

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL ROOM 2002 APR 22 P 3 42

Office Use Only

1. NAME OF COMMITTEE (in full) American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street) 601 Pennsylvania Avenue N.W. Suite 900 Washington DC 20004

2. FEC IDENTIFICATION NUMBER C 00352922 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PPE-Election Report for this: Primary, General, Runoff, Convention, Special (d) 30-Day PPE-Election Report for this: General, Runoff, Special

5. Covering Period 01/01/2002 through 03/31/2002

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 L Greenrose Date 04/17/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 8437g. Office Use Only FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

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

Report Covering the Period From: **01 01 2002** To: **03 31 2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		4,448.27
(b) Cash on Hand at Beginning of Reporting Period	4,448.27	
(c) Total Receipts (from Line 10)	12,850.00	12,850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17,298.27	17,298.27
7. Total Disbursements (from Line 50)	8,686.75	8,686.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8,611.52	8,611.52
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	00.0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	00.0	

The 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 800-424-9630
Local 202-694-1100

22037550865
DETAILED SUMMARY PAGE
of Receipts

PEC Form 502 (Revised 10/11)

Page 3

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

Report Covering the Period: From: **01** / **01** / **2002** To: **03** / **31** / **2002**

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 (see Schedule A)	8,250.00	
(ii) Unitemized	4,500.00	
(iii) TOTAL (add Line 11(a)(i) and (ii))	12,850.00	12,850.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs)	00.00	00.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 38, page 4)	12,850.00	12,850.00
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 38, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	12,850.00	12,850.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	12,850.00	12,850.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	5,186.75	5,186.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5,186.75	5,186.75
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	3,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	8,686.75	8,686.75
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	8,686.75	8,686.75

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	12,850.00	12,850.00
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	12,850.00	12,850.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5,186.75	5,186.75
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	5,186.75	5,186.75

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

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

FORM LINE NUMBERS: (check only one)				PAGE 1 OF 9	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 19

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 Full Name) American Association of Preferred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. Jeff Markle		Date of Receipt 02 / 08 / 2002
Mailing Address 419 E. Main Street		Amount of Each Receipt This Period 500.00
City Middletown	State Zip Code NY 10940	
FEC ID number of contributing federal political committee C		Amount of Each Receipt This Period 500.00
Name of Employer Plan Vista	Occupation 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. George Bregante		Date of Receipt 02 / 08 / 2002
Mailing Address 19221 Parker Circle		Amount of Each Receipt This Period 500.00
City Villa Park	State Zip Code CA 92861	
FEC ID number of contributing federal political committee C		Amount of Each Receipt This Period 500.00
Name of Employer TC3	Occupation CEO	
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) C. Al Szabo		Date of Receipt 02 / 08 / 2002
Mailing Address Two Trans Am Plaza		Amount of Each Receipt This Period 350.00
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee C		Amount of Each Receipt This Period 350.00
Name of Employer Beachstreet	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶

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

2002-03-27 15:27:00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBERS: PAGE 2 OF 9

(check only one)

<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"/> 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 committees.

NAME OF COMMITTEE (or FUND) American Association of Preferred Provider Organizations Political Action Committee

A. Steve Ashley

Full Name (Last, First, Middle Initial)

Mailing Address: 1551 N. Tustin Avenue

City: Santa Ana State: CA Zip Code: 92705

FEC ID number of contributing federal political committee: C

Date of Receipt: 02 / 08 / 2002

Amount of Each Receipt This Period: 250.00

Name of Employer: Admar Occupation: Vice President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 250.00

B. Steve Nelson

Full Name (Last, First, Middle Initial)

Mailing Address: 1250 E. Diehl Street

City: Naperville State: IL Zip Code: 60563

FEC ID number of contributing federal political committee: C

Date of Receipt: 01 / 02 / 2002

Amount of Each Receipt This Period: 100.00

Name of Employer: Health Network System Occupation: President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 200.00

C. Steve Nelson

Full Name (Last, First, Middle Initial)

Mailing Address: 1250 E. Diehl Street

City: Naperville State: IL Zip Code: 60563

FEC ID number of contributing federal political committee: C

Date of Receipt: 02 / 08 / 2002

Amount of Each Receipt This Period: 100.00

Name of Employer: Health Network System Occupation: President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page file line number only)

20020808 1551 N TUSTIN AVENUE SANTA ANA CA 92705

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 9

(check only one)

Grid for line numbers 11a-17 with checkboxes

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...

