

**FEC
FORM 3X**

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

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **2010 APR 27 P 2:43**
12 FEB 15

American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street) 222 South First Street
Suite 303
Check if different than previously reported. (ACC) Louisville KY 40202

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

C 00352922

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

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	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 MM / DD / YYYY in the State of _____

(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of _____

5. Covering Period 01 ' 01 ' 2010 through 03 ' 31 ' 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 Karen A. Greenrose Date 04 ' 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							
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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 Preferred Provider Organizations
Political Action Committee

Report Covering the Period: From: 01 ^M 01 ^D 2010 ^Y To: 03 ^M 31 ^D 2010 ^Y

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2010</u>		, -3,108. ⁴⁰
(b) Cash on Hand at Beginning of Reporting Period.....	, -3,108. ⁴⁰	
(c) Total Receipts (from Line 19).....	, 19,640. ⁰⁰	, 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).....	, 16,531. ⁵⁴	, 16,531. ⁵⁴
7. Total Disbursements (from Line 31).....	, 10,510. ⁹⁸	, 10,510. ⁹⁸
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 6,020. ⁵⁶	, 6,020. ⁵⁶
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	

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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 ' 2010 To: 03 ' 31 ' 2010

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14,950.00	14,950.00
(ii) Unitemized.....	4,190.00	4,190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19,140.00	19,140.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	19,640.00	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)).....▶	19,640.00	19,640.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19,640.00	19,640.00

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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	510 ⁹⁸	510 ⁹⁸
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	510 ⁹⁸	510 ⁹⁸
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,000 ⁰⁰	10,000 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))..	10,510 ⁹⁸	10,510 ⁹⁸
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10,510 ⁹⁸	10,510 ⁹⁸

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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)	, 19,640.00	, 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)	, 19,640.00	, 19,640.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 510.98	, 510.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	, , 0	, , 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 510.98	, 510.98

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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	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	

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 Referred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Ham, Kenneth</u>		Date of Receipt <u>01 ' 04 ' 2010</u>
Mailing Address <u>One Union Square</u>		Amount of Each Receipt this Period <u>600.00</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>Pres. CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>600.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Fanniello, Cara</u>		Date of Receipt <u>09 ' 11 ' 2010</u>
Mailing Address <u>300 American Metro Blvd.</u>		Amount of Each Receipt this Period <u>400.00</u>
City <u>Hamilton</u>	State <u>NJ</u> Zip Code <u>08049</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Consolidated Services</u>	Occupation <u>Vice Pres.</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>400.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Graham, Rachel</u>		Date of Receipt <u>01 ' 12 ' 2010</u>
Mailing Address <u>8350 N. Central Expressway</u>		Amount of Each Receipt this Period <u>700.00</u>
City <u>Dallas</u>	State <u>TX</u> Zip Code <u>75246</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Edm PPO</u>	Occupation <u>Pres. COO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>700.00</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: PAGE 2 OF 2

(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) Atkinson, Brian

Mailing Address 1100 First Ave

City King of Prussia State PA Zip Code 19406

FEC ID number of contributing federal political committee. C

Name of Employer Deacon Health Services Occupation Pres. COO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 1,300.00

Date of Receipt 01 '13 '2010

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial) English, Annette

Mailing Address 1921 Las Vegas Blvd

City Las Vegas State NV Zip Code 89104

FEC ID number of contributing federal political committee. C

Name of Employer Amer. Benefit Plan Occupation Sr. Vice Pres.

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 1,400.00

Date of Receipt 01 '21 '2010

Amount of Each Receipt this Period 1,400.00

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

Mailing Address PO Box 10972

City Tampa State FL Zip Code 33679

FEC ID number of contributing federal political committee. C

Name of Employer INETCO Occupation Pres: CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 400.00

Date of Receipt 01 '26 '2010

Amount of Each Receipt this Period 400.00

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: (check only one)		PAGE 3 OF 10	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) <u>Green case, Karen</u>		Date of Receipt <u>01 ' 27 ' 2010</u>
Mailing Address <u>4007 Ebenezer Church Rd</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Memphis</u>	State <u>IN</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>500.00</u>
Name of Employer <u>AAPPO</u>	Occupation <u>Pres. CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <u>Atkinson, Brian</u>		Date of Receipt <u>01 ' 31 ' 2010</u>
Mailing Address <u>1100 First Ave</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>King of Prussia</u>	State <u>PA</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>1,300.00</u>
Name of Employer <u>Devon Health Services</u>	Occupation <u>Pres. COO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <u>Bennett, George</u>		Date of Receipt <u>01 ' 31 ' 2010</u>
Mailing Address <u>1100 Circle Parkway</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Atlanta</u>	State <u>GA</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Aggregate Year-to-Date <u>500.00</u>
Name of Employer <u>First Health</u>	Occupation <u>President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 **9** OF **10**
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial) **Bridgman, Mark**
Mailing Address **1926 Northlake Pkwy**
City **Tucker** **State** **GA** **Zip Code** **30084**
Date of Receipt **01/31/2010**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **440.00**
Name of Employer **Activ Healthcare** **Occupation** **Exe. Director**
Receipt For:
 Primary General
 Other (specify) **Aggregate Year-to-Date** **440.00**

