 Preston Bridge Rd, Suite 300		Amount of Each Receipt this Period 200.00
City Alphacetta	State Zip Code GA 30005	
FEC ID number of contributing federal political committee. C		
Name of Employer Beech Street	Occupation VP, National Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Greenhouse, Karen		Date of Receipt 01 ' 20 ' 2005
Mailing Address PO Box 429		Amount of Each Receipt this Period 200.00
City Jeffersonville	State Zip Code IN 47131	
FEC ID number of contributing federal political committee. C		
Name of Employer AAPRO	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Deville, Greg		Date of Receipt 02 ' 02 ' 2005
Mailing Address 5000 Birch Street, Suite 420		Amount of Each Receipt this Period 200.00
City Irvine	State Zip Code CA 92618	
FEC ID number of contributing federal political committee. C		
Name of Employer Beech Street	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	
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:		PAGE 3 OF 3		
	(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 Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) Kalla, Ravi		Date of Receipt 02' 02' 2005
Mailing Address 120 East Lakeside Street		Amount of Each Receipt this Period 340.00
City Madison	State Zip Code WI 53715	
FEC ID number of contributing federal political committee. C		
Name of Employer Symphony Data	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B. Full Name (Last, First, Middle Initial) Meisel, Stephen		Date of Receipt 02' 02' 2005
Mailing Address 2811 Wilshire Blvd. #900		Amount of Each Receipt this Period 240.00
City Santa Monica	State Zip Code CA 90403	
FEC ID number of contributing federal political committee. C		
Name of Employer Med Focus	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	1780.00

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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:		PAGE 1	OF 1
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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 Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) BRINPAC		Date of Receipt 03 11 2005
Mailing Address 711 High Street		Amount of Each Receipt this Period 1,000.00
City Des Moines	State Zip Code IA 50392	
FEC ID number of contributing federal political committee. C00128918		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	1,000.00

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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 3

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

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

Full Name (Last, First, Middle Initial)

A. Stakem, Karen
Mailing Address 48 Poplar Avenue
City Wheeling State WV Zip Code 26003
Purpose of Disbursement Federal Election Compliance
Candidate Name _____
Category/Type _____
Date of Disbursement 01 '14 '2005
Amount of Each Disbursement this Period 425.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

B. SunTrust Bank
Mailing Address PO Box 62227
City Orlando State FL Zip Code 32862
Purpose of Disbursement Electronic Funds Debit
Candidate Name _____
Category/Type _____
Date of Disbursement 01 '02 '2005
Amount of Each Disbursement this Period 40.45

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

C. SunTrust Bank
Mailing Address PO Box 62227
City Orlando State FL Zip Code 32862
Purpose of Disbursement Electronic Funds Debit
Candidate Name _____
Category/Type _____
Date of Disbursement 02 '02 '2005
Amount of Each Disbursement this Period 45.34

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 3

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

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

A. Sun Trust Bank
 Mailing Address PO BOX 62227
 City Orlando State FL Zip Code 328162
 Purpose of Disbursement Electronic Funds Debit
 Candidate Name _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement 02 ' 28 ' 2005
 Amount of Each Disbursement this Period 4.50

B. Sun Trust Bank
 Mailing Address PO BOX 62227
 City Orlando State FL Zip Code 328162
 Purpose of Disbursement Electronic Funds Debit
 Candidate Name _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement 03 ' 02 ' 2005
 Amount of Each Disbursement this Period 74.01

C. Sun Trust Bank
 Mailing Address PO BOX 62227
 City Orlando State FL Zip Code 328162
 Purpose of Disbursement Electronic Funds Debit
 Candidate Name _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement 04 ' 04 ' 2005
 Amount of Each Disbursement this Period 35.00

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 3 OF 3

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

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

A. Full Name (Last, First, Middle Initial) Stakem, Karen Date of Disbursement 03 ' 30 ' 2005

Mailing Address 48 Poplar Avenue

City Wheeling State WV Zip Code 26003

Purpose of Disbursement Federal Election Compliance Amount of Each Disbursement this Period 300.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 05 ' 03 ' 2005

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862

Purpose of Disbursement Electronic Funds Debit 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: _____

C. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 06 ' 02 ' 2005

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862

Purpose of Disbursement Electronic Funds Debit 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).....▶ 994.30

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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

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) Prosperity PAC Date of Disbursement 01/01/2005
 Mailing Address 7824 Evening Lane
 City Alexandria State VA Zip Code 22306
 Purpose of Disbursement Contribution Amount of Each Disbursement this Period 1,000.00
 Candidate Name _____ Category/Type _____
 Office Sought: House Senate President Disbursement For: Primary General Other (specify) State: _____ District: _____

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

C. Full Name (Last, First, Middle Initial) _____ Date of Disbursement _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____ Amount of Each Disbursement this Period _____
 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) _____ 7,000.00

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