NAME OF COMMITTEE (in Full) American Association of Preferred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cherrill Farnsworth

Mailing Address

10700 N. Freeway

City

Houston

State

TX

Zip Code

77037

FEC ID number of contributing federal political committee

Field for FEC ID number with 'C' in a box

Name of Employer

HealthHelp

Occupation

President

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

250.00

Date of Receipt

Date field: 01 / 22 / 2002

Amount of Each Receipt this Period

Amount field: 150.00

Full Name (Last, First, Middle Initial)

B. Cherrill Farnsworth

Mailing Address

10700 N. Freeway

City

Houston

State

TX

Zip Code

77037

FEC ID number of contributing federal political committee

Field for FEC ID number with 'C' in a box

Name of Employer

HealthHelp

Occupation

President

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

250.00

Date of Receipt

Date field: 02 / 08 / 2002

Amount of Each Receipt this Period

Amount field: 100.00

Full Name (Last, First, Middle Initial)

G. Bruce Perkins

Mailing Address

500 W. Main Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing federal political committee

Field for FEC ID number with 'C' in a box

Name of Employer

Humana

Occupation

Sr. Vice President

Receipt For:

Primary, General, Other (specify) checkboxes

Aggregate Year-to-Date

300.00

Date of Receipt

Date field: 01 / 21 / 2002

Amount of Each Receipt this Period

Amount field: 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 4 OF 9

(check only one)

<input 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 names 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)
Bruce Perkins

Mailing Address
500 W. Main Street

City State Zip Code
Louisville KY 40202

FEC ID number of contributing federal political committee
C

Name of Employer
Humana

Occupation
Sr. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 08 / 2002

Amount of Each Receipt this Period
100.00

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

Mailing Address
8420 W. Dodge Road

City State Zip Code
Omaha NE 68114

FEC ID number of contributing federal political committee
C

Name of Employer
Midlands Choice

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
01 / 28 / 2002

Amount of Each Receipt this Period
500.00

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

Mailing Address
8420 W. Dodge Road

City State Zip Code
Omaha NE 68114

FEC ID number of contributing federal political committee
C

Name of Employer
Midlands Choice

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
02 / 06 / 2002

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (colored) _____

TOTAL This Period (last page this line number only) _____

2002-03-22 15:54:55

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 2

(check only one)

<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. Karan Greenrose

Full Name (Last, First, Middle Initial)
 Mailing Address: PO Box 429
 City: Jeffersonville State: IN Zip Code: 47130

Date of Receipt: 01 / 03 / 2002

Amount of Each Receipt this Period: 1,000.00

FEC ID number of contributing federal political committee: C

Name of Employer: AAPPO Occupation: President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 1,200.00

B. Karan Greenrose

Full Name (Last, First, Middle Initial)
 Mailing Address: PO Box 429
 City: Jeffersonville State: IN Zip Code: 47130

Date of Receipt: 02 / 05 / 2002

Amount of Each Receipt this Period: 200.00

FEC ID number of contributing federal political committee: C

Name of Employer: AAPPO Occupation: President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 1,200.00

C. William Ross

Full Name (Last, First, Middle Initial)
 Mailing Address: 3480 Torrance Blvd.
 City: Torrance State: CA Zip Code: 90503

Date of Receipt: 01 / 02 / 2002

Amount of Each Receipt this Period: 100.00

FEC ID number of contributing federal political committee: C

Name of Employer: BBIPMG Occupation: Executive Director

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 700.00

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page this line number only) _____

2002-03-07 10:00:00

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)

<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 names 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. William Ross

Mailing Address
 3480 Torrance Blvd
 Torrance CA 90503

FEC ID number of contributing federal political committee
 C

Name of Employer
 SBIPMG

Occupation
 Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 02 / 05 / 2002

Amount of Each Receipt this Period
 500.00

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

Mailing Address
 3480 Torrance Blvd.
 Torrance CA 90503

FEC ID number of contributing federal political committee
 C

Name of Employer
 SBIPMG

Occupation
 Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 02 / 05 / 2002

Amount of Each Receipt this Period
 100.00

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

Mailing Address
 1100 Superior Street
 Cleveland OH 44114

FEC ID number of contributing federal political committee
 C

Name of Employer
 Emerald Health

Occupation
 President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 01 / 17 / 2002

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional) ▶

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

22-03755-0873

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 9

(check only one)

Grid for line numbers: 11a, 11b, 11c, 12, 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...

