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FEC
FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Examples: If typed, 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 00352932

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

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)

XX 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) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

R runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

R runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

01 of 2003 through 06 30 of 2003

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 07 30 2003

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

Office Use Only									
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FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: **01 01 2003** To: **06 30 2003**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003		6,560.77
(b) Cash on Hand at Beginning of Reporting Period	6,560.77	
(c) Total Receipts (from Line 19)	11,650.00	11,650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18,210.77	18,210.77
7. Total Disbursements (from Line 31)	4,795.93	4,795.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13,414.84	13,414.84
9. Debts and Obligations Owed TO the Committee (Itemize on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize 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. 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 2003** to: **06 30 2003**

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	6,450.00	
(i) Itemized (use Schedule A)	,	
(ii) Unitemized	5,200.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	11,650.00	11,650.00
(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)(ii), (b), and (c)) (Carry Totals to Line 30, page 5)	11,650.00	11,650.00
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	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 HS)	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))	11,650.00	11,650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11,650.00	11,650.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 8X (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	2,295.93	2,295.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,295.93	2,295.93
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	2,500.00
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	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(2))		
(a) Allocated Federal Election Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) "Leak" 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))	4,795.93	4,795.93
32. Total Federal Disbursements (subtract Line 21(a)(2) and Line 30(a)(ii) from Line 31)	4,795.93	4,795.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 5X (Rev. 06/2003)

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).....	11,650.00	11,650.00
34. Total Contribution Refunds (from Line 22(d)).....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	11,650.00	11,650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2,295.93	2,295.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)..... ▶	2,295.93	2,295.93

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

Use separate subchedule(s) for each category of the Database Summary Page	FOR LINE NUMBER: (check only one)								PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 21a	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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. SunTrust Bank		Date of Disbursement: 01 03 2003
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 44.23
City Orlando State FL Zip Code 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 Bank		Date of Disbursement: 01 27 2003
Mailing Address PO BOX 622227		Amount of Each Disbursement this Period 4.50
City Orlando State FL Zip Code 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 Bank		Date of Disbursement: 02 04 2003
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 38.98
City Orlando State FL Zip Code 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 schedules) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE 2 OF 7	
<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	28

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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 Bank		Date of Disbursement 02 / 19 / 2003	
Mailing Address PO Box 622227			
City Orlando State FL Zip Code 32862			
Purpose of Disbursement Replacement Checks		Amount of Each Disbursement This Period 142.59	
Candidate Name		Category/Type 001	
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 02 / 26 / 2003	
Mailing Address PO Box 622227			
City Orlando State FL Zip Code 32862			
Purpose of Disbursement Electronic Funds Debit		Amount of Each Disbursement This Period 4.50	
Candidate Name		Category/Type 001	
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 03 / 04 / 2003	
Mailing Address PO Box 622227			
City Orlando State FL Zip Code 32862			
Purpose of Disbursement Electronic Funds Debit		Amount of Each Disbursement This Period 143.38	
Candidate Name		Category/Type 001	
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 7

<input checked="" type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29a	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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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 Bank		Date of Disbursement 03 / 13 / 2003
Mailing Address PO Box 622227		Amount of Each Disbursement This Period 12.75
City Orlando State FL Zip Code 32862		
Purpose of Disbursement Replacement Checks	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 Bank		Date of Disbursement 04 / 02 / 2003
Mailing Address PO Box 622227		Amount of Each Disbursement This Period 35.00
City Orlando State FL Zip Code 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 Bank		Date of Disbursement 05 / 02 / 2003
Mailing Address PO Box 622227		Amount of Each Disbursement This Period 35.00
City Orlando State FL Zip Code 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 4 OF 7

21b 22 23 24 25 26
 27 28a 28b 29 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. SunTrust Bank		Date of Disbursement 06 / 03 / 2003
Mailing Address PO Box 622227		Amount of Each Disbursement this Period 35.00
City Orlando State FL Zip Code 32862		
Purpose of Disbursement Electronic Funds Debit	Category/Type 001	Amount of Each Disbursement this Period 500.00
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) <input type="checkbox"/>	
State: District:		
Full Name (Last, First, Middle Initial) B. Farnsworth, Cherrill		Date of Disbursement 01 / 22 / 2003
Mailing Address 10700 Freeway, Ste. 900		Amount of Each Disbursement this Period 500.00
City Houston State TX Zip Code 77037		
Purpose of Disbursement Raffle Prize	Category/Type 001	Amount of Each Disbursement this Period 500.00
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) <input type="checkbox"/>	
State: District:		
Full Name (Last, First, Middle Initial) C. Tikker, Blair		Date of Disbursement 01 / 22 / 2003
Mailing Address 6501 S. Fiddlers Green Circle		Amount of Each Disbursement this Period 500.00
City Greenwood State CO Zip Code 80111		
Purpose of Disbursement Raffle Prize	Category/Type 001	Amount of Each Disbursement this Period 500.00
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) <input type="checkbox"/>	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (just page this line number only)		

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

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 7					
	<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	
	27	28a	28b	28c	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. Farnsworth, Cherrill		Date of Disbursement 01 22 2003
Mailing Address 10700 Freeway, Ste. 900		Amount of Each Disbursement this Period 100.00
City Houston	State TX Zip Code 77037	
Purpose of Disbursement Raffle Prize	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. Driscoll, Joseph		Date of Disbursement 01 22 2003
Mailing Address 1100 Winter Street		Amount of Each Disbursement this Period 100.00
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement Raffle Prize	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. Eckles, Russ		Date of Disbursement 01 22 2003
Mailing Address 12900 Lake Avenue, #2026		Amount of Each Disbursement this Period 100.00
City Lakewood	State OH Zip Code 44107	
Purpose of Disbursement Raffle Prize	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)		

