

2010 FEB -3 AM 11:46

**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 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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00352922

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
X	July 15 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	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:				
	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
		Convention (12C)	Special (12S)		
	Election on	M M / D D / Y Y Y Y			in the State of
	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
	Election on	M M / D D / Y Y Y Y			in the State of

5. Covering Period 07 01 2009 through 12 31 2009

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

Signature of Treasurer *Karen A. Greenrose* Date 01 30 2009

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

10030242842

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 07 ' 01 ' 2009 To: 12 ' 31 ' 2009

10030242843

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2009</u>		7,404. ⁸⁷
(b) Cash on Hand at Beginning of Reporting Period.....	- 4,693. ⁷⁸	
(c) Total Receipts (from Line 19).....	4,800. ⁰⁰	12,290. ⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106. ²²	19,694. ⁸⁷
7. Total Disbursements (from Line 31).....	3,214. ⁶⁸	22,803. ³³
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	- 3,108. ⁴⁶	- 3,108. ⁴⁶
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

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 Committee

Report Covering the Period: From: 07' 01' 2009 To: 12' 31' 2009

10030242844

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).....	4,000. ⁰⁰	6,410. ⁰⁰
(ii) Unitemized.....	800. ⁰⁰	5,880. ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4,800. ⁰⁰	12,290. ⁰⁰
(b) Political Party Committees.....	0	
(c) Other Political Committees (such as PACs).....	0	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	4,800. ⁰⁰	12,290. ⁰⁰
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.) (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).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4,800. ⁰⁰	12,290. ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4,800. ⁰⁰	12,290. 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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	514.68	1,103.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	514.68	1,103.33
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,500.00	21,500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (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	200.00	200.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	200.00	200.00
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3,214.68	22,803.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,214.68	22,803.33

10030242845

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)	4,800.00	12,290.00
34. Total Contribution Refunds (from Line 28(d))	,200.00	,200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,600.00	12,090.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	,514.68	1,103.33
37. Offsets to Operating Expenditures (from Line 15, page 3)00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	,514.68	1,103.33

10030242846

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 3	
<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) <u>Buss, William</u>		Date of Receipt <u>11 ' 13 ' 2009</u>
Mailing Address <u>3420 Turrance Blvd. Suite 220</u>		Amount of Each Receipt this Period <u>400.00</u>
City <u>Turrance</u>	State Zip Code <u>CA 90503</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>1,400.00</u>
Name of Employer <u>SBI PMG</u>	Occupation <u>Executive Director</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial) <u>Hamm, Kenneth</u>		Date of Receipt <u>11 ' 30 ' 2009</u>
Mailing Address <u>One Union Square Building</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Seattle</u>	State Zip Code <u>WA 98101</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>350.00</u>
Name of Employer <u>First Choice Health</u>	Occupation <u>President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial) <u>Lutka, Robin</u>		Date of Receipt <u>11 ' 30 ' 2009</u>
Mailing Address <u>One Union Square Building</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Seattle</u>	State Zip Code <u>WA 98101</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>350.00</u>
Name of Employer <u>First Choice Health</u>	Occupation <u>Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

10030242847

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 2 OF 5

<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
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NAME OF COMMITTEE (In Full) American Association of Referred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. <u>Pelley, Elizabeth</u>		Date of Receipt <u>11</u> / <u>30</u> / <u>2009</u>
Mailing Address <u>One Union Square Building</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Seattle</u>	State <u>WA</u> Zip Code <u>98101</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>350.00</u>
Name of Employer <u>First Choice Health</u>	Occupation <u>Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. <u>St. Sauvent, Elizabeth</u>		Date of Receipt <u>12</u> / <u>01</u> / <u>2009</u>
Mailing Address <u>535 E. Dient Road</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>Naperville</u>	State <u>IL</u> Zip Code <u>60563</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>350.00</u>
Name of Employer <u>United, Inc.</u>	Occupation <u>Sr. Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. <u>Wallis, Mar</u>		Date of Receipt <u>11</u> / <u>13</u> / <u>2009</u>
Mailing Address <u>400 Poydras Street</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>New Orleans</u>	State <u>LA</u> Zip Code <u>70130</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>350.00</u>
Name of Employer <u>PRO PLUS</u>	Occupation <u>Vice President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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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: PAGE 3 OF 5	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 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) Menes, Victor		Date of Receipt 12 ' 16 ' 2009
Mailing Address 654 N. San Houston Pkwy		Amount of Each Receipt this Period , 200.00
City Houston	State Zip Code TX 77060	
FEC ID number of contributing federal political committee. C		
Name of Employer Health Help	Occupation Exec. Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 500.00	

B. Full Name (Last, First, Middle Initial) Aifano, Michele		Date of Receipt 12 ' 14 ' 2009
Mailing Address 240 Corporate Blvd.		Amount of Each Receipt this Period , 400.00
City Norfolk	State Zip Code VA 23502	
FEC ID number of contributing federal political committee. C		
Name of Employer ValueOptics	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 700.00	

