

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 APR 20 A 9:58

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street)

222 South First Street

Suite 303

Check if different than previously reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C 00352922

3. IS THIS REPORT

XX NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

XX

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 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 Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the State of

5. Covering Period

01^M

01^D

2006

through

03^M

31^D

2006

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

[Handwritten Signature]

Date

04^M

14^D

2006

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 3 (Revised 02/2003)

26039051878

**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 / 2006** To: **03 / 31 / 2006**

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2006 | | 8,234.91 |
| (b) Cash on Hand at Beginning of Reporting Period | 8,234.91 | |
| (c) Total Receipts (from Line 19) | 11,040.00 | 11,040.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 19,274.91 | 19,274.91 |
| 7. Total Disbursements (from Line 31) | 5,581.28 | 5,581.28 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 13,693.63 | 13,693.63 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

26039051879

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: **01 / 01 / 2006** To: **03 / 31 / 2006**

| 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)..... | 3,365.00 | 3,365.00 |
| (ii) Unitemized..... | 7,675.00 | 7,675.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 11,040.00 | 11,040.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 11,040.00 | 11,040.00 |
| 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 37, page 5)..... | 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 Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5)..... | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 11,040.00 | 11,040.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 11,040.00 | 11,040.00 |

26039051880

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 | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 5,581.28 | 5,581.28 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 5,581.28 | 5,581.28 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 5,581.28 | 5,581.28 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5,581.28 | 5,581.28 |

2009051981

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) | 11,040.00 | 11,040.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11,040.00 | 11,040.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 5,581.28 | 5,581.28 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 5,581.28 | 5,581.28 |

26039051882

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 1 OF 3 | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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**

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Clark, Christian | | Date of Receipt 02 / 17 / 2006 |
| Mailing Address 4020 Park Street | | Amount of Each Receipt this Period 375.00 |
| City St. Petersburg | State Zip Code FL 33709 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 375.00 |
| Name of Employer Integrated Health Plan | Occupation Executive Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Haggerty, Paula | | Date of Receipt 02 / 17 / 2006 |
| Mailing Address 535 E. Diehl Road | | Amount of Each Receipt this Period 395.00 |
| City Naperville | State Zip Code IL 60563 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 395.00 |
| Name of Employer Concentra Network | Occupation Marketing Dir. | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 395.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Hale, William | | Date of Receipt 02 / 18 / 2006 |
| Mailing Address 25500 Commercentre Drive | | Amount of Each Receipt this Period 1,250.00 |
| City Lake Forest | State Zip Code CA 92630 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1,250.00 |
| Name of Employer Beech Street | Occupation Pres. & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1,250.00 | |

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

20090519083

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 3 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Havard, L. Cade | | Date of Receipt 02 / 17 / 2006 |
| Mailing Address 8350 North Central Expressway | | Amount of Each Receipt this Period 225.00 |
| City Dallas | State TX | |
| Zip Code 75206 | | Amount of Each Receipt this Period 225.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer EcomPPO.com | Occupation CEO | Amount of Each Receipt this Period 225.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Meisel, Stephen | | Date of Receipt 02 / 18 / 2006 |
| Mailing Address 2811 Wilshire Blvd., Suite 900 | | Amount of Each Receipt this Period 540.00 |
| City Santa Monica | State CA | |
| Zip Code 90403 | | Amount of Each Receipt this Period 540.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer MedFocus | Occupation Pres. and Med. Dir. | Amount of Each Receipt this Period 540.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Radke, Brenda | | Date of Receipt 02 / 17 / 2006 |
| Mailing Address 15500 New Barn Road | | Amount of Each Receipt this Period 290.00 |
| City Miami Lakes | State FL | |
| Zip Code 33014 | | Amount of Each Receipt this Period 290.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Hygeia Corp. | Occupation Director | Amount of Each Receipt this Period 290.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 290.00 | |

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

26039051884

**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 3 | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Schubert, Al | | Date of Receipt MM / DD / YYYY 02 / 17 / 2006 |
| Mailing Address 3333 Quality Drive | | Amount of Each Receipt this Period 290.00 |
| City Rancho | State Zip Code CA 95670 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer VSP | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 290.00 | |

| | | |
|---|--------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|---|--------------------------|------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt MM / DD / YYYY |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | |
| TOTAL This Period (last page this line number only).....▶ | 3,365.00 |

2603951885

**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)

21b 22 23 24 25 26
 27 28a 28b 28c 29 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 | | Date of Disbursement 01 / 27 / 2006 |
| Mailing Address PO Box 622227 | | Amount of Each Disbursement this Period 40.70 |
| City Orlando | State Zip Code FL 32862 | |
| Purpose of Disbursement Electronic funds debit | | 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) B. Stakem, Karen Shuler | | Date of Disbursement 01 / 19 / 2006 |
| Mailing Address 48 Poplar Avenue | | Amount of Each Disbursement this Period 387.50 |
| City Wheeling | State Zip Code WV 26003 | |
| Purpose of Disbursement FEC compliance | | 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) C. Komen SW Florida Foundation | | Date of Disbursement 01 / 31 / 2006 |
| Mailing Address PO Box 366337 | | Amount of Each Disbursement this Period 5,000.00 |
| City Bonita Springs | State Zip Code FL 34136 | |
| Purpose of Disbursement Contribution | | 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).....▶ | |

2006051886

**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"/> 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 | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2006 |
| Mailing Address PO Box 622227 | | Amount of Each Disbursement this Period 36.65 |
| City Orlando | State Zip Code FL 32862 | |
| Purpose of Disbursement Electronic funds debit | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2006 |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 4.50 |
| City Phoenix | State Zip Code AZ 85072 | |
| Purpose of Disbursement Electronic funds debit | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. SunTrust Bank | | Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2006 |
| Mailing Address PO Box 622227 | | Amount of Each Disbursement this Period 107.43 |
| City Orlando | State Zip Code FL 32862 | |
| Purpose of Disbursement Electronic funds debit | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

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

20060303

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.

| | |
|--|---------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked <i>4-15-06</i> |
| <input 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 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 |
| <i>Jms</i> PREPARER | <i>4-20-06</i> DATE PREPARED |

20050415090909