

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2008 APR 21 AM 11:20

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**
Check if different than previously reported. (ACC) **LOUISVILLE KY 40202**

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

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:	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)	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 **01 ' 01 ' 2008** through **03 ' 31 ' 2008**

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 L. Greenrose*

Date **04 ' 14 ' 2008**

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							
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FEC FORM 3X
Rev. 12/2004

28039701849

**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: 01 ' 01 ' 2008 To: 03 ' 31 ' 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>		9,130. ⁷⁹
(b) Cash on Hand at Beginning of Reporting Period.....	9,130. ⁷⁹	
(c) Total Receipts (from Line 19)	11,605. ⁰⁰	11,605. ⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20,735. ⁷⁹	20,735. ⁷⁹
7. Total Disbursements (from Line 31)	310. ⁷²	310. ⁷²
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20,425. ⁰⁷	20,425. ⁰⁷
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

28039701850

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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

Report Covering the Period: From: 01 ' 01 ' 2008 To: 03 ' 31 ' 2008

28039701851

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).....	5,530.00	5,530.00
(ii) Unitemized	6,075.00	6,075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11,605.00	11,605.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	11,605.00	11,605.00
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)).....▶	11,605.00	11,605.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11,605.00	11,605.00

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	
(ii) Non-Federal Share.....	0	
(b) Other Federal Operating Expenditures	310.72	310.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	310.72	310.72
22. Transfers to Affiliated/Other Party Committees.....	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	
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))..	310.72	310.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	310.72	310.72

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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)	11,605.00	11,605.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11,605.00	11,605.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	310.72	310.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	310.72	310.72

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

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>Muntendam, Pieter</u>		Date of Receipt <u>01 ' 18 ' 2008</u>
Mailing Address <u>60 N. Lincoln</u>		Amount of Each Receipt this Period <u>650.00</u>
City <u>Waltham</u>	State <u>MA</u> Zip Code <u>02451</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Bb medicine</u>	Occupation <u>CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>650.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Greenase, Karen</u>		Date of Receipt <u>01 ' 23 ' 2008</u>
Mailing Address <u>3005 Minton Court</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Memphis</u>	State <u>IN</u> Zip Code <u>47143</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>AAPO</u>	Occupation <u>President & CEO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>500.00</u>	

C. Full Name (Last, First, Middle Initial) <u>Staggins, Alan</u>		Date of Receipt <u>01 ' 23 ' 2008</u>
Mailing Address <u>5000 Legacy Drive</u>		Amount of Each Receipt this Period <u>300.00</u>
City <u>Picco</u>	State <u>TX</u> Zip Code <u>75024</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>TEXAS THE CHOICE</u>	Occupation <u>COO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>300.00</u>	

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: (check only one)		PAGE 2 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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>Farnsworth, Cherrill</u>		Date of Receipt <u>02'06'2008</u>
Mailing Address <u>654 N. Sem Houston Pkwy</u>		Amount of Each Receipt this Period <u>,500.00</u>
City <u>Houston</u>	State <u>TX</u> Zip Code <u>77060</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>,500.00</u>
Name of Employer <u>Health Help</u>	Occupation <u>President</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>,500.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Lindstrom, Steve</u>		Date of Receipt <u>02'06'2008</u>
Mailing Address <u>9000 S. Kyrene Road</u>		Amount of Each Receipt this Period <u>,340.00</u>
City <u>Tempe</u>	State <u>AZ</u> Zip Code <u>85284</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>,340.00</u>
Name of Employer <u>Healthways</u>	Occupation <u>Sr. V.P</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>,340.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Mauzey, David</u>		Date of Receipt <u>02'06'2008</u>
Mailing Address <u>12750 Merit Drive</u>		Amount of Each Receipt this Period <u>,440.00</u>
City <u>Dallas</u>	State <u>TX</u> Zip Code <u>75251</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>,440.00</u>
Name of Employer <u>DDO One</u>	Occupation <u>COO</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>,440.00</u>	

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 4
(check only one)
 11a 13
 11b 14
 11c 15
 12 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) Boess, William
 Mailing Address 3480 Torrance Blvd.
 City Torrance State CA Zip Code 90503
 Date of Receipt 02'06'2008
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer SPBPMG Occupation Executive Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial) Smith, Sean
 Mailing Address Two Concourse Pkwy
 City Atlanta State GA Zip Code 30328
 Date of Receipt 02'06'2008
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Coalition America Occupation Chairman: CEO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial) Bennett, George
 Mailing Address 1100 Circle 75 Pkwy
 City Atlanta State GA Zip Code 30339
 Date of Receipt 02'07'2008
 Amount of Each Receipt this Period 1,130.00
 FEC ID number of contributing federal political committee. C
 Name of Employer First Health Occupation Sr. V.P.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1,130.00

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

28039701856

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

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

FOR LINE NUMBER: PAGE 4 OF 4
(check only one)
 11a 11b 11c 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) **Falcone, Charles**
 Mailing Address **1105 First Avenue**
 City **King of Prussia** State **PA** Zip Code **19406**
 Date of Receipt **02/07/2008**
 Amount of Each Receipt this Period **670.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Dawn Health Services** Occupation **President**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **670.00**

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Date of Receipt
 Amount of Each Receipt this Period
 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)
 Mailing Address
 City State Zip Code
 Date of Receipt
 Amount of Each Receipt this Period
 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) **5,530.00**

28039701857

**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 3
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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 <u>03' 04' 2008</u>
Mailing Address <u>P.O. Box 622227</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>110.82</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) B. <u>SunTrust Bank</u>		Date of Disbursement <u>02' 04' 2008</u>
Mailing Address <u>P.O. Box 622227</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>56.41</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) C. <u>SunTrust Bank</u>		Date of Disbursement <u>02' 26' 2008</u>
Mailing Address <u>P.O. Box 622227</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>4.50</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: _____	

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

28039701858

**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 3
	<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	
	<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)		Date of Disbursement
A. <u>SunTrust Bank</u>		<u>01 ' 03 ' 2008</u>
Mailing Address <u>P.O. Box 622227</u>		Amount of Each Disbursement this Period <u>52.03</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</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: _____	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. <u>SunTrust Bank</u>		<u>01 ' 15 ' 2008</u>
Mailing Address <u>P.O. Box 622227</u>		Amount of Each Disbursement this Period <u>60.95</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</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: _____	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. <u>SunTrust Bank</u>		<u>01 ' 18 ' 2008</u>
Mailing Address <u>P.O. Box 622227</u>		Amount of Each Disbursement this Period <u>21.51</u>
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32862</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).....▶	

28039701859

**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 3
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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 01 ' 28 ' 2008
Mailing Address P.O. Box 622227		
City Orlando	State FL	Zip Code 32862
Purpose of Disbursement electronic funds debit	Candidate Name	Amount of Each Disbursement this Period 4.50
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) B.		Date of Disbursement M M / D D / Y Y Y Y
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) C.		Date of Disbursement M M / D D / Y Y Y Y
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).....▶	310.72

28039701860

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.

28039701861

<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)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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

EA
 PREPARER
 (3/2005)

4/21/08
 DATE PREPARED