NAME OF COMMITTEE (in Full) American Association of Preferred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Ogenar

Mailing Address

1100 Superior Street

City

Cleveland

State

OH

Zip Code

44114

FEC ID number of contributing federal political committee

FEC ID number field with 'C' entered

Name of Employer

Emerald Health

Occupation

President & CEO

Receipt For:

Receipt For checkboxes: Primary, General, Other (specify)

Aggregate Year-to-Date

Aggregate Year-to-Date field with 550.00 entered

Date of Receipt

Date of Receipt field: 01 / 15 / 2002

Amount of Each Receipt this Period

Amount of Each Receipt this Period field with 50.00 entered

Full Name (Last, First, Middle Initial)

B. Terry Kirch

Mailing Address

500 Technology Drive

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing federal political committee

FEC ID number field with 'C' entered

Name of Employer

Trizetto

Occupation

Sr. Vice President

Receipt For:

Receipt For checkboxes: Primary, General, Other (specify)

Aggregate Year-to-Date

Aggregate Year-to-Date field with 500.00 entered

Date of Receipt

Date of Receipt field: 01 / 25 / 2002

Amount of Each Receipt this Period

Amount of Each Receipt this Period field with 500.00 entered

Full Name (Last, First, Middle Initial)

C. Joe Driscoll

Mailing Address

104 Cardinal Court

City

Braintree

State

MA

Zip Code

02184

FEC ID number of contributing federal political committee

FEC ID number field with 'C' entered

Name of Employer

PHCS

Occupation

President & CEO

Receipt For:

Receipt For checkboxes: Primary, General, Other (specify)

Aggregate Year-to-Date

Aggregate Year-to-Date field with 200.00 entered

Date of Receipt

Date of Receipt field: 01 / 02 / 2002

Amount of Each Receipt this Period

Amount of Each Receipt this Period field with 200.00 entered

SUBTOTAL of Receipts This Page (continued)

TOTAL This Period (last page this line number only)

2002-03-15 15:55:47

**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 <u>9</u> OF <u>9</u>
<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) **Duane Fitch**

Mailing Address **28 W. 290 Hillview A**

City **West Chicago** State **IL** Zip Code **60185**

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

Date of Receipt **01 / 18 / 2002**

Amount of Each Receipt this Period **250.00**

Name of Employer **Info Requested** Occupation **Info Requested**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **250.00**

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

Mailing Address

City State Zip Code

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

Date of Receipt

Amount of Each Receipt this Period

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

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

Date of Receipt

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (continued) ▶

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

8,350.00

22037550875

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 7	
	<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"/> 26c	
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e	

Any information copied from each Report and Statement 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 02 / 25 / 2002
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 4.50
City Richmond	State VA Zip Code 23285	
Purpose of Disbursement Electronic Funds Debit		Category/Type 001
Candidate Name		
Office Sought House Senate President	Disbursement For: Primary General Other (specify) ▼	
State	District	

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 03 / 04 / 2002
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 53.02
City Richmond	State VA Zip Code 23285	
Purpose of Disbursement Electronic Funds Debit		Category/Type 001
Candidate Name		
Office Sought House Senate President	Disbursement For: Primary General Other (specify) ▼	
State	District	

Full Name (Last, First, Middle Initial) C. Lynn Smith		Date of Disbursement 02 / 05 / 2002
Mailing Address 500 W. Main Street		Amount of Each Disbursement this Period 100.00
City Lexington	State KY Zip Code 40202	
Purpose of Disbursement Raffle Prize		Category/Type 001
Candidate Name		
Office Sought House Senate President	Disbursement For: Primary General Other (specify) ▼	
State	District	

TOTAL of Disbursements this Page (optional)	
TOTAL this Period (last page this line number only)	

22-03-755-0876

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)

21a 22 23 24 25 26 27 28a 28b 28c 28d

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. Armand Morin

Date of Disbursement

02 / 05 / 2002

Mailing Address

1100 Winter Street

City

Waltham

State

MA

Zip Code

02451

Amount of Each Disbursement This Period

2,000.00

Purpose of Disbursement

Raffle Prize

001

Candidate Name

Category/Type

Office Sought

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State

District

Full Name (Last, First, Middle Initial)

