

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
American Association of Preferred Provider Organizations Political Action Committee		FROM 1/1/00	TO 3/31/00
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:	\$250.00	\$250.00
a.	Individuals/Persons Other Than Political Committees:		
i.	Itemized (Use Schedule A)	\$ 0	\$ 0
ii.	Unitemized	\$250.00	\$250.00
iii.	Total (add i and ii) >	\$ 0	\$ 0
b.	Political Party Committees	\$600.00	\$600.00
c.	Other Political Committees (such as PACs)	\$850.00	\$850.00
d.	Total Contributions (add a ii, b and c) >	\$ 0	\$ 0
12.	Transfers From Affiliated/Other Party Committees	\$ 0	\$ 0
13.	All Loans Received	\$ 0	\$ 0
14.	Loan Repayments Received	\$ 0	\$ 0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$ 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 Nonfederal Account for Joint Activity	\$ 0	\$ 0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$850.00	\$850.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	\$850.00	\$850.00
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4):	\$ 0	\$ 0
i.	Federal Share	\$ 0	\$ 0
ii.	Non-Federal Share	\$ 39.95	\$ 39.95
b.	Other Federal Operating Expenditures	\$ 39.95	\$ 39.95
c.	Total Operating Expenditures (add a i, a ii, and b) >	\$ 0	\$ 0
22.	Transfers to Affiliated/Other Party Committees	\$ 0	\$ 0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	\$ 0	\$ 0
24.	Independent Expenditures (Use Schedule E)	\$ 0	\$ 0
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 4411a(c)) (use Schedule F)	\$ 0	\$ 0
26.	Loan Repayments Made	\$ 0	\$ 0
27.	Loans Made	\$ 0	\$ 0
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	\$ 0	\$ 0
b.	Political Party Committees	\$ 0	\$ 0
c.	Other Political Committees (such as PACs)	\$ 0	\$ 0
d.	Total Contribution Refunds (add a, b and c) >	\$ 0	\$ 0
29.	Other Disbursements	\$ 39.95	\$ 39.95
30.	Total Disbursements (add 21a, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$ 39.95	\$ 39.95
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$ 39.95	\$ 39.95
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	\$850.00	\$850.00
33.	Total Contribution Refunds (from line 28d)	\$ 0	\$ 0
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$850.00	\$850.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$ 39.95	\$ 39.95
36.	Offsets to Operating Expenditures (from line 15)	\$ 0	\$ 0
37.	Net Operating Expenditures (subtract line 36 from 35) >	\$ 39.95	\$ 39.95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (i)

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, Mailing Address and ZIP Code Karen L. Greenrose 2101 Skyview Drive Borden, IN 47106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Association of Preferred Provider Organizations Occupation President Aggregate Year-to-Date > \$250.00	Date (month, day, year) 1/31/00	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			\$250.00
TOTAL This Period (last page this line number only)			\$250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in full)

American Association of Preferred Provider Organizations Political Action Committee

a. Full Name, Mailing Address and ZIP Code Multiplan Inc. PAC 115 5th Avenue, 7th Fl. New York, NY 10003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 1/31/00	Amount of Each Receipt this Period \$100.00
b. Full Name, Mailing Address and ZIP Code Multiplan Inc. PAC 115 5th Avenue, 7th Fl. New York, NY 10003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 1/31/00	Amount of Each Receipt this Period \$500.00
c. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
d. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
e. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
f. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
g. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			\$600.00
TOTAL This Period (last page this line number only)			\$600.00

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 4-13-00
<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	
V.C.	4/13/00
PREPARER	DATE PREPARED