

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2015 AUG -4 AM 11:39

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) 974 Breckenridge Lane #162

Check if different than previously reported. (ACC) Louisville KY 40207

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000352922

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM/DD/YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM/DD/YYYY in the State of

5. Covering Period 01 01 2015 through 07 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Greenrose

Signature of Treasurer *Karen L. Greenrose* Date 07 30 2015

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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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 01^M 01^D 2015^Y To: 01^M 31^D 2015^Y

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2015</u>	237.76	237.76
(b) Cash on Hand at Beginning of Reporting Period.....	237.76	
(c) Total Receipts (from Line 19).....	1,3090.00	1,3090.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13,327.76	13,327.76
7. Total Disbursements (from Line 31).....	16,025.90	16,025.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	-2,698.14	-2,698.14
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: 01'01'2015 To: 07'31'2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10,700. ⁰⁰	10,700. ⁰⁰
(ii) Unitemized.....	2,390. ⁰⁰	2,390. ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13,090. ⁰⁰	13,090. 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).....▶	13,090. ⁰⁰	13,090. 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)).....▶	13,090. ⁰⁰	13,090. ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13,090. ⁰⁰	13,090. ⁰⁰

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2,525.90	2,525.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,525.90	2,525.90
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13,500.00	13,500.00
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (52 U.S.C. § 30101(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))..	16,025.90	16,025.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16,025.90	16,025.90

2014-0001-ND-40-60-UNIT-01

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)	13,090 ⁰⁰	13,090 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13,090 ⁰⁰	13,090 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,525 ⁹⁰	2,525 ⁹⁰
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,525 ⁹⁰	2,525 ⁹⁰

11024-0000 : 1102 : 1102 : 1102 : 1102

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

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

FOR LINE NUMBER: **PAGE** OF **O**

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial) **Joyce, Kevin**

Mailing Address **30 Knightsbridge Road**

City **Piscataway NJ** State **Zip Code** **08854**

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

Name of Employer **Qualcare** Occupation **Vice President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **200.00**

Date of Receipt **03/09/2015**

Amount of Each Receipt this Period **, 200.00**

B. Full Name (Last, First, Middle Initial) **Davis, Steven**

Mailing Address **1900 K Street, NW # 650**

City **Washington DC** State **Zip Code** **20006**

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

Name of Employer **CAQH** Occupation **Managing Director**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **200.00**

Date of Receipt **01/05/2015**

Amount of Each Receipt this Period **, 200.00**

C. Full Name (Last, First, Middle Initial) **Mauzey, David**

Mailing Address **1311 W. President George Hwy**

City **Richardson TX** State **Zip Code** **75080**

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

Name of Employer **Optum Proche** Occupation **General Manager**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date **200.00**

Date of Receipt **01/12/2015**

Amount of Each Receipt this Period **, 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)
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Detailed Summary Page

FOR LINE NUMBER: (check only one)
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 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) **Wagner, David**
Mailing Address **6333 Route 298, Suite 210**
City **East Syracuse** State **NY** Zip Code **13057**
Date of Receipt **01/15/2015**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **200.00**
Name of Employer **Pro Act Rx** Occupation **President**
Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date** **200.00**

B. Full Name (Last, First, Middle Initial) **Stevens, Deborah**
Mailing Address **1427 S. Tusson Way**
City **Centennial** State **CO** Zip Code **80112**
Date of Receipt **01/15/2015**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **200.00**
Name of Employer **WellDyne Rx** Occupation **Sales Director**
Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date** **200.00**

C. Full Name (Last, First, Middle Initial) **Horton, John**
Mailing Address **Two Rowinia Drive**
City **Atlanta** State **GA** Zip Code **30346**
Date of Receipt **01/14/2015**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **400.00**
Name of Employer **Pay Span** Occupation **Vice President**
Receipt For: Primary General
 Other (specify) **Aggregate Year-to-Date** **400.00**

