

**FEC  
FORM 3X**

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

RECEIVED  
2012 DEC 17 AM 8:11  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5** **FEC MAIL CENTER**

American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street) **222 S. First Street**  
**Suite 303**  
**Louisville KY 40202**

Check if different than previously reported. (ACC)

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

**CD0352922**

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

4. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |   |                                       |  |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on **11** / **06** / **2012** in the State of [ ]

5. Covering Period **10** / **13** / **2012** through **11** / **06** / **2012**

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 L. GREENVOLD**

Signature of Treasurer **Karen L. Greenvold** Date **12** / **06** / **2012**

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

12030981858

**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: 10' 18' 2012 To: 11' 26' 2012

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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2012</u>		13,251. <sup>62</sup>
(b) Cash on Hand at Beginning of Reporting Period.....	7,444. <sup>69</sup>	
(c) Total Receipts (from Line 19).....	1,200. <sup>00</sup>	16,400. <sup>00</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8,644. <sup>69</sup>	29,651. <sup>62</sup>
7. Total Disbursements (from Line 31).....	226. <sup>49</sup>	21,233. <sup>42</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8,418. <sup>20</sup>	8,418. <sup>20</sup>
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 Referred Provider Organizations Political Action Committee

Report Covering the Period: From: 10 ' 18 ' 2012 To: 11 ' 26 ' 2012

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,200.00  
1,200.00

8,430.00  
7,970.00  
16,400.00

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0  
0

0  
0

12. Transfers From Affiliated/Other Party Committees.....

1,200.00

16,400.00

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).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0  
0  
0

0  
0  
0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,200.00

16,400.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,200.00

16,400.00

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

1,200.00  
0  
1,200.00  
226.49  
0  
226.49

16,400.00  
0  
16,400.00  
10,733.42  
0  
10,733.42

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**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 2

<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

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  
Mailing Address P.O. Box 622227  
City Orlando State FL Zip Code 32862  
Purpose of Disbursement bank fees  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

10 / 26 / 2012

Amount of Each Disbursement this Period

20.40

**B.** SunTrust Bank  
Mailing Address P.O. Box 622227  
City Orlando State FL Zip Code 32862  
Purpose of Disbursement bank fees  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

10 / 26 / 2012

Amount of Each Disbursement this Period

85.00

**C.** SunTrust Bank  
Mailing Address P.O. Box 622227  
City Orlando State FL Zip Code 32862  
Purpose of Disbursement bank fees  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

10 / 26 / 2012

Amount of Each Disbursement this Period

7.95

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

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

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**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 2

<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)

**A.** SunTrust Bank Date of Disbursement 11 ' 02 ' 2012

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.60

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

**B.** SunTrust Bank Date of Disbursement 11 ' 02 ' 2012

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 92.54

Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

**C.** \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_ Amount of Each Disbursement this Period \_\_\_\_\_

Candidate Name \_\_\_\_\_ 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).....▶ 226.49

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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  
12/6/12

USPS Registered/Certified Postmarked (R/C)

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

*JMP* 12/17/12  
 PREPARER DATE PREPARED

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