

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2002 OCT 20 P 12:37

DIRs Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FE4MB

American Association of Preferred Provider Organizations Political Action Committee

ADDRESS (number and street) P.O. Box 429
XX Check if different than previously reported. (ACC) Jeffersonville IN 47131 0429

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00352922

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

Table with 4 columns: (a) Type of Report, (b) Monthly Report Due On, (c) 12-Day PPE-Election Report for the, (d) 30-Day PPE-Election Report for the. Includes sub-headers like Quarterly Reports, Primary, General, Special, etc.

6. Covering Period 07 01 2002 through 09 30 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 [Handwritten Signature] Date 10 14 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

Table with 10 columns for Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 6/01)

Page 2

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

Report Covering the Period: From **07 01 2002** To **09 30 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	8,056.52	
(c) Total Receipts (from Line 19)	0.00	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)	8,056.52	17,298.27
7 Total Disbursements (from Line 30)	2,742.50	11,984.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5,314.02	5,314.02
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

DETAILED SUMMARY PAGE
of Receipts

Page 3

FEC Form 28 (Revised 1/01)

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

Report Covering the Period: From: 07 01 2002 To: 09 30 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) Unitemized (use Schedule A)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	0.00	12,850.00
(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 22, page 4)	0.00	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 36, 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)	0.00	12,850.00
20. Total Federal Receipts (subtract Line 19 from Line 16)	0.00	12,850.00

DETAILED SUMMARY PAGE
of Disbursements

Page 4

FEC Form 3X (Revised 1/01)

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21	Operating Expenditures:		
(a)	Shared Federation-Federal Activity (from Schedule H4)	0.00	0.00
(i)	Federal Share		
		0.00	0.00
(2)	Non-Federal Share		
(b)	Other Federal Operating Expenditures	242.50	5,984.25
(c)	Total Operating Expenditures (add 21(a)(1), (a)(2), and (b))	242.50	5,984.25
22	Transfers to Affiliated/Other Party Committee	0.00	0.00
23	Contributions to Federal Candidates/Committee and Other Political Committees	2,500.00	6,000.00
24	Independent Expenditures (use Schedule E)	0.00	0.00
25	Coordinated Expenditures Made by Party Committee (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
		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 Line 28(a), (b), and (c))	0.00	0.00
		0.00	0.00
29	Other Disbursements		
30	Total Disbursements (add Line 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	2,742.50	11,984.25
31	Total Federal Disbursements (subtract Line 21(a)(1) from Line 30)	2,742.50	11,984.25
III. Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans) (from Line 11(c), page 3)	0.00	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)	0.00	12,850.00
35	Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	242.50	5,984.25
36	Offsets to Operating Expenditure (from Line 15, page 3)	0.00	0.00
37	Net Operating Expenditures (subtract Line 36 from Line 35)	242.50	5,984.25

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

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

FOR LINE NUMBER: (check only one)

<