

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2007 FEB -2 AM 10:14

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

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 40202-1

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00352922

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

Table with 4 columns: (a) Quarterly Reports, (b) Monthly Report Due On, (c) 12-Day PRE-Election Report for the, (d) 30-Day POST-Election Report for the. Includes options like April 15, July 15, etc.

5. Covering Period 11 28 2006 through 12 31 2006

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 L. GREENROSE
Signature of Treasurer Karen L. Greenrose Date 01 31 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name American Association of Retired Proxier  
Organizations Political Action Committee

Report Covering the Period: From: 11 28 2006 To: 12 31 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2006</u>		8,234. <sup>91</sup>
(b) Cash on Hand at Beginning of Reporting Period.....	8,124. <sup>68</sup>	
(c) Total Receipts (from Line 19).....	1,500.00	22,665. <sup>00</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9,624. <sup>68</sup>	30,649. <sup>91</sup>
7. Total Disbursements (from Line 31).....	291. <sup>45</sup>	21,316. <sup>68</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,333. <sup>23</sup>	9,333. <sup>23</sup>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	000	

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

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**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 Comm. HPR

Report Covering the Period: From: 11 28 2006 To: 12 31 2006

NO  
CA  
PA  
IN  
NY  
NJ  
OH  
OR  
VA  
WA

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).....	250.00	4,615.00
(ii) Unitemized.....	1,500.00	9,550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,750.00	14,165.00
(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).....▶	1,750.00	15,665.00
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).....	0.00	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)).....▶	1,750.00	22,665.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,750.00	22,665.00

**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 .....	291.45	6,816.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	291.45	6,816.68
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 .....	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)) ..	291.45	21,316.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	291.45	21,316.68

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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) .....	1,750.00	15,665.00
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) .....	1,750.00	13,665.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	291.45	6,816.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	5,000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	291.45	-1,816.68

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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 1	OF 1
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 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) <u>Boysen, Craig</u>		Date of Receipt <u>12 07 2006</u>
Mailing Address <u>711 High Street</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>Des Moines</u>	State <u>IA</u> Zip Code <u>50392</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Principal Life Ins Co</u>	Occupation <u>CEO</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/> <u>250.00</u>	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/>	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer	Occupation	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <input type="checkbox"/>	

SUBTOTAL of Receipts This Page (optional)	<u>250.00</u>
TOTAL This Period (last page this line number only)	<u>250.00</u>

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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

21b  22  23  24  25  26  
 27  28a  28b  28c  29  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 Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>12 04 2006</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32802</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>36.95</u>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/Type
State: District:		

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>12 06 2006</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32802</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>250.00</u>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/Type
State: District:		

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 62227</u>		<u>12 26 2006</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32802</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>4.50</u>
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<u>291.45</u>
TOTAL This Period (last page this line number only).....▶	<u>291.45</u>

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**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 type="checkbox"/> USPS Priority Mail	Postmarked
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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>2/1/07</i>
Next Business Day Delivery <input checked="" 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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*EW* *2/2/07*

**PREPARER** **DATE PREPARED**

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