

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 10 ' 19 ' 2006 To: 11 ' 27 ' 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2006</u>		8,234.91
(b) Cash on Hand at Beginning of Reporting Period.....	1,790.68	
(c) Total Receipts (from Line 19).....	6,375.00	20,915.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8,165.68	29,149.91
7. Total Disbursements (from Line 31).....	41.00	21,025.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8,124.68	8,124.68
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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

Report Covering the Period: From: 10' 19' 2006 To: 11' 27' 2006

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).....	1,000.00	4,365.00
(ii) Unitemized.....	375.00	8,050.00
(ii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,375.00	12,415.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1,500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,375.00	13,915.00
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 5).....	5,000.00	5,000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2,000.00
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)).....▶	6,375.00	20,915.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6,375.00	20,915.00

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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	41.00	6,525.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41.00	6,525.23
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	12,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2,000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2,000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41.00	21,025.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	41.00	21,025.23

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2009)

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)	1,375.00	13,915.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2,000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,375.00	11,915.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41.00	6,525.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	5,000.00	5,000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4,959.00	-1,525.23

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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
	<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**

A. Full Name (Last, First, Middle Initial) **Clark, Christian**

Mailing Address **4020 Park Street**

City **Saint Petersburg** State **FL** Zip Code **33709**

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

Name of Employer **Integrated Health Plan of Business Dev.** Occupation **DR.**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **520.00**

Date of Receipt **10 ' 19 ' 2006**

Amount of Each Receipt this Period **125.00**

B. Full Name (Last, First, Middle Initial) **Boss, William**

Mailing Address **3480 Torrance Blvd, Suite 220**

City **Torrance** State **CA** Zip Code **90503**

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

Name of Employer **SBI/AMG** Occupation **Executive Director**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **370.00**

Date of Receipt **10 ' 19 ' 2006**

Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial) **Lequeux, Blayne**

Mailing Address **One Lincoln Centre, Suite 300**

City **Dallas** State **TX** Zip Code **75240**

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

Name of Employer **DocuCap** Occupation **info requested**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **290.00**

Date of Receipt **10 ' 19 ' 2006**

Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional) **1,250.00**

TOTAL This Period (last page this line number only) **1,250.00**

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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 2 OF 2	
	<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) **Erin Ann Merrill**

Mailing Address **654 N. Sam Houston Pkwy, #340**

City **Houston** State **TX** Zip Code **77060**

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

Name of Employer **HealthHelp, LLC** Occupation **CEO/President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **395.00**

Date of Receipt **11/20/2006**

Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial) **Mares Charles**

Mailing Address **654 N. Sam Houston Pkwy #340**

City **Houston** State **TX** Zip Code **77060**

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

Name of Employer **HealthHelp, LLC** Occupation **Dr. Charles Mares**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **250.00**

Date of Receipt **11/20/2006**

Amount of Each Receipt this Period **250.00**

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) **1,000.00**

TOTAL This Period (last page this line number only) **1,000.00**

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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
	<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) SUSAN B. Komen Foundation-SWF

Mailing Address P.O. Box 3100357

City Ponite Springs State FL Zip Code 34130

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) refund of contribution

Aggregate Year-to-Date ▼

Date of Receipt
11 ' 09 ' 2006

Amount of Each Receipt this Period
5,000.00

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
M M / D D / Y Y Y Y

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
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ 5,000.00

TOTAL This Period (last page this line number only).....▶ 5,000.00

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**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	OF
	<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

A.

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

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement Electronic funds debit

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 10 26 2006

Amount of Each Disbursement this Period 4.50

B.

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

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement electronic funds debit

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 11 07 2006

Amount of Each Disbursement this Period 36.50

C.

Full Name (Last, First, Middle Initial) _____

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 _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional) 41.00

TOTAL This Period (last page this line number only) 41.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

E
 PREPARER
 (3/2005)

12/11/06
 DATE PREPARED

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