B. Hazel Valdez

Date of Disbursement

02 / 05 / 2002

Mailing Address

25500 Commerce Center Drive

City

Lake Forest

State

CA

Zip Code

92630

Amount of Each Disbursement This Period

500.00

Purpose of Disbursement

Raffle Prize

001

Candidate Name

Category/Type

Office Sought

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State

District

Full Name (Last, First, Middle Initial)

C. Richard Morgan

Date of Disbursement

02 / 05 / 2002

Mailing Address

3500 Parkway Lane

City

Norcross

State

GA

Zip Code

30092

Amount of Each Disbursement This Period

100.00

Purpose of Disbursement

Raffle Prize

001

Candidate Name

Category/Type

Office Sought

House

Disbursement For:

Senate

Primary

General

President

Other (specify) ▼

State

District

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

22-03 x 7555 - 138377

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"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 23a <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 25a <input type="checkbox"/> 25b <input type="checkbox"/> 25c <input type="checkbox"/> 26	

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. Lisa Henderson

Date of Disbursement
02 / 05 / 2002

Mailing Address
25500 Commerce Centre Drive

City Lake Forest State CA Zip Code 92630

Purpose of Disbursement Raffle Prize Category/Type 001

Candidate Name

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

State: _____ District: _____

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

Date of Disbursement
02 / 05 / 2002

Mailing Address
28588 Northwestern Hwy.

City Southfield State MI Zip Code 48034

Purpose of Disbursement Raffle Prize Category/Type 001

Candidate Name

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

State: _____ District: _____

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

Date of Disbursement
02 / 05 / 2002

Mailing Address
1100 Winter Street

City Waltham State MA Zip Code 02451

Purpose of Disbursement Raffle Prize Category/Type 001

Candidate Name

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) _____

2025 RELEASE UNDER E.O. 14176

**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	
<input checked="" type="checkbox"/>	21a	<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"/>	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**

A. Peter Osenar

Full Name (Last, First, Middle Initial)

Date of Disbursement: 02 / 05 / 2002

Mailing Address: 1100 Superior Street

City: Cleveland State: OH Zip Code: 44114

Purpose of Disbursement: Raffle Prize

Candidate Name: _____

Category/Type: 001

Amount of Each Disbursement this Period: 100.00

Office Sought: _____ Disbursement For: _____

State: _____ District: _____

B. Karen Shuler Stakem

Full Name (Last, First, Middle Initial)

Date of Disbursement: 02 / 26 / 2002

Mailing Address: 48 Poplar Avenue

City: Wheeling State: WV Zip Code: 26003

Purpose of Disbursement: Federal Election Compliance

Candidate Name: _____

Category/Type: 001

Amount of Each Disbursement this Period: 200.00

Office Sought: _____ Disbursement For: _____

State: _____ District: _____

C. SunTrust Bank

Full Name (Last, First, Middle Initial)

Date of Disbursement: 01 / 03 / 2002

Mailing Address: PO BOX 85024

City: Richmond State: VA Zip Code: 23285

Purpose of Disbursement: Electronic Funds Debit

Candidate Name: _____

Category/Type: 001

Amount of Each Disbursement this Period: 35.00

Office Sought: _____ Disbursement For: _____

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 5 OF 7	
<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29

Any information except from each Report 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) **SunTrust Bank**

Mailing Address **PO Box 85024**

City **Richmond** State **VA** Zip Code **23285**

Purpose of Disbursement **Electronic Funds Debit** Category Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **W**

State: District:

Date of Disbursement: **01 / 23 / 2002**

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

B

Full Name (Last, First, Middle Initial) **SunTrust Bank**

Mailing Address **PO Box 85024**

City **Richmond** State **VA** Zip Code **23285**

Purpose of Disbursement **Electronic Funds Debit** Category Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **W**

State: District:

Date of Disbursement: **01 / 28 / 2002**

Amount of Each Disbursement this Period: **4.50**

C

Full Name (Last, First, Middle Initial) **SunTrust Bank**

Mailing Address **PO Box 85024**

City **Richmond** State **VA** Zip Code **23285**

Purpose of Disbursement **Electronic Funds Debit** Category Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **W**

State: District:

Date of Disbursement: **02 / 04 / 2002**

Amount of Each Disbursement this Period: **39.73**

TOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) _____

2002-03-27 15:51:03

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 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"/> 29
	<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29d	<input type="checkbox"/> 29e	<input type="checkbox"/> 29f	<input type="checkbox"/> 29g	<input type="checkbox"/> 29h

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. Bill Ross

Date of Disbursement
02 / 05 / 2002

Mailing Address
4380 Torrance Blvd.