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

2015-01-23 15:00:00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 5 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

Full Name (Last, First, Middle Initial) A. <u>Summers, Britanni</u>		Date of Receipt <u>01 ' 16 ' 2015</u>
Mailing Address <u>303 Bunker Hill Street</u>		Amount of Each Receipt this Period <u>400.00</u>
City <u>San Diego</u>	State Zip Code <u>CA 91202</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Precision Technology</u>	Occupation <u>CEO</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>400.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Eck, Tabatha</u>		Date of Receipt <u>01 ' 25 ' 2015</u>
Mailing Address <u>100 County Road East #230</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Shoreview</u>	State Zip Code <u>MN 55126</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Chiro Care</u>	Occupation <u>CEO</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>500.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Tetaduk, Sherri</u>		Date of Receipt <u>01 ' 25 ' 2015</u>
Mailing Address <u>PO Box 718</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Sandpoint</u>	State Zip Code <u>ID 83864</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>DCC, Inc.</u>	Occupation <u>Sales Executive</u>	
Receipt For: <input checked="" 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).....▶	

2015-01-16 10:00:40 AM

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) <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	PAGE <u>4</u> OF <u>10</u>
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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. Hunter, Carolyn		Date of Receipt
Mailing Address 600 University Drive Suite 1400		01 ' 25 ' 2015
City Seattle	State WA	Zip Code 98101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Housewife		Occupation
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. Bluser, John		Date of Receipt
Mailing Address 400 South Service Road		01 ' 25 ' 2015
City Melville	State NY	Zip Code 11747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer HPS		Occupation President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Zygar, Mark		Date of Receipt
Mailing Address 2732 Transit Road		01 ' 25 ' 2015
City West Seneca	State NY	Zip Code 14224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Palladian Health Co		Occupation Exec. U.P.
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).....▶	, , .

20150304 10:00 AM

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)

<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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PAGE 5 OF 10

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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) **Holden, Robert**

Mailing Address **2300 Clarendon Blvd. 4th Floor**

City **Arlington** State **VA** Zip Code **22201**

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

Name of Employer **Stateside** Occupation **Vice President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **, 200.00**

Date of Receipt **01 '25' 2015**

Amount of Each Receipt this Period **, 200.00**

B. Full Name (Last, First, Middle Initial) **Alcon, Andrew**

Mailing Address **256 Columbia Turnpike, #303**

City **Floham Park** State **NJ** Zip Code **07932**

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

Name of Employer **Block Vision** Occupation **President**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **, 500.00**

Date of Receipt **02 '02' 2015**

Amount of Each Receipt this Period **, 200.00**

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

Mailing Address **100 University Drive #1400**

City **Seattle** State **WA** Zip Code **98101**

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

Name of Employer **First Choice Health** Occupation **CEO**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **, 500.00**

Date of Receipt **02 '02' 2015**

Amount of Each Receipt this Period **, 500.00**

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

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

2015-01-04 00:00:00

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

A. Full Name (Last, First, Middle Initial) **Boss, Bill** Date of Receipt **02' 03' 2015**
 Mailing Address **3400 Torrance Blvd. # 220**
 City **Torrance** State **CA** Zip Code **90503** Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SBIPMB** Occupation **Exec. Director**
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **500.00**

B. Full Name (Last, First, Middle Initial) **Deck, Ron** Date of Receipt **02' 03' 2015**
 Mailing Address **163 Bay State Drive**
 City **Braintree** State **MA** Zip Code **02184** Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **The Phio Group** Occupation **Sr. Vice President**
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **500.00**

C. Full Name (Last, First, Middle Initial) **McGram, Jim** Date of Receipt **02' 03' 2015**
 Mailing Address **3333 Quality Drive**
 City **Bendro Cordova** State **CA** Zip Code **95670** Amount of Each Receipt this Period **700.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **VSP Vision Care** Occupation **President**
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ **700.00**