2003-08-28 10:53:00 AM

**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 7 OF 7

<input type="checkbox"/> 21c	<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"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 30a

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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. Brezoncine, Kevin		Date of Disbursement 01 / 22 / 2003
Mailing Address 1510 Meadow Wood Lane		Amount of Each Disbursement This Period 100.00
City Reno	State NV	
Zip Code 89502		Category/ Type 001
Purpose of Disbursement Raffle Prize		
Candidate Name		
Office Sought	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Goldstein, Paul		Date of Disbursement 01 / 22 / 2003
Mailing Address 1100 Winter Street		Amount of Each Disbursement This Period
City Waltham	State MA	
Zip Code 02451		Category/ Type 001
Purpose of Disbursement Raffle Prize		
Candidate Name		
Office Sought	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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
Mailing Address		
City	State	
Zip Code		
Purpose of Disbursement		Amount of Each Disbursement This Period
Candidate Name		
Office Sought	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Contributions This Page (optional) ▶

TOTAL This Period (see page three for number one) ▶

2245.00

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

Use separate schedules for each category of the Detailed Summary Page

FORM LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21 21	<input type="checkbox"/> 22 22	<input checked="" type="checkbox"/> 23 23G	<input type="checkbox"/> 24 24G	<input type="checkbox"/> 25 25G	<input type="checkbox"/> 29
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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. Bill Thomas Campaign Committee

Date of Disbursement: **03 03 2003**

Mailing Address: **PO Box 395**

City: **Bakersfield** State: **CA** Zip Code: **93302**

Purpose of Disbursement: **Contribution** Category/Type: **011**

Candidate Name: **Bill Thomas**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District: _____

Amount of Each Disbursement this Period: **2,500.00**

Full Name (Last, First, Middle Initial)
B.

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: _____

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: _____

SUB-TOTAL of Disbursements: This Page (optional)	2,500.00
TOTAL Year Totals (last page lists line numbers only)	2,500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 6	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Dunn, Jason		Date of Receipt 02 / 03 / 2003
Mailing Address 1100 Winter Street		Amount of Each Receipt this Period 500.00
City Waltham	State MA Zip Code 02451	
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period 500.00
Name of Employer PHCS	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Driscoll, Joseph		Date of Receipt 02 / 03 / 2003
Mailing Address 1100 Winter Street		Amount of Each Receipt this Period 200.00
City Waltham	State MA Zip Code 02451	
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period 200.00
Name of Employer PHCS	Occupation President/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) C. Kirch, Terry		Date of Receipt 02 / 03 / 2003
Mailing Address 500 Technology Drive		Amount of Each Receipt this Period 450.00
City Naperville	State IL Zip Code 60563	
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period 450.00
Name of Employer Trizetto	Occupation Senior V. President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 6
(check only one)
 11a 11b 11c 13
 13 14 15 16 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 (or FID) **American Association of Preferred Provider Organizations Political Action Committee**

A. Ross, William
Mailing Address **3480 Torrance Blvd, Ste. 22**
City **Torrance** State **CA** Zip Code **90503**
Date of Receipt **02 03 2003**
Amount of Each Receipt this Period **500.00**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **SBIPMG** Occupation: **Executive Director**
Receipt For: Primary General Other (specify) **500.00**
Aggregate Year-to-Date **500.00**

B. Farnsworth, Cherrill
Mailing Address **10700 Freeway, Ste. 900**
City **Houston** State **TX** Zip Code **77037**
Date of Receipt **02 03 2003**
Amount of Each Receipt this Period **500.00**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **HealthHelp** Occupation: **CEO**
Receipt For: Primary General Other (specify) **550.00**
Aggregate Year-to-Date **550.00**

C. Tikker, Blair
Mailing Address **6501 S. Fiddlers Green Circle**
City **Greenwood** State **CO** Zip Code **80111**
Date of Receipt **02 03 2003**
Amount of Each Receipt this Period **500.00**
FEC ID number of contributing federal political committee: **C**
Name of Employer: **Sloans Lake** Occupation: **CEO**
Receipt For: Primary General Other (specify) **500.00**
Aggregate Year-to-Date **500.00**

SUBTOTAL of Receipts This Page (optional) **1 500.00**

TOTAL This Period (last page this line number only) **1 500.00**

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

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

FOR LINE NUMBER: PAGE 5 OF 6

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/>

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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. Greenrose, Karen		Date of Receipt 02 04 2003
Mailing Address 2101 Skyview Drive		Amount of Each Receipt This Period 1,500.00
City Borden	State IN Zip Code 47106	
FEC ID number of contributing federal political committee C		
Name of Employer AAPPO	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,500.00	

Full Name (Last, First, Middle Initial) B. Farnsworth, Cherrill		Date of Receipt 02 04 2003
Mailing Address 10700 Freeway, Ste. 900		Amount of Each Receipt This Period 50.00
City Houston	State TX Zip Code 77037	
FEC ID number of contributing federal political committee C		
Name of Employer Health Help	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Caliendo, Paul		Date of Receipt 02 04 2003
Mailing Address 11333 N. Scottsdale Road		Amount of Each Receipt This Period 200.00
City Scottsdale	State AZ Zip Code 85260	
FEC ID number of contributing federal political committee C		
Name of Employer ERISA	Occupation President	
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 6 OF 6

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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. Full Name (Last, First, Middle Initial)
Driscoll, Joseph

Mailing Address: **1100 Winter Street**

City: **Waltham** State: **MA** Zip Code: **02451**

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

Name of Employer: **PHCS** Occupation: **President/CEO**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt: **01/06/2003**

Amount of Each Receipt this Period: **50.00**

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

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

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) **▶** **6,450.00**

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has 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"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-31-03
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>for</i> PREPARER	8-5-03 DATE PREPARED