City: Torrance State: CA Zip Code: 90503

Purpose of Disbursement: Raffle Prize Category Type: 001

Candidate Name: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period
100.00

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

Date of Disbursement
02 / 05 / 2002

Mailing Address
20 Glover Avenue

City: Norwalk State: CT Zip Code: 68560

Purpose of Disbursement: Raffle Prize Category Type: 001

Candidate Name: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period
100.00

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

Date of Disbursement
02 / 05 / 2002

Mailing Address
104 Cardinal Court

City: Braintree State: MA Zip Code: 02184

Purpose of Disbursement: Raffle Prize Category Type: 001

Candidate Name: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period
1,000.00

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) _____

112-037550881

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 checked="" type="checkbox"/> 21a	<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"/> 28
	<input type="checkbox"/> 21b	<input type="checkbox"/> 27	<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 Rachel Longshore		Date of Disbursement 02 / 05 / 2002	
Mailing Address 500 W. Main Street		Amount of Each Disbursement This Period 100.00	
City Lexington	State KY	Zip Code 40202	Category/Type 00
Purpose of Disbursement Raffle Prize			
Candidate Name		Office Bought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____		State: _____ District: _____	

Full Name (Last, First, Middle Initial) B		Date of Disbursement	
Mailing Address		Amount of Each Disbursement This Period	
City	State	Zip Code	Category/Type
Purpose of Disbursement			
Candidate Name		Office Bought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____		State: _____ District: _____	

Full Name (Last, First, Middle Initial) C		Date of Disbursement	
Mailing Address		Amount of Each Disbursement This Period	
City	State	Zip Code	Category/Type
Purpose of Disbursement			
Candidate Name		Office Bought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____		State: _____ District: _____	

NET TOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	5,186.75

2002-05-07 15:55:43

**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 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"/> 29
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c		

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. Nunes for Congress

Date of Disbursement: **02 / 05 / 2002**

Mailing Address: **PO Box 891**

City: **Pixley** State: **CA** Zip Code: **93256**

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

Candidate Name: **Devin Nunes**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **CA** District: **20th**

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

Full Name (Last, First, Middle Initial)
B. Friends of John Boehner

Date of Disbursement: **02 / 03 / 2002**

Mailing Address: **790B Cincinnati Dayton Road**

City: **West Chester** State: **OH** Zip Code: **45069**

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

Candidate Name: **John Boehner**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **OH** District: **8th**

Amount of Each Disbursement this Period: **1,000.00**

Full Name (Last, First, Middle Initial)
C. Rehberg for Congress

Date of Disbursement: **02 / 03 / 2002**

Mailing Address: **PO Box 159**

City: **Helena** State: **MT** Zip Code: **59624**

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

Candidate Name: **Dennis Rehberg**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **MT** District: **all**

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

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 2 OF 2		
<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"/> 28
<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"/> 30	<input type="checkbox"/> 31

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. Forbes for Congress		Date of Disbursement 02 / 02 / 2002
Mailing Address 1128 N. Battlefield Blvd.		Amount of Each Disbursement this Period 500.00
City Chesapeake	State VA Zip Code 23320	
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name J. Randy Forbes		
Office Sought: <input checked="" 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) ▼	
State: VA District: 4th		

Full Name (Last, First, Middle Initial) B. Johnson for Congress		Date of Disbursement 02 / 03 / 2002
Mailing Address PO Box 1986		Amount of Each Disbursement this Period 1,000.00
City New Britain	State CT Zip Code 06050	
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Nancy Johnson		
Office Sought: <input checked="" 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) ▼	
State: CT District: 6th		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	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 (see page title line number only)	3,500.00

2002-03-27 15:47:00

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) <i>4-15-02</i>
<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>Jim D</i>	<i>4-22-02</i>
PREPARER	DATE PREPARED

(6'200X)