

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM

2001 JUL 31 A 11:10

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, NW, Suite 900

Check if different than previously reported. (ADC) Washington DC 20004

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

C 00352922 **NEW** **OFF** **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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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 01 01 2001 through 06 30 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, Assistant Treasurer

Signature of Treasurer *K Greenrose* Date 07 27 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

Office Use Only

FEC FORM 3X
(Revised 1/01)

**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: 01 01 2001 To: 06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2001</u>		1243.40
(b) Cash on Hand at Beginning of Reporting Period	1243.40	
(c) Total Receipts (from Line 19)	7126.00	7126.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8369.40	8369.40
7. Total Disbursements (from Line 30)	2236.13	2236.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6133.27	6133.27
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 (Revised 1/01)

Page 3

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

Report Covering the Period: From: 01 01 2001 To: 06 30 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)	6126.00	
(ii) Unitemized	0	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	6126.00	6126.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	7126.00	7126.00
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 36, page 4)	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 Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7126.00	7126.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	7126.00	7126.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 8X (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)	0	0
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	736.13	736.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	736.13	736.13
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	1500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	2236.13	2236.13
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	2236.13	2236.13
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	7126.00	7126.00
33. Total Contribution Refunds (from Line 28(d))	0	0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	7126.00	7126.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	736.13	736.13
36. Offsets to Operating Expenditures (from Line 16, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	736.13	736.13

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

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

FOR LINE NUMBER:		PAGE 1 OF 7	
<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	

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. Donald Moyle		Date of Receipt 02 06 2001
Mailing Address 122 E. 82nd. Street, Apt. 98		Amount of Each Receipt this Period 100.00
City New York	State Zip Code NY 10028	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 135.00
Name of Employer Beechstreet	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin Hickey		Date of Receipt 02 06 2001
Mailing Address 72 Ridgebury Road		Amount of Each Receipt this Period 250.00
City Avon	State Zip Code CT 06001	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00
Name of Employer IntelliClaim	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cherrill Lewy		Date of Receipt 02 02 2001
Mailing Address 6206 Memorial Drive		Amount of Each Receipt this Period 500.00
City Houston	State Zip Code TX 77007	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer HealthHelp	Occupation President	
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) _____ ▶

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

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

FOR LINE NUMBER: (check only one)		PAGE 2 OF 7						
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donald Moyje		Date of Receipt 02 06 2001
Mailing Address 122 E. 82nd Street, Apt. 9B		Amount of Each Receipt this Period 35.00
City New York	State Zip Code NY 10028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 135.00
Name of Employer Beechstreet	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 135.00	

Full Name (Last, First, Middle Initial) B. William Ross		Date of Receipt 02 06 2001
Mailing Address 15 Yarrow		Amount of Each Receipt this Period 200.00
City Aliso Viejo	State Zip Code CA 92656	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer SBIPMG	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Pamela Emerson		Date of Receipt 02 06 2001
Mailing Address 168 Damron Creek Spur		Amount of Each Receipt this Period 36.00
City Russell	State Zip Code KY 42642	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
Name of Employer Comm. of Kentucky	Occupation Legal Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 36.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 3 OF 7	
	(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**

Full Name (Last, First, Middle Initial) A. Ralph Morocco, Jr.		Date of Receipt 02 05 2001
Mailing Address 13415 N 72nd Street		Amount of Each Receipt this Period 250.00
City Omaha	State Zip Code NE 68122	
FEC ID number of contributing federal political committee. C		
Name of Employer Midlands Health Partn.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Harvey Nix		Date of Receipt 02 07 2001
Mailing Address 511 Stonecrest Drive		Amount of Each Receipt this Period 100.00
City Birmingham	State Zip Code AL 35242	
FEC ID number of contributing federal political committee. C		
Name of Employer CSC	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Charles Simpson		Date of Receipt 02 07 2001
Mailing Address 3990 SW Lafollett Road		Amount of Each Receipt this Period 800.00
City Cornelius	State Zip Code OR 97113	
FEC ID number of contributing federal political committee. C		
Name of Employer Complementary Healthcare	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

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

FOR LINE NUMBER: **PAGE 4 OF 7**
(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 Provider Organizations Political Action Committee**

A. Russell Eckles
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1609 Lakeview Avenue**
 City: **Sylvan** State: **MI** Zip Code: **48320**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **PPDM** Occupation: **COO**
 Receipt For: Primary General Other (specify) **▼**
 Aggregate Year-to-Date: **500.00**
 Date of Receipt: **02 06 2001**
 Amount of Each Receipt this Period: **500.00**

B. Karen Greenrose
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2101 Skyview Drive**
 City: **Borden** State: **IN** Zip Code: **47106**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AAPPO** Occupation: **President**
 Receipt For: Primary General Other (specify) **▼**
 Aggregate Year-to-Date: **1455.00**
 Date of Receipt: **02 04 2001**
 Amount of Each Receipt this Period: **500.00**

C. Claudia Kattrick
 Full Name (Last, First, Middle Initial)
 Mailing Address: **8304 NE 26 Avenue**
 City: **Vancouver** State: **WA** Zip Code: **98665**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Corvel Corp.** Occupation: **Vice President**
 Receipt For: Primary General Other (specify) **▼**
 Aggregate Year-to-Date: **250.00**
 Date of Receipt: **02 06 2001**
 Amount of Each Receipt this Period: **250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: **PAGE 5 OF 7**
(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 Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. William Ross		Date of Receipt 01 15 2001	
Mailing Address 15 Yarrow		Amount of Each Receipt this Period 500.00	
City Aliso Viejo	State CA	Zip Code 92656	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Name of Employer SBIPMG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Executive Director	
		Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) B. Richard Brinkley		Date of Receipt 01 29 2001	
Mailing Address 8329 NW Hawkins Blvd.		Amount of Each Receipt this Period 250.00	
City Portland	State OR	Zip Code 97229	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Name of Employer Complementary Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation CEO	
		Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Karen Greenrose		Date of Receipt 02 26 2001	
Mailing Address 2101 Skyview Drive		Amount of Each Receipt this Period 55.00	
City Borden	State IN	Zip Code 47106	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C		Name of Employer AAPPO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President	
		Aggregate Year-to-Date ▼ 1455.00	

SUBTOTAL of Receipts This Page (optional) ▶

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 7
(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 Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial)
Karen Greenrose

Mailing Address
2101 Skyview Drive

City State Zip Code
Borden IN 47106

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
AAPPO President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1455.00

Date of Receipt
02 26 2001

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Janice Walker

Mailing Address
25500 Commercentre Drive

City State Zip Code
Lake Forest CA 92630

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Beechstreet Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 02 2001

Amount of Each Receipt this Period
250.00

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

Mailing Address
1014 Thoroughbred Circle

City State Zip Code
St. Charles IL 60174

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Beechstreet Healthcare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 02 2001

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) _____ ▶

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 7

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Harvey Eichner		Date of Receipt 02 / 02 / 2001
Mailing Address PO Box 19650		Amount of Each Receipt this Period 250.00
City Irvine	State CA	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 250.00
Name of Employer Beechstreet	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Andrea Gioia		Date of Receipt 02 / 20 / 2001
Mailing Address 22550 Oregon City Loop		Amount of Each Receipt this Period 100.00
City West Linn	State OR	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 100.00
Name of Employer Complementary Healthcare	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date
Name of Employer	Occupation	
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) _____

6126.00

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)

<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" 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**

A. Full Name (Last, First, Middle Initial) **CIGNA Corp. Political Action Committee**

Mailing Address
1650 Market Street

City **Philadelphia** State **PA** Zip Code **19192**

FEC ID number of contributing federal political committee. **C 00085316**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 15 2001

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt _____

Amount of Each Receipt this Period _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional) _____

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

1000.00

**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 1 OF 4

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. SunTrust Bank		Date of Disbursement 01 30 2001
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.00
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Electronic Funds Debit		001 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. SunTrust Bank		Date of Disbursement 01 31 2001
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 11.00
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Account Maintenance Fee		001 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. SunTrust Bank		Date of Disbursement 02 02 2001
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.00
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Electronic Funds Debit		001 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)		

**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

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

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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 02 28 2001
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 11.00
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Account Maintenance Fee		Category/ Type 001
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. SunTrust Bank		Date of Disbursement 03 02 2001
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.90
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Electronic Funds Debit		Category/ Type 001
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. SunTrust Bank		Date of Disbursement 04 03 2001
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 38.23
City Richmond	State Zip Code VA 23285	
Purpose of Disbursement Electronic Funds Debit		Category/ Type 001
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)						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"/> 29	
	<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c			

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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 05 02 2001	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.00	
City Richmond	State VA	Zip Code 23285	Category/ Type 001
Purpose of Disbursement Electronic Funds Debit		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. SunTrust Bank		Date of Disbursement 06 04 2001	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.00	
City Richmond	State VA	Zip Code 23285	Category/ Type 001
Purpose of Disbursement Electronic Funds Debit		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. Karen Shuler Stakem		Date of Disbursement 01 30 2001	
Mailing Address 48 Poplar Avenue		Amount of Each Disbursement this Period 275.00	
City Wheeling	State WV	Zip Code 26003	Category/ Type 001
Purpose of Disbursement Federal Election Compliance		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)

PAGE 4 OF 4

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

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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. Karen Shuler Stakem		Date of Disbursement 04 01 2001	
Mailing Address 48 Poplar Avenue		Amount of Each Disbursement this Period 225.00	
City Wheeling	State WV	Zip Code 26003	Category/ Type 001
Purpose of Disbursement Federal Election Compliance			
Candidate Name		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	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		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) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement			
Candidate Name		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:		
SUBTOTAL of Disbursements This Page (optional)		736.13	
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 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"/> 28
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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) Gordon Smith for Senate

Date of Disbursement: 03/01/2001

Mailing Address: 920 S.W. 6th Avenue, Suite 1250

City: Portland State: OR Zip Code: 97204

Purpose of Disbursement: Contribution

Candidate Name: Gordon Smith

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: OR District:

Amount of Each Disbursement this Period: 500.00

Category/Type: 011

B. Full Name (Last, First, Middle Initial) Majority Leader's Fund

Date of Disbursement: 06/15/2001

Mailing Address: 209 Pennsylvania Avenue, S.E.

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Contribution

Candidate Name: Majority Leader's Fund

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

