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2004 APR 20 A 0:09
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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (or filer) TYPE OF ENTITY Example: R Typing, 500 over the line. 12FE4M5
American Association of Preferred Provider Organizations
Political Action Committee

ADDRESS (number and street) PO Box 429
Jeffersonville IN 47131-10429

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 00352922 9. IS THIS REPORT NEW OR AMENDED (A)
XX NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) Non-Election Year Only
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) Non-Election Year Only
X April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 20 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for this	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	CONVENTION (12C)	Special (12S)		
January 31 Year-End Report (YE)	Election on			in the State of
July 31 Mid-Year Report (Non-Election Year Only) (MY)	(d) 30-Day POST-Election Report for this	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on			in the State of

5. Covering Period 01 01 2004 through 03 31 2004

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 *Karen Greenrose* Date 04 14 2004

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only
FEC FORM 3X (Rev. 02/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 09/2003)

Page 2

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

Report Covering the Period: From: **01 ' 01 ' 2004** To: **03 ' 31 ' 2004**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		8,329.84
(b) Cash on Hand at Beginning of Reporting Period	8,329.84	
(c) Total Receipts (from Line 19)	10,030.00	10,030.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18,359.84	18,359.84
7. Total Disbursements (from Line 31)	2,456.50	2,456.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15,903.34	15,903.34
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 non-candidate committee. (see FEC FORM 10)

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 30X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: 01 / 01 / 2004 To: 03 / 31 / 2004

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 (see Schedule A)	3,550.00	
(ii) Unitemized	6,480.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	10,030.00	10,030.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 6)	10,030.00	10,030.00
12. Transfers from Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 6)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10,030.00	10,030.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10,030.00	10,030.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	456.50	456.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	456.50	456.50
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00
24. Independent Expenditures (Use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §447a(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 (except 501(c)(3))	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §451(20))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely with Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2,456.50	2,456.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2,456.50	2,456.50

DETAILED SUMMARY PAGE

of Disbursements

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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 6)	, 10,030.00	, 10,030.00
34. Total Contribution Reimburs (from Line 29(d))	, 0.00	, 0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 10,030.00	, 10,030.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 456.50	, 456.50
37. Offsets to Operating Expenditures (from Line 15, page 0)	, 0.00	, 0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 456.50	, 456.50

**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 1 OF 5	
<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 used 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 contributors.

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

Full Name (Last, First, Middle Initial) A. Bird, Jon		Date of Receipt M / D / Y <u>01 / 06 / 2004</u>
Mailing Address <u>25500 Commercecenter</u>		Amount of Each Receipt this Period <u>400.00</u>
City <u>Lake Forest</u>	State Zip Code <u>CA 92630</u>	
FEC ID number of contributing federal political committee <u>C</u>		Amount of Each Receipt this Period <u>400.00</u>
Name of Employer <u>Beech Street</u>	Occupation <u>Sr. VP & CFO</u>	
Receipt For: <input 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. Bundgus, Burt		Date of Receipt M / D / Y <u>02 / 18 / 2004</u>
Mailing Address <u>1100 Superior Avenue</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Cleveland</u>	State Zip Code <u>OH 44114</u>	
FEC ID number of contributing federal political committee <u>C</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>Emerald Health</u>	Occupation <u>Chairman</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>200.00</u>	

Full Name (Last, First, Middle Initial) C. Deville, Greg		Date of Receipt M / D / Y <u>01 / 05 / 2004</u>
Mailing Address <u>25500 Commercecenter</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Lake Forest</u>	State Zip Code <u>CA 92630</u>	
FEC ID number of contributing federal political committee <u>C</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>Beech Street</u>	Occupation <u>Sr. Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>200.00</u>	

SUBTOTAL of Receipts This Page (optional) ▶	1	2	*
TOTAL This Period (last page this line number only) ▶	1	1	*

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

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

FORM LINE NUMBER: (check only one)		PAGE 2 OF 5	
<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. Flowers, Harriett		Date of Receipt M O Y 02 17 2004
Mailing Address 13750 Noel Road, Suite 1100		Amount of Each Receipt this Period 200.00
City Dallas	State Zip Code TX 75240	
FEC ID number of contributing federal political committee. C		
Name of Employer ClaimShop	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Hensley, Joseph		Date of Receipt M O Y 01 05 2004
Mailing Address 12750 Marit Drive, Suite 500		Amount of Each Receipt this Period 200.00
City Dallas	State Zip Code TX 75251	
FEC ID number of contributing federal political committee. C		
Name of Employer ppoOne	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Hillebert, Jaxene		Date of Receipt M O Y 02 18 2004
Mailing Address 101 Corporate Center		Amount of Each Receipt this Period 250.00
City Phoenix	State Zip Code AZ 85024	
FEC ID number of contributing federal political committee. C		
Name of Employer Preferred Therapy	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 3 OF 5	
<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 1d
<input type="checkbox"/> 1e	<input type="checkbox"/> 1f	<input type="checkbox"/> 1g	<input type="checkbox"/> 1h

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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. Markus, Rick		Date of Receipt M O N T H Y E A R 01 23 2004
Mailing Address 25500 Commercecenter		Amount of Each Receipt this Period , 200.00
City Lake Forest	State Zip Code CA 92630	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period , 200.00
Name of Employer Beech Street	Occupation Executive VP	
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. Ross, William		Date of Receipt M O N T H Y E A R 02 17 2004
Mailing Address 3480 Torrance Blvd.		Amount of Each Receipt this Period , 200.00
City Torrance	State Zip Code CA 90503	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period , 200.00
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 ▼ , 200.00	

Full Name (Last, First, Middle Initial) C. Ryan, Donald		Date of Receipt M O N T H Y E A R 01 23 2004
Mailing Address 169 Myers Corners Road		Amount of Each Receipt this Period , 300.00
City Happingers Falls	State Zip Code NY 12590	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period , 300.00
Name of Employer Care Core National	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 5

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	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. Sheedy, Scott		Date of Receipt 01 / 05 / 2004
Mailing Address 3500 Blue Lake Drive		Amount of Each Receipt this Period 200.00
City Birmingham	State Zip Code AL 35242	
FEC ID number of contributing federal political committee C		
Name of Employer Health Choice Alabama	Occupation CEO	
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. Slocum, Ben		Date of Receipt 02 / 18 / 2004
Mailing Address 3075 E. Thousand Oaks		Amount of Each Receipt this Period 400.00
City Thousand Oaks	State Zip Code CA 91362	
FEC ID number of contributing federal political committee C		
Name of Employer Health Network Systems	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Stribley, Lucy		Date of Receipt 01 / 15 / 2004
Mailing Address 11010 Wootton Park		Amount of Each Receipt this Period 200.00
City Rockville	State Zip Code MD 20852	
FEC ID number of contributing federal political committee C		
Name of Employer Booz-Allen-Hamilton	Occupation Principal	
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) ▶

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

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

FOR LINE NUMBER: PAGE 5 OF 5
(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. Tikker, Blair
 Full Name (Last, First, Middle Initial)
 Mailing Address: **6501 S. Fiddler's Green**
 City: **Greenwood Village** State: **CO** Zip Code: **80111**
 Date of Receipt: **02 / 18 / 2004**
 Amount of Each Receipt This Period: **200.00**
 Name of Employer: **Sloans Lake Manor** Occupation: **CEO**
 Receipt For: Primary General Other (specify) **200.00**
 Aggregate Year-to-Date **200.00**
 FEC ID number of contributing federal political committee: **C**

B. White, Robert
 Full Name (Last, First, Middle Initial)
 Mailing Address: **777 Front Street**
 City: **San Diego** State: **CA** Zip Code: **92101**
 Date of Receipt: **02 / 18 / 2004**
 Amount of Each Receipt This Period: **200.00**
 Name of Employer: **American Speciality** Occupation: **COO**
 Receipt For: Primary General Other (specify) **200.00**
 Aggregate Year-to-Date **200.00**
 FEC ID number of contributing federal political committee: **C**

C. Zybeman, Jay
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1100 Superior Avenue**
 City: **Cleveland** State: **OH** Zip Code: **44114**
 Date of Receipt: **02 / 18 / 2004**
 Amount of Each Receipt This Period: **200.00**
 Name of Employer: **Emerald Health** Occupation: **Vice Chairman**
 Receipt For: Primary General Other (specify) **200.00**
 Aggregate Year-to-Date **200.00**
 FEC ID number of contributing federal political committee: **C**

SUBTOTAL of Receipts This Page (optional) **3,550.00**
TOTAL This Period (add 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 1 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	<input type="checkbox"/> 30a

Any information copied from such reports and statements may not be used 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) Karen Shuler Stokem		Date of Disbursement 03 / 10 / 2004
Mailing Address 48 Poplar Avenue		Amount of Each Disbursement This Period 250.00
City Wheeling	State Zip Code WV 26003	
Purpose of Disbursement Federal Election Compliance		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:		

B. Full Name (Last, First, Middle Initial) SunTrust		Date of Disbursement 01 / 05 / 2004
Mailing Address PO Box 622227		Amount of Each Disbursement This Period 35.00
City Orlando	State Zip Code FL 32862	
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:		

C. Full Name (Last, First, Middle Initial) SunTrust		Date of Disbursement 02 / 03 / 2004
Mailing Address PO Box 622227		Amount of Each Disbursement This Period 89.93
City Orlando	State Zip Code FL 32862	
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

FDR LINE NUMBER:
(check only one)

PAGE 2 OF 3

21b 22 23 24 25 26
 27 28 29 30

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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		Date of Disbursement M M Y Y 02 23 2004
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 3.25
City Orlando	State Zip Code FL 32862	
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) B. SunTrust		Date of Disbursement M M Y Y 02 26 2004
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 4.50
City Orlando	State Zip Code FL 32862	
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		Date of Disbursement M M Y Y 03 02 2004
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 69.32
City Orlando	State Zip Code FL 32862	
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 3

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

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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

Date of Disbursement

03 / 26 / 2004

Mailing Address
PO BOX

City Orlando State FL Zip Code 32862

Purpose of Disbursement
Electronic Funds Debit

001

Amount of Each Disbursement this Period

Candidate Name

Category/Type

4.50

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

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

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

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Amount of Each Disbursement this Period

Candidate Name

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

SUBTOTAL of Disbursements This Page (optional) ▶

456.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBERS (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"/> 29
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28	<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. Bush - Cheney '04, Inc.		Date of Disbursement M O B D Y T Y Y 03 10 2004	
Mailing Address PO Box 10648		Amount of Each Disbursement This Period 2,000.00	
City Arlington	State VA		
Purpose of Disbursement Contribution		Category/Type	
Candidate Name George W. Bush			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M O B D Y T 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 O B D Y T 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)	2,000.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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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
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jin</i>	4/20/04
PREPARER	DATE PREPARED

(2/2004)