

**FEC
FORM 3X**

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

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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 S. First Street
Suite 303
Louisville KY 40202

Check if different than previously reported. (ACC)

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

M M M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

04 / 01 / 2014

through

06 / 30 / 2014

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

07 / 15 / 2014

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

FEC FORM 3X
Rev. 12/2004

**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: 04 ' 01 ' 2014 To: 06 ' 30 ' 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <u>2014</u>	<u>3,937.28</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>13,350.70</u>
(c) Total Receipts (from Line 19).....	<u>11,680.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>15,617.28</u>
7. Total Disbursements (from Line 31).....	<u>8,581.50</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>7,035.70</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>

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: 04 / 01 / 2014 To: 06 / 30 / 2014

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).....

0

10,350⁰⁰

(ii) Unitemized.....

0

1,330⁰⁰

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0

11,680⁰⁰

(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).....▶

0

11,680⁰⁰

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)).....▶

0

11,680⁰⁰

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

0

11,680⁰⁰

DETAILED SUMMARY PAGE
of Disbursements

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	315.00	2,581.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	315.00	2,581.58
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6,000.00	6,000.00
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	0	0
(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)).....	0	0
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))..	6,315.00	8,581.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6,315.00	8,581.58

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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 1

<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

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) <u>Cathy McMorris Rodgers for Congress</u>		Date of Disbursement MM ' DD ' YYYY <u>06</u> ' <u>03</u> ' <u>2014</u>
Mailing Address <u>PO Box 137</u>		Amount of Each Disbursement this Period <u>1,500.00</u>
City <u>Spokane</u>	State <u>WA</u>	
Zip Code <u>99210</u>		Category/ Type
Purpose of Disbursement <u>Contribution</u>		
Candidate Name <u>Cathy McMorris Rodgers</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>WA</u>	District: <u>5</u>	

Full Name (Last, First, Middle Initial) <u>Lone Star PAC</u>		Date of Disbursement MM ' DD ' YYYY <u>06</u> ' <u>16</u> ' <u>2014</u>
Mailing Address <u>PO Box 30844</u>		Amount of Each Disbursement this Period <u>3,000.00</u>
City <u>Bethesda</u>	State <u>MD</u>	
Zip Code <u>20824</u>		Category/ Type
Purpose of Disbursement <u>Contribution</u>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <u>Healthcare Freedom Fund</u>		Date of Disbursement MM ' DD ' YYYY <u>06</u> ' <u>16</u> ' <u>2014</u>
Mailing Address <u>PO Box 2465</u>		Amount of Each Disbursement this Period <u>1,500.00</u>
City <u>Springfield</u>	State <u>VA</u>	
Zip Code <u>22152</u>		Category/ Type
Purpose of Disbursement <u>Contribution</u>		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<u> </u>
TOTAL This Period (last page this line number only).....	<u>6,000.00</u>

**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

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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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. Sen Trust Bank Date of Disbursement 04' 02' 2014
Mailing Address PO Box 305183
City Nashville State TN Zip Code 37230
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) _____
State: _____ District: _____

B. Sen Trust Bank Date of Disbursement 04' 02' 2014
Mailing Address PO Box 305183
City Nashville State TN Zip Code 37230
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 95.00
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) _____
State: _____ District: _____

C. Sen Trust Bank Date of Disbursement 05' 02' 2014
Mailing Address PO Box 305183
City Nashville State TN Zip Code 37230
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00
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).....▶

Amount of Each Disbursement this Period
20.00
95.00
20.00

**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

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. SunTrust Bank Date of Disbursement 05 / 05 / 2014
Mailing Address PO Box 305183
City Nashville State TN Zip Code 37230
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 85.00
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General
State: _____ District: _____ Other (specify) _____

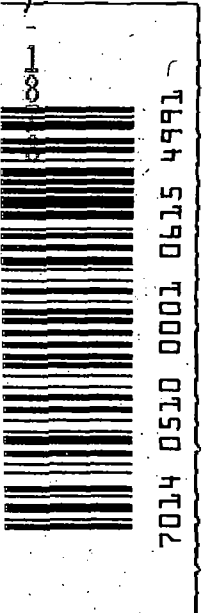
B. SunTrust Bank Date of Disbursement 06 / 02 / 2014
Mailing Address PO Box 305183
City Nashville State TN Zip Code 37230
Purpose of Disbursement bank fees Amount of Each Disbursement this Period 85.00
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General
State: _____ District: _____ Other (specify) _____

C. SunTrust Bank Date of Disbursement 06 / 03 / 2014
Mailing Address PO Box 305183
City Nashville State TN Zip Code 37230
Purpose of Disbursement _____ Amount of Each Disbursement this Period 20.00
Candidate Name _____ Category/Type _____
Office Sought: House Senate President Disbursement For: Primary General
State: _____ District: _____ Other (specify) _____

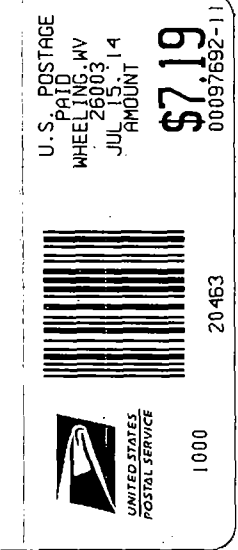
SUBTOTAL of Disbursements This Page (optional)..... 315.00
TOTAL This Period (last page this line number only)..... 315.00

11/01/2014 11:00 AM

FROM: FIN: WASH



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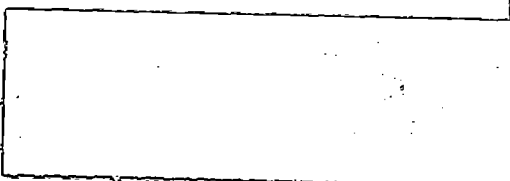


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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery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

AAO
 PREPARER
 (8/2013)

7/21/14
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