SUBTOTAL of Receipts This Page (optional) ▶ **1,700.00**
TOTAL This Period (last page this line number only) ▶ **1,700.00**

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>7</u> OF <u>10</u>	
	<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>Branard, Jacqueline</u>		Date of Receipt <u>02' 02' 2015</u>
Mailing Address <u>100 University Drive #1400</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</u>	Occupation <u>Vice President</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 500.00</u>	

B. Full Name (Last, First, Middle Initial) <u>EWalker, Blaine</u>		Date of Receipt <u>02' 02' 2015</u>
Mailing Address <u>10250 Meekley Drive</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>San Diego</u>	State <u>CA</u>	
Zip Code <u>92131</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>First Health</u>	Occupation <u>CEO</u>	
Receipt For: <input checked="" 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>Byrd, Tom</u>		Date of Receipt <u>02' 02' 2015</u>
Mailing Address <u>3000 Premiere Pkwy #100</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>Duluth</u>	State <u>GA</u>	
Zip Code <u>30097</u>		
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Group Resources</u>	Occupation <u>CEO</u>	
Receipt For: <input checked="" 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).....▶	
TOTAL This Period (last page this line number only).....▶	

20150202 14:42:00

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 8 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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) <u>Barrett, John</u>		Date of Receipt <u>02 02 2015</u>
Mailing Address <u>12001 Science Drive #115</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Orlando</u>	State Zip Code <u>FL 32826</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>500.00</u>
Name of Employer <u>Med-Advantage</u>	Occupation <u>CEO</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>500.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Ciacarochi, Michael</u>		Date of Receipt <u>02 02 2015</u>
Mailing Address <u>151 Farmington Avenue</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Hartford</u>	State Zip Code <u>CT 06156</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>500.00</u>
Name of Employer <u>Meritain</u>	Occupation <u>Head of Sales</u>	
Receipt For: <input checked="" 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>Spa Ford, Kent</u>		Date of Receipt <u>02 02 2015</u>
Mailing Address <u>20 Waterview Blvd</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Parsippany</u>	State Zip Code <u>NJ 07054</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>300.00</u>
Name of Employer <u>One Call Medical</u>	Occupation <u>Sr. Advisor</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>300.00</u>	

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

2015-08-04 09:00:44 AM

**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)

<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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PAGE 9 OF 10

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

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

A. Full Name (Last, First, Middle Initial) Caliendo, Paul Date of Receipt 02/02/2015

Mailing Address 9060 E Via Linda Suite 250

City Scottsdale State AZ Zip Code 85258

FEC ID number of contributing federal political committee. C

Name of Employer PMCS Occupation President: CEO

Receipt For: Primary General Other (specify) Aggregate Year-to-Date , 600.00

Amount of Each Receipt this Period , 600.00

B. Full Name (Last, First, Middle Initial) Furberg, George Date of Receipt 02/02/2015

Mailing Address 19624 Eagle Crest Drive

City Lutz State FL Zip Code 33549

FEC ID number of contributing federal political committee. C

Name of Employer Sedgwick Occupation Sr. Vice President

Receipt For: Primary General Other (specify) Aggregate Year-to-Date , 200.00

Amount of Each Receipt this Period , 200.00

C. Full Name (Last, First, Middle Initial) Floyd, Marcus Date of Receipt 02/02/2015

Mailing Address 45 Corporate Park

City Irving State CA Zip Code 92160

FEC ID number of contributing federal political committee. C

Name of Employer US Benefits Insurance Occupation Exec. Vice President

Receipt For: Primary General Other (specify) Aggregate Year-to-Date , 300.00

Amount of Each Receipt this Period , 300.00

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

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

1101000414

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 10
(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) Ajmani, Karim Date of Receipt 02'02'2015

