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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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) **PO BOX 429**

Check if different than previously reported. (ACC) **Jeffersonville** **IN** **47131** **0429**

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

C 00352922

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)
- 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:

| | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period **1/23/2004** through **12/31/2004**

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 **Raren Greenrose, Asst. Treasurer**

Signature of Treasurer *Raren Greenrose* Date **01/27/2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2005)

Page 2

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

Report Covering the Period: From: **11 23 2004** To: **12 31 2004**

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2004 | | 8,329.64 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 7,643.69 | |
| (c) Total Receipts (from Line 19)..... | 1,000.00 | 13,830.00 |
| (d) Subtotal (add Lines 8(b) and (c) for Column A and Lines (a) and 5(c) for Column B)..... | 8,643.69 | 22,159.64 |
| 7. Total Disbursements (from Line 8)..... | 164.98 | 13,681.13 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 8,478.71 | 8,478.71 |
| 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
990 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: **11/23/2003** To: **12/31/2004**

| 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)..... | 700.00 | 5,950.00 |
| (ii) Unitemized..... | 300.00 | 7,880.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 1,000.00 | 13,830.00 |
| (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)(i), (ii), and (b), and (c)) (Carry Total to Line 32, page 5).....▶ | 1,000.00 | 13,830.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received..... | 0.00 | 0.00 |
| 14. Loan Pledgments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Total to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Refunds (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds: | | |
| (a) Non-Federal Account (from Schedule H?)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule HS)..... | 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)).....▶ | 1,000.00 | 13,830.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 1,000.00 | 13,830.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 1X (Rev. 02/2003)

Page 4

| B. 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 | 164.98 | 1,681.13 |
| | (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 164.98 | 1,681.13 |
| 22 | Transfers to Affiliated Other Party Committees | 0.00 | 0.00 |
| 23 | Contributions to Federal Candidates/Committees and Other Political Committees | 0.00 | 12,000.00 |
| 24 | Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25 | Coordinated Party Expenditures (2 U.S.C. §447a(3)) (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 | 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. §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)) | 164.98 | 13,681.13 |
| 32 | Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31) | 164.98 | 13,681.13 |

DETAILED SUMMARY PAGE
of Disbursements

PEC Form 3X (Rev. 03/2003)

Page 3

| B. 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) | 1,000.00 | 13,830.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1,000.00 | 13,830.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)) | 164.98 | 1,681.13 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 164.98 | 1,681.13 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

 FOR LINE NUMBER: PAGE 1 OF 2
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from each Report and Statement may not be sold or used by any person for the purpose of making 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

| | | | |
|---|-------------|--|--|
| A. Full Name (Last, First, Middle Initial) Battjes, Sue | | Date of Receipt 12 17 2004 | |
| Mailing Address 1000 Middle Street | | Amount of Each Receipt this Period 100.00 | |
| City Middletown | State CT | Zip Code 06457 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Aetna | | Occupation Credentialing Health | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 200.00 | |
| B. Full Name (Last, First, Middle Initial) Costa, Dawn | | Date of Receipt 12 08 2004 | |
| Mailing Address 333 Quality Drive | | Amount of Each Receipt this Period 300.00 | |
| City Ranch Cardova | State CA | Zip Code 95670 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer VSP | | Occupation Info. Requested | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |
| C. Full Name (Last, First, Middle Initial) Dileva, Lisa | | Date of Receipt 12 17 2004 | |
| Mailing Address 3480 Torrance Blvd., Suite 220 | | Amount of Each Receipt this Period 200.00 | |
| City Torrance | State CA | Zip Code 90503 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer South Bay Independent | | Occupation Dir. of Operations | |
| 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 Summary Page

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

Any information copied from such Receipts 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 committee.

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

| | | | |
|---|-------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Stolz, Sid | | Date of Receipt 12 14 2004 | |
| Mailing Address 1300 I Street, NW, Suite 525 | | Amount of Each Receipt this Period 100.00 | |
| City Washington | State DC | | |
| FEC ID number of contributing federal political committee C | | | |
| Name of Employer Caremark | Occupation Senior Vice President | | |
| Receipt For: Primary : General Other (specify) ▼ | | Aggregate Year-to-Date ▼ 200.00 | |
| B. Full Name (Last, First, Middle Initial) | | Date of Receipt | |
| Mailing Address | | Amount of Each Receipt this Period | |
| City | State | | |
| FEC ID number of contributing federal political committee C | | | |
| 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 | | Amount of Each Receipt this Period | |
| City | State | | |
| FEC ID number of contributing federal political committee C | | | |
| 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) ▶

700.00

**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 1 | |
| <input checked="" type="checkbox"/> 21a | <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"/> 30 |

Any information copied from such Reports and Statements may not be 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. SunTrust Bank | | Date of Disbursement 11 26 2004 |
| Mailing Address PO BOX 62227 | | Amount of Each Disbursement this Period 4.50 |
| City Orlando | State FL | |
| Zip Code 32862 | | |
| Purpose of Disbursement Electronic Funds Debit | | Category Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" 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 12 02 2004 |
| Mailing Address PO Box 62227 | | Amount of Each Disbursement this Period 60.45 |
| City Orlando | State FL | |
| Zip Code 32862 | | |
| Purpose of Disbursement Electronic Funds Debit | | Category Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" 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 12 10 2004 |
| Mailing Address PO Box 62227 | | Amount of Each Disbursement this Period 100.00 |
| City Orlando | State FL | |
| Zip Code 32862 | | |
| Purpose of Disbursement Electronic Funds Debit | | Category Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: _____ | District: _____ | |

| | |
|---|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 154.95 |
| TOTAL This Period (last page this line number only) | |

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 checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 1/31/08 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Express Mail | Delivery Confirmation™ Label <input type="checkbox"/> |
| <input type="checkbox"/> Postmark Illegible | Postmarked |
| <input type="checkbox"/> No Postmark | Shipping Date |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Date of Receipt |
| <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 |
| JMN PREPARER (5/2004) | 2/6/05 DATE PREPARED |