C. Full Name (Last, First, Middle Initial) Greenrose, Karen		Date of Receipt 07 ' 20 ' 2009
Mailing Address 222 S. First Street		Amount of Each Receipt this Period , 2,000.00
City Louisville	State Zip Code KY 40202	
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 ▼ , 2,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	, 4,000.00
TOTAL This Period (last page this line number only).....▶	

10030242849

**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 5

21b 22 23 24 25 26
 27 28a 28b 28c 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. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO BOX 622227</u>		<u>07' 02' 2009</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<u>40.00</u>
State: _____	District: _____	Category/ Type

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO BOX 622227</u>		<u>07' 30' 2009</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>bank penalty</u>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<u>35.00</u>
State: _____	District: _____	Category/ Type

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO BOX 622227</u>		<u>07' 31' 2009</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>maintenance fee</u>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<u>12.00</u>
State: _____	District: _____	Category/ Type

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

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

10030242850

**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 5

<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 Preferred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) San Trust Bank

Date of Disbursement 09 ' 02 ' 2009

Mailing Address PO BOX 62227

City Orlando State FL Zip Code 32862

Purpose of Disbursement electronic funds debit

Candidate Name _____

Amount of Each Disbursement this Period 60.15

Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) San Trust Bank

Date of Disbursement 09 ' 30 ' 2009

Mailing Address PO BOX 62227

City Orlando State FL Zip Code 32862

Purpose of Disbursement maintenance fee

Candidate Name _____

Amount of Each Disbursement this Period 12.00

Category/Type _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

C. Full Name (Last, First, Middle Initial) San Trust Bank

Date of Disbursement 10 ' 02 ' 2009

Mailing Address PO BOX 62227

City Orlando State FL Zip Code 32862

Purpose of Disbursement _____

Candidate Name _____

Amount of Each Disbursement this Period 60.00

Category/Type _____

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)..... ▶

10030242851

**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 5

<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 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 622227</u>		<u>10</u> ' <u>27</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</u>	Amount of Each Disbursement this Period <u>495</u>
Purpose of Disbursement		
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: _____		

B. <u>SunTrust</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>10</u> ' <u>30</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</u>	Amount of Each Disbursement this Period <u>12.00</u>
Purpose of Disbursement <u>maintenance fee</u>		
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: _____		

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>11</u> ' <u>03</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</u>	Amount of Each Disbursement this Period <u>6030</u>
Purpose of Disbursement <u>electronic funds debit</u>		
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)..... ▶

10030242852

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)

<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 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 622227</u>		<u>11</u> ' <u>30</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32802</u>	Amount of Each Disbursement this Period <u>12.00</u>
Purpose of Disbursement <u>maintenance fee</u>	Category/Type	
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:		

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>12</u> ' <u>02</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32802</u>	Amount of Each Disbursement this Period <u>29.33</u>
Purpose of Disbursement <u>electronic funds debit</u>	Category/Type	
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:		

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>12</u> ' <u>02</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32802</u>	Amount of Each Disbursement this Period <u>60.00</u>
Purpose of Disbursement <u>electronic funds debit</u>	Category/Type	
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).....▶

10030242853

**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 5 OF 5

<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 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 622227</u>		<u>12</u> ' <u>28</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>4.95</u>
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:		

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>12</u> ' <u>30</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>electronic funds debit</u>	Candidate Name	Amount of Each Disbursement this Period <u>100.00</u>
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:		

C. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 622227</u>		<u>12</u> ' <u>31</u> ' <u>2009</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32862</u>
Purpose of Disbursement <u>maintenance fee</u>	Candidate Name	Amount of Each Disbursement this Period <u>12.00</u>
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).....▶

514.68

10030242854

**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

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 Retirees Pensions Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. Charlie Crist for US Senate		Date of Disbursement 07 ' 17 ' 2009
Mailing Address 2640A Mitcham Drive		Amount of Each Disbursement this Period 2,500⁰⁰
City Tallahassee	State FL	
Zip Code 32308		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Office Sought: <input type="checkbox"/> House <input checked="" 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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
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).....▶	2,500⁰⁰
TOTAL This Period (last page this line number only).....▶	2,500⁰⁰

10030242855

**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
	<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 checked="" 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 Teachers Organizations Political Action Committee

Full Name (Last, First, Middle Initial) <u>Multi Plus</u>		Date of Disbursement <u>11 18 2009</u>
Mailing Address <u>115 Fifth Avenue</u>		
City <u>New York</u>	State <u>NY</u>	Zip Code <u>10003</u>
Purpose of Disbursement <u>refund</u>	Candidate Name	Amount of Each Disbursement this Period <u>200.00</u>
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) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
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) ▼	Category/ Type
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	▶
TOTAL This Period (last page this line number only).....	▶

10030242856

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
1/30/10

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ASD
 PREPARER

2/3/10
 DATE PREPARED

10030242857