B. Full Name (Last, First, Middle Initial) **Brown, Erik**
Mailing Address **South Broad Avenue**
City **Los Angeles** **State** **CA** **Zip Code** **90071**
Date of Receipt **01/31/2010**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **400.00**
Name of Employer **Medversent** **Occupation** **Vice President**
Receipt For:
 Primary General
 Other (specify) **Aggregate Year-to-Date** **400.00**

C. Full Name (Last, First, Middle Initial) **Ciarrocchi, Michael**
Mailing Address **1st Farmington Avenue**
City **Hartford** **State** **CT** **Zip Code** **06156**
Date of Receipt **01/31/2010**
FEC ID number of contributing federal political committee. **C**
Amount of Each Receipt this Period **500.00**
Name of Employer **Cofinity** **Occupation** **General Manager**
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).....▶

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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 5 OF 10	
	<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) Clark, Steven		Date of Receipt 01/31/2010
Mailing Address 2736 Meadow Church Road		Amount of Each Receipt this Period 400.00
City Duluth	State GA Zip Code 30097	
FEC ID number of contributing federal political committee. C		
Name of Employer Healthcare Solutions	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Falcone, Charlie		Date of Receipt 01/31/2010
Mailing Address 100 South Bedford Road		Amount of Each Receipt this Period 240.00
City Mt. Kisco	State NY Zip Code 10549	
FEC ID number of contributing federal political committee. C		
Name of Employer The Lungen Group	Occupation Partner	
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) Farrarworth, Onemill		Date of Receipt 01/31/2010
Mailing Address 654 N. Sem Houston Pkwy		Amount of Each Receipt this Period 500.00
City Houston	State TX Zip Code 77060	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Help	Occupation Pres: CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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: (check only one)	PAGE 6 OF 10
	<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 Products Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) Fernsworth, Cheryl		Date of Receipt 01/07/2010
Mailing Address 654 N. Sam Houston Pkwy		Amount of Each Receipt this Period 200.00
City Austin	State TX	
FEC ID number of contributing federal political committee. C		
Name of Employer HealthHelp	Occupation Pres. CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B. Full Name (Last, First, Middle Initial) Harad, Code		Date of Receipt 01/31/2010
Mailing Address 7557 Rambler Road		Amount of Each Receipt this Period 400.00
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		
Name of Employer Crhe HealthData	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Lungen, Richard		Date of Receipt 01/31/2010
Mailing Address 100 South Bedford Road		Amount of Each Receipt this Period 400.00
City mt. kisco	State NY	
FEC ID number of contributing federal political committee. C		
Name of Employer The Lungen	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 7 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 Preferred Provider
Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Mauzey, David</u>		Date of Receipt <u>01 ' 31 ' 2010</u>
Mailing Address <u>11633 Dallas Pkwy</u>		Amount of Each Receipt this Period <u>, 490.00</u>
City <u>Addicks</u>	State <u>TX</u> Zip Code <u>75022</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Proone</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>, 490.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Smith, Sean</u>		Date of Receipt <u>01 ' 31 ' 2010</u>
Mailing Address <u>Two Concourse Pkwy</u>		Amount of Each Receipt this Period <u>1,000.00</u>
City <u>Atlanta</u>	State <u>GA</u> Zip Code <u>30328</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Coalition America</u>	Occupation <u>Chairman/CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>1,000.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Bigsby, Bruce</u>		Date of Receipt <u>08 ' 10 ' 2010</u>
Mailing Address <u>6975 Shiloh Road East</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>Alpharetta</u>	State <u>GA</u> Zip Code <u>30005</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Global Care</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>, 500.00</u>	

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

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

10030314544

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

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

FOR LINE NUMBER: PAGE 8 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) **Catino, Annette**
 Mailing Address **30 Knightsbridge Road**
 City **Piscataway** State **NJ** Zip Code **08854**
 Date of Receipt **02 ' 10 ' 2010**
 Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Walcore** Occupation **Pres. CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

B. Full Name (Last, First, Middle Initial) **Hamm, Kenneth**
 Mailing Address **One Union Square Building**
 City **Seattle** State **WA** Zip Code **98101**
 Date of Receipt **02 ' 10 ' 2010**
 Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **First Choice Health** Occupation **Pres. CEO**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) **Herdin, Loreine**
 Mailing Address **711 High Street**
 City **Des Moines** State **IA** Zip Code **50392**
 Date of Receipt **02 ' 10 ' 2010**
 Amount of Each Receipt this Period **500.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Principal Financial** 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).....▶

10030314545

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) Alexy, Lisa		Date of Receipt 02 10 2010
Mailing Address 10209 Discovery Terrace		Amount of Each Receipt this Period 400.00
City Bradenton	State Zip Code FL 34212	
FEC ID number of contributing federal political committee. C		
Name of Employer Value Options	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) Hamalia, Eileen		Date of Receipt 02 10 2010
Mailing Address 2730 meadow Church Road		Amount of Each Receipt this Period 400.00
City Duluth	State Zip Code GA 30097	
FEC ID number of contributing federal political committee. C		
Name of Employer Cypress Care	Occupation Exec. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) Buss, William		Date of Receipt 02 10 2010
Mailing Address 3420 Torrance Blvd		Amount of Each Receipt this Period 580.00
City Torrance	State Zip Code CA 90503	
FEC ID number of contributing federal political committee. C		
Name of Employer SBI/PMG	Occupation Exe. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

