

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 09/2003)

Page 2

Write or Type Committee Name American Association of Preferred Provider Organizations

Report Covering the Period: From 10 01 2004 To 11 22 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 (a) Cash on Hand January 1, 2004		\$ 329.84
(b) Cash on Hand at Beginning of Reporting Period	15,388.69	
(c) Total Receipts (from Line 10)	2,700.00	12,830.00
(d) Subtotal (add Lines 6(b) and 6(c) to Column A and Lines 6(a) and 6(c) for Column B)	18,088.69	21,159.84
7. Total Disbursements (from Line 5)	10,445.00	13,516.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,643.69	7,643.69
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 G and/or Schedule U)	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

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: **10 01 2004** To: **11 22 2004**

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)	1,700.00	5,250.00
(ii) Unitemized	1,000.00	7,580.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	2,700.00	12,830.00
(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)	2,700.00	12,830.00
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. Reimburse of Contributions Made to Federal Candidates and Other Federal 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 H2)	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))	2,700.00	12,830.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2,700.00	12,830.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule M4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	445.00	1,516.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	445.00	1,516.15
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000.00	12,000.00
24. Independent Expenditures (see Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see Schedule F)	0.00	0.00
26. Loans 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. §401(20))		
(a) Allocated Federal Election Activity (from Schedule M4)		
(i) Federal Share	0.00	0.00
(ii) "Leak" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Line 30(a)(i), 30(a)(ii), and 30(b))	0.00	0.00
31. Total Disbursements (add Line 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	445.00	13,516.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	445.00	13,516.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 12/2003)

Page 6

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)	2,700.00	12,830.00
34. Total Contribution Refunds (from Line 23(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,700.00	12,830.00
36. Total Federal Operating Expenditures (split Line 21(a)(i) and Line 21(b))	445.00	1,516.15
37. Offsets to Operating Expenditures (from Line 15, page 5)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	445.00	1,516.15

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

Use separate schedules
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE		OF		4	
<input checked="" type="checkbox"/>	1a	<input type="checkbox"/>	1b	<input type="checkbox"/>	1c	<input type="checkbox"/>	1d
<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 committee.

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

A. Full Name (Last, First, Middle Initial): **Dukes, Robert** Date of Receipt: **11 01 2004**

Mailing Address: **9275 Sky Park Ct.**

City: **San Diego** State: **CA** Zip Code: **92123**

FEC ID number of contributing federal political committee: **C** Amount of Each Receipt this Period: **200.00**

Name of Employer: **Primary Provider** Occupation: **CEO**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **200.00**

B. Full Name (Last, First, Middle Initial): **Markus, Rick** Date of Receipt: **11 04 2004**

Mailing Address: **25500 Commercentre Drive**

City: **Lake Forest** State: **CA** Zip Code: **92610**

FEC ID number of contributing federal political committee: **C** Amount of Each Receipt this Period: **200.00**

Name of Employer: **Beech Street** Occupation: **Exec. Vice President**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **400.00**

C. Full Name (Last, First, Middle Initial): **Osenar, Peter** Date of Receipt: **11 01 2004**

Mailing Address: **1301 E. 9th Street**

City: **Cleveland** State: **OH** Zip Code: **44114**

FEC ID number of contributing federal political committee: **C** Amount of Each Receipt this Period: **200.00**

Name of Employer: **Emerald Health** Occupation: **President & CEO**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **300.00**

SUBTOTAL of Receipts This Page (optional) **600.00**

TOTAL This Period (last page this line number only) **600.00**

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FDR LINE NUMBER: (check only one)	PAGE 2 OF 4
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Bundgus, Burt		Date of Receipt 11 01 2004
Mailing Address 1301 E. 9th Street		Amount of Each Receipt This Period 200.00
City Cleveland	State Zip Code OH 44114	
FEC ID number of contributing federal political committee C		
Name of Employer Emerald Health	Occupation Chairman	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Charlton, Robin		Date of Receipt 11 01 2004
Mailing Address 25500 Commercentre Drive		Amount of Each Receipt This Period 100.00
City Lake Forest,	State Zip Code CA 92630	
FEC ID number of contributing federal political committee C		
Name of Employer Beach Street	Occupation Director	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Dudley, Martin		Date of Receipt 11 01 2004
Mailing Address 101 Lindenwood Drive, Suite 150		Amount of Each Receipt This Period 100.00
City Malvern	State Zip Code PA 19355	
FEC ID number of contributing federal political committee C		
Name of Employer InterGroup Services	Occupation Chairman & CEO	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (incl page 213 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 3 OF 4

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ross, William
 Full Name (Last, First, Middle Initial)
 Mailing Address: **3480 Torrance Blvd., Suite 220**
 City: **Torrance** State: **CA** Zip Code: **90503**
 Date of Receipt: **11 / 02 / 2004**
 Amount of Each Receipt this Period: **200.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **South Bay Independent** Occupation: **Executive Director**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **400.00**

B. Squibb, Constance
 Full Name (Last, First, Middle Initial)
 Mailing Address: **11706 Mercy Blvd., Plaza A**
 City: **Savannah** State: **GA** Zip Code: **31419**
 Date of Receipt: **11 / 01 / 2004**
 Amount of Each Receipt this Period: **100.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **The Care Network** Occupation: **Director**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **200.00**

