

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL ROOM 2002 FEB 19 P 3 06 Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street) 601 Pennsylvania Avenue N.W. Suite 900 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 00352922 3. IS THIS REPORT NEW OR AMENDED X 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) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on: in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on: in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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, Asst. Treasurer

Signature of Treasurer [Handwritten Signature] Date 01 29 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

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

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2001</u>		1,243.40
(b) Cash on Hand at Beginning of Reporting Period	6,133.27	
(c) Total Receipts (from Line 19)	0.00	7,126.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,133.27	8,369.40
7. Total Disbursements (from Line 30)	1,685.00	3,921.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,448.27	4,448.27
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 1/01)

Page 3

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

Report Covering the Period: From: 07th of 2001 To: 12th of 2001

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)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	0.00	6,126.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1,000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	0.00	7,126.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	0.00	7,126.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	0.00	7,126.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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		685.00	1,421.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		685.00	1,421.13
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,000.00	2,500.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441 a(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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)		1,685.00	3,921.13
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)		1,685.00	3,921.13
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)		0.00	7,126.00
33. Total Contribution Refunds (from Line 28(d))		0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		0.00	7,126.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		685.00	1,421.13
36. Offsets to Operating Expenditures (from Line 15, page 3)		0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)		685.00	1,421.13

**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

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

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) A. SunTrust Bank		Date of Disbursement 07 / 03 / 2001
Mailing Address P.O. Box 85024		Amount of Each Disbursement this Period 35.00
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Electronic Debit Funds	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) B. SunTrustBank		Date of Disbursement 08 / 02 / 2001
Mailing Address P.O. Box 85024		Amount of Each Disbursement this Period 35.00
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Electronic Debit Funds	Candidate Name	001 Category/ Type
Office Bought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 09 / 05 / 2001
Mailing Address P.O. Box 85024		Amount of Each Disbursement this Period 35.00
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Electronic Debit Funds	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

GUSTOTAL 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

<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) A. SunTrust Bank		Date of Disbursement 10 th 02 nd 2001
Mailing Address P.O. Box 85024		Amount of Each Disbursement this Period 35.00
City Richmond	State VA	
Zip Code 23285		Amount of Each Disbursement this Period 35.00
Purpose of Disbursement Electronic Debit Funds	001 Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 35.00
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. SunTrust Bank	
Mailing Address P.O. Box 85024		Date of Disbursement 11 th 02 nd 2001
City Richmond	State VA	Amount of Each Disbursement this Period 35.00
Zip Code 23285		
Purpose of Disbursement Electronic Debit Funds	001 Category/ Type	Amount of Each Disbursement this Period 35.00
Candidate Name		
Office Bought: <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. SunTrust Bank	
Mailing Address P.O. Box 85024		Date of Disbursement 12 th 04 th 2001
City Richmond	State VA	Amount of Each Disbursement this Period 35.00
Zip Code 23285		
Purpose of Disbursement Electronic Debit Funds	001 Category/ Type	Amount of Each Disbursement this Period 35.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional) _____ ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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

<p>A. Full Name (Last, First, Middle Initial) Karen Shuler Stakem</p> <p>Mailing Address 48 Poplar Avenue</p> <p>City Wheeling State WV Zip Code 26003</p> <p>Purpose of Disbursement Federal Election Compliance</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Date of Disbursement 08 / 20 / 2001</p> <p>Amount of Each Disbursement this Period 475.00</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Date of Disbursement M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Date of Disbursement M M / D D / Y Y Y Y</p> <p>Amount of Each Disbursement this Period</p> <p>Category/Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) _____ ▶</p>	
<p>TOTAL This Period (last page this line number only) _____ ▶</p>	
<p>685.00</p>	

**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

21b 22 23 24 25
 26 27 28a 28b 28c 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) A. American Renewal PAC		Date of Disbursement 11 12 2001
Mailing Address 4451 Brookfield Corp. Dr., Suite 200		Amount of Each Disbursement this Period 1,000.00
City Chantilly	State VA	
Zip Code 20151		011 Category/ Type
Purpose of Disbursement Contribution		
Candidate Name American Renewal PAC		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	
Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M J J O O 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	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) C.		
Mailing Address		Date of Disbursement M M J J O O Y Y Y Y
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Category/ Type
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)		1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1-31-02
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

JK
PREPARER

2-19-02
DATE PREPARED