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

10030314346

**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Redden, Michael		Date of Receipt 02 / 10 / 2010
Mailing Address 2200 E 9th Street		Amount of Each Receipt this Period , 500.00
City Cleveland	State Zip Code OH 44115	
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Mutual	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 500.00	

B. Full Name (Last, First, Middle Initial) Van Geisen, Keith		Date of Receipt 02 / 10 / 2010
Mailing Address 535 E Dient Road		Amount of Each Receipt this Period , 500.00
City Naperville	State Zip Code IL 60563	
FEC ID number of contributing federal political committee. C		
Name of Employer Vicost	Occupation FEC. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 500.00	

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).....▶

19,640.00

10030314347

**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	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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>Testmark Inc</u>		Date of Receipt <u>02 ' 10 ' 2010</u>
Mailing Address <u>400 Field Drive</u>		Amount of Each Receipt this Period <u>, 500.00</u>
City <u>Lake Forest</u>	State <u>IL</u> Zip Code <u>60045</u>	
FEC ID number of contributing federal political committee. <u>C00156166</u>		
Name of Employer	Occupation	
Receipt For: <input 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)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period
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		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period
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).....▶	<u>500.00</u>

10030314546

**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 4

<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 Powder Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Sun Trust Bank
Mailing Address: PO Box 622227
City: Orlando State: FL Zip Code: 32862
Purpose of Disbursement: bank fees
Candidate Name: _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

Date of Disbursement: 01 '04' 2010
Amount of Each Disbursement this Period: 35.00

B.

Sun Trust Bank
Mailing Address: PO Box 622227
City: Orlando State: FL Zip Code: 32862
Purpose of Disbursement: bank fees
Candidate Name: _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

Date of Disbursement: 01 '05' 2010
Amount of Each Disbursement this Period: 20.00

C.

Sun Trust Bank
Mailing Address: PO Box 622227
City: Orlando State: FL Zip Code: 32862
Purpose of Disbursement: bank fees
Candidate Name: _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____
State: _____ District: _____

Date of Disbursement: 01 '05' 2010
Amount of Each Disbursement this Period: 60.00

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

10030314549

**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 4

<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. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>01</u> ^M <u>26</u> ^D <u>2010</u> ^Y
City <u>Orlando</u>	State <u>FL</u>	Amount of Each Disbursement this Period
Zip Code <u>32862</u>		
Purpose of Disbursement <u>bank fees</u>		4.95
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>01</u> ^M <u>29</u> ^D <u>2010</u> ^Y
City <u>Orlando</u>	State <u>FL</u>	Amount of Each Disbursement this Period
Zip Code <u>32862</u>		
Purpose of Disbursement <u>bank fees</u>		12.00
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>03</u> ^M <u>02</u> ^D <u>2010</u> ^Y
City <u>Orlando</u>	State <u>FL</u>	Amount of Each Disbursement this Period
Zip Code <u>32862</u>		
Purpose of Disbursement <u>bank fees</u>		26.40
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

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

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

10030314550

**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 4

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

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

Full Name (Last, First, Middle Initial)

A. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO BOX 622227</u>		<u>03' 03' 2010</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>141.83</u>
State: _____	District: _____	Category/Type

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO BOX 622227</u>		<u>02' 02' 2010</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>25.00</u>
State: _____	District: _____	Category/Type

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO BOX 622227</u>		<u>02' 02' 2010</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank fees</u>	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<u>40.00</u>
State: _____	District: _____	Category/Type

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

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

10030314551

**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 4 OF 4

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 Reader
Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank
Mailing Address PO Box 622227
City Orlando State FL Zip Code 32862
Purpose of Disbursement bank fees
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) State: _____ District: _____

Date of Disbursement

02 ' 03 ' 2010

Amount of Each Disbursement this Period

139.25

B. SunTrust Bank
Mailing Address PO Box 622227
City Orlando State FL Zip Code 32862
Purpose of Disbursement bank fees
Candidate Name _____
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) State: _____ District: _____

Date of Disbursement

02 ' 26 ' 2010

Amount of Each Disbursement this Period

4.95

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

510.98

1003031452

**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. National Republican Senatorial Committee

Mailing Address

445 2nd Street NE

City **Washington** State **DC** Zip Code **20002**

Purpose of Disbursement

contribution

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

03/11/2010

Amount of Each Disbursement this Period

10,000.00

B. 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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

10,000.00

10030314553

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked <i>4/15/10</i>
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 checked="" type="checkbox"/> Other (Specify): <i>RECEIVED FROM RAD</i>	Date of Receipt or Postmarked <i>4/27/10</i>

Jm P
 PREPARER

4/27/10
 DATE PREPARED

10030314554