C. Wallis, Nan
 Full Name (Last, First, Middle Initial)
 Mailing Address: **400 Poydras Street, Suite 2040**
 City: **New Orleans** State: **LA** Zip Code:
 Date of Receipt: **11 / 05 / 2004**
 Amount of Each Receipt this Period: **200.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **PPOpus LLC** Occupation: **Vice President**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **200.00**

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (total page into line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

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

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

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. SunTrust Bank

Mailing Address
PO Box 62227

City Orlando State FL Zip Code 32862

Purpose of Disbursement
Electronic Funds Debit

Candidate Name

Office Sought: House Senate President
State District

Disbursement For: Primary General
 Other (specify) ▼

10 04 2004

Amount of Each Disbursement this Period

35.00

Category Type

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. SunTrust Bank

Mailing Address
PO Box 62227

City Orlando State FL Zip Code 32862

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State District

Disbursement For: Primary General
 Other (specify) ▼

12 05 2004

Amount of Each Disbursement this Period

35.00

Category Type

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Karen Shuler Staken

Mailing Address
48 Poplar Avenue

City Wheeling State WV Zip Code 26003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State District

Disbursement For: Primary General
 Other (specify) ▼

11 07 2004

Amount of Each Disbursement this Period

375.00

Category Type

SUBTOTAL of Disbursements This Page (optional)

445.00

TOTAL This Period (last page file 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 1 OF 4	
<input type="checkbox"/> 21a	<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"/> 29b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 29a

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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. Bob Beauprez for Congress		Date of Disbursement 10 27 2004
Mailing Address 3994 Youngfield Street		Amount of Each Disbursement this Period 1,000.00
City Wheat Ridge	State Zip Code CO 80033	
Purpose of Disbursement Campaign Contribution		
Candidate Name Bob Beauprez		Category Type
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: CO District: 7+3		

Full Name (Last, First, Middle Initial) B. Richard Burr Committee		Date of Disbursement 10 27 2004
Mailing Address PQ Box 5928		Amount of Each Disbursement this Period 1,000.00
City Winston-Salem	State Zip Code NC 27113	
Purpose of Disbursement Campaign Contribution		
Candidate Name Richard Burr		Category Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District:		

Full Name (Last, First, Middle Initial) C. Coburn for Senate Committee		Date of Disbursement 10 27 2004
Mailing Address PQ Box 977		Amount of Each Disbursement this Period 1,000.00
City Muskogee	State Zip Code OK 74402	
Purpose of Disbursement Campaign Contribution		
Candidate Name Tom Coburn		Category Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District:		

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page the 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 4	
<input type="checkbox"/> 21a	<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"/> 30

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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. Friends of Pete Coors		Date of Disbursement 10 27 2004
Mailing Address 300 West Plaza Drive Suite 175		Amount of Each Disbursement this Period 1,000.00
City Highlands Ranch	State Zip Code CO 80127	
Purpose of Disbursement Campaign Contribution		Category Type
Candidate Name Pete Coors		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO	District:	

Full Name (Last, First, Middle Initial) B. Crane for Congress Committee		Date of Disbursement 10 27 2004
Mailing Address PO Box 12425		Amount of Each Disbursement this Period 1,000.00
City Rollings Meadows	State Zip Code IL 60008	
Purpose of Disbursement Campaign Contribution		Category Type
Candidate Name Phil Crane		
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: IL	District: 8th	

Full Name (Last, First, Middle Initial) C. DeMint for Senate Committee		Date of Disbursement 10 27 2004
Mailing Address PO Box 12425		Amount of Each Disbursement this Period 1,000.00
City Columbia	State Zip Code SC 29211	
Purpose of Disbursement Campaign Contribution		Category Type
Candidate Name Jim DeMint		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC	District:	

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page line and 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 3 OF 4	
<input type="checkbox"/> 21	<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"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32

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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. Friends of Martinez		Date of Disbursement 10 27 2004
Mailing Address 1516 Hilcrest Street Suite 200		Amount of Each Disbursement this Period 1,000.00
City Orlando	State FL	
Zip Code 32803		Category/Type
Purpose of Disbursement Campaign Contribution		
Candidate Name Mel Martinez		
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: FL	District:	

Full Name (Last, First, Middle Initial) B. Lisa Murkowski - U.S. Senate		Date of Disbursement 10 27 2004
Mailing Address PO Box 100847		Amount of Each Disbursement this Period 1,000.00
City Anchorage	State AK	
Zip Code 99510		Category/Type
Purpose of Disbursement Campaign Contribution		
Candidate Name Lisa Murkowski		
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: AK	District:	

Full Name (Last, First, Middle Initial) C. Musgrave for Congress		Date of Disbursement 10 27 2004
Mailing Address 5401 Stone Creek Circle		Amount of Each Disbursement this Period 1,000.00
City Leveland	State CO	
Zip Code 80538		Category/Type
Purpose of Disbursement Campaign Contribution		
Candidate Name Marilyn Musgrave		
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: CO	District: 4th	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							
	<input type="checkbox"/> 16	<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
		23a	23b	24a	25	26		27

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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. Lincoln for US Senate		Date of Disbursement 10 27 2004	
Mailing Address PO Box 3197		Amount of Each Disbursement this Period 1,000.00	
City Little Rock	State AR		Zip Code 72203
Purpose of Disbursement Campaign Contribution			Category Type
Candidate Name Blanche Lincoln			
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: AR	District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
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)	10,000.00
TOTAL This Period (last page this line number only)	

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12-2-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery 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
<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>JM B</i> PREPARER	12-7-04 DATE PREPARED