Mailing Address 733 Third Avenue

City New York State NY Zip Code 10017

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

Name of Employer US Imaging Occupation CEO

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

B. Full Name (Last, First, Middle Initial) Thecraft, Janice Date of Receipt 02'03'2015

Mailing Address 201 Farmington Avenue

City Farmington State CT Zip Code 06032

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 300.00

Name of Employer Anchor Group Occupation Managing Partner

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

C. Full Name (Last, First, Middle Initial) Allen, Brian Date of Receipt 02'03'2015

Mailing Address 250 Progressive Way

City Westerville State OH Zip Code 43081

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 500.00

Name of Employer HELIOS Occupation Vice President

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

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

TOTAL This Period (last page this line number only)..... ▶ 10,700.00

11-01-2015 10:00 AM

**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	

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 Prouder Organizers Political Action Committee

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>01 '05' 2015</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>20.80</u>
City <u>Nashville</u>	State <u>TN</u>	
Zip Code <u>37230</u>		Category/ Type
Purpose of Disbursement <u>electronic bank fees</u>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>01 '05' 2015</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>28.24</u>
City <u>Nashville</u>	State <u>TN</u>	
Zip Code <u>37230</u>		Category/ Type
Purpose of Disbursement <u>electronic bank fees</u>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>01 '30' 2015</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>20.00</u>
City <u>Nashville</u>	State <u>TN</u>	
Zip Code <u>37230</u>		Category/ Type
Purpose of Disbursement <u>electronic bank fees</u>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)

<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**

A. Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 305183 City Nashville State TN Zip Code 37230 Purpose of Disbursement electronic bank fees Candidate Name _____		Date of Disbursement 02^M ' 03^Y ' 2015
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) ▼		Amount of Each Disbursement this Period , 26 ⁰⁰
B. Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 305183 City Nashville State TN Zip Code 37230 Purpose of Disbursement electronic bank fees Candidate Name _____		Date of Disbursement 02^M ' 03^Y ' 2015
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) ▼		Amount of Each Disbursement this Period , 100.49
C. Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 305183 City Nashville State TN Zip Code 37230 Purpose of Disbursement electronic bank fees Candidate Name _____		Date of Disbursement 02^M ' 03^Y ' 2015
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) ▼		Amount of Each Disbursement this Period , 41.19

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 6

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

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

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>03' 02' 2015</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>84.49</u>
City <u>Nashville</u>	State <u>TN</u>	
Zip Code <u>37230</u>		Category/ Type
Purpose of Disbursement <u>electronic bank fees</u>		
Candidate Name		Amount of Each Disbursement this Period <u>22.00</u>
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary	Category/ Type
<input type="checkbox"/> Senate	<input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <u>84.50</u>
State:	District:	

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>03' 03' 2015</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>22.00</u>
City <u>Nashville</u>	State <u>TN</u>	
Zip Code <u>37230</u>		Category/ Type
Purpose of Disbursement <u>electronic bank fees</u>		
Candidate Name		Amount of Each Disbursement this Period <u>84.50</u>
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary	Category/ Type
<input type="checkbox"/> Senate	<input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <u>84.50</u>
State:	District:	

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>03' 05' 2015</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>84.50</u>
City <u>Nashville</u>	State <u>TN</u>	
Zip Code <u>37230</u>		Category/ Type
Purpose of Disbursement <u>electronic bank fees</u>		
Candidate Name		Amount of Each Disbursement this Period <u>84.50</u>
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary	Category/ Type
<input type="checkbox"/> Senate	<input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <u>84.50</u>
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)										
	<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 Powder Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) SonTrust Bank Date of Disbursement 04 ' 02 ' 2015

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement electronic bank fees Amount of Each Disbursement this Period 12.53

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) SonTrust Bank Date of Disbursement 04 ' 02 ' 2015

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement electronic 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. Full Name (Last, First, Middle Initial) SonTrust Bank Date of Disbursement 05 ' 04 ' 2015

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement electronic bank fees Amount of Each Disbursement this Period 12.53

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)..... ▶

10-11-08 00:40:00

**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 5 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 Associations of Preferred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A.

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

Date of Disbursement 05 ' 01 ' 2015

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement electronic bank fees

Candidate Name _____

Amount of Each Disbursement this Period 20.00

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 06 ' 02 ' 2015

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement electronic bank fees

Candidate Name _____

Amount of Each Disbursement this Period 20.00

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 ' 03 ' 2015

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement electronic bank fees

Candidate Name _____

Amount of Each Disbursement this Period 12.53

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).....▶

2015-06-03 10:40:00 AM

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 6

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

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

Full Name (Last, First, Middle Initial) A. Ritz Carlton Laguna Niguel		Date of Disbursement 03 31 2015
Mailing Address <u>One Ritz Carlton Drive</u>		Amount of Each Disbursement this Period 2,000.00
City <u>Piñon Pointe CA</u>	State <u>CA</u> Zip Code <u>92679</u>	
Purpose of Disbursement <u>Food and beverage</u>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	2,525.90

11-13-15 08:00 AM 0004-11-13-15

**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 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. <u>Ben Sasse for US Senate</u>		Date of Disbursement
Mailing Address <u>PO Box 1976</u>		<u>06' 04' 2015</u>
City <u>Fremont</u>	State <u>NE</u>	Zip Code <u>68026</u>
Purpose of Disbursement <u>contribution</u>	Candidate Name <u>Ben Sasse</u>	Amount of Each Disbursement this Period <u>2000.00</u>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: <u>NE</u>	District:	

B. <u>Bluegrass Committee</u>		Date of Disbursement
Mailing Address <u>228 Washington Street # 115</u>		<u>05' 28' 2015</u>
City <u>Alexandria</u>	State <u>VA</u>	Zip Code <u>22314</u>
Purpose of Disbursement <u>contribution</u>	Candidate Name	Amount of Each Disbursement this Period <u>5000.00</u>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

C. <u>Diane Black for Congress</u>		Date of Disbursement
Mailing Address <u>PO Box 1437</u>		<u>05' 28' 2015</u>
City <u>Ballblow</u>	State <u>TN</u>	Zip Code <u>37066</u>
Purpose of Disbursement <u>contribution</u>	Candidate Name <u>Diane Black</u>	Amount of Each Disbursement this Period <u>2000.00</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: <u>TN</u>	District: <u>6th</u>	

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 2

<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 Organizers Political Action Committee

A. Full Name (Last, First, Middle Initial) Bob Casey for senate

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement Contribution

Candidate Name Bob Casey Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: PA District:

Date of Disbursement 06 ' 29 ' 2015

Amount of Each Disbursement this Period 2,500.00

B. Full Name (Last, First, Middle Initial) Dodd for Congress

Mailing Address PO Box 16312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement

Candidate Name Robert Dodd Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: IL District: 10th

Date of Disbursement 05 ' 28 ' 2015

Amount of Each Disbursement this Period 2,000.00

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

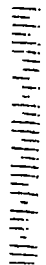
State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

TOTAL This Period (last page this line number only)..... ▶ 13,500.00



7015 0640 0000 3440 1340

File
20003

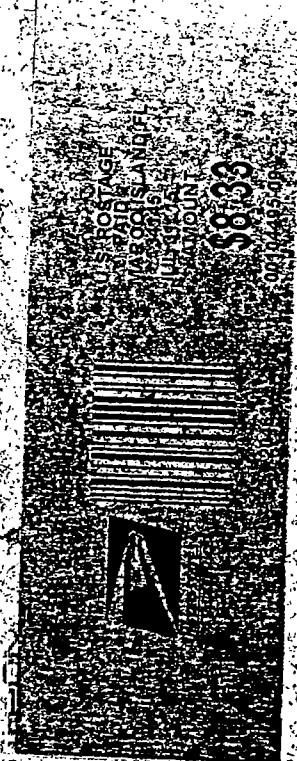
RETURN RECEIPT
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	7/31/15
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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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
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 (3/2015)

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