

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2012 OCT 17 AM 11:52 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street)

222 S. First Street Suite 303 Louisville KY 40202

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00352922

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)
[X] 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)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
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

07 01 2012 through 09 30 2012

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 10 15 2012

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

FEC FORM 3X Rev. 12/2004

12030912756

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name American Association of Referral Providers
Organizations Political Action Committee

Report Covering the Period: From: 07 01 2012 To: 09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2012</u>		13251.62
(b) Cash on Hand at Beginning of Reporting Period.....	7559.69	
(c) Total Receipts (from Line 19).....	200.00	15200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7759.69	28451.62
7. Total Disbursements (from Line 31).....	315.00	21006.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7444.69	7444.69
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

12030912757

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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

Report Covering the Period: From: 07' 01' 2012 To: 09' 30' 2012

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

200⁰⁰
0
200⁰⁰
0
0

8,430⁰⁰
6,770⁰⁰
15,200⁰⁰
0
0

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

200⁰⁰

15,200⁰⁰

12. Transfers From Affiliated/Other Party Committees.....

0
0

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).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0
0
0

0
0
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

200⁰⁰

15,200⁰⁰

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

200⁰⁰

15,200⁰⁰

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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
(ii) Non-Federal Share.....		0
(b) Other Federal Operating Expenditures	315 ⁰⁰	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	315 ⁰⁰	1,050 ⁹³
22. Transfers to Affiliated/Other Party Committees.....		0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		10,500 ⁰⁰
24. Independent Expenditures (use Schedule E)		0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		0
26. Loan Repayments Made.....		0
27. Loans Made.....		0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		0
(b) Political Party Committees		0
(c) Other Political Committees (such as PACs).....		0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		0
29. Other Disbursements		0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		0
(ii) "Levin" Share.....		0
(b) Federal Election Activity Paid Entirely With Federal Funds		0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	315 ⁰⁰	21,006 ⁹³
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	315 ⁰⁰	21,006 ⁹³

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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 3)	200.00	15,200.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	200.00	15,200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	315.00	10,506.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	315.00	10,506.93

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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) Sanchez, Richard Date of Receipt 09 '20' 2012

Mailing Address 19321 C US Highway 19 North

City Clearwater State FL Zip Code 33764

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period 200.00

Name of Employer _____ Occupation _____

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

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

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period _____

Name of Employer _____ Occupation _____

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

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

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period _____

Name of Employer _____ Occupation _____

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

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

TOTAL This Period (last page this line number only).....▶ 200.00

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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 1 OF 2

<input 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 Provider
Organizers Political Action Committee

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

01 ' 03 ' 2012

Mailing Address

PO BOX 622227

City

Orlando

State

FL

Zip Code

32802

Purpose of Disbursement

bank fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. SunTrust Bank

Date of Disbursement

01 ' 03 ' 2012

Mailing Address

PO BOX 622227

City

Orlando

State

FL

Zip Code

32802

Purpose of Disbursement

bank fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Date of Disbursement

08 ' 02 ' 2012

Mailing Address

PO BOX 622227

City

Orlando

State

FL

Zip Code

32802

Purpose of Disbursement

bank fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

315.00

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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 2 OF 2
	<input 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 Retired Workers
Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 08 ' 03 ' 2012
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 85.00
City Orlando	State FL Zip Code 32862	
Purpose of Disbursement bank fees	Candidate Name	Category/ Type
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 09 ' 04 ' 2012
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 85.00
City Orlando	State FL Zip Code 32862	
Purpose of Disbursement bank fees	Candidate Name	Category/ Type
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 09 ' 05 ' 2012
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 20.00
City Orlando	State FL Zip Code 32862	
Purpose of Disbursement	Candidate Name	Category/ Type
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).....▶	

12030912763

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
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/15/12</i>
<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

JAP
 PREPARER

10/17/12
 DATE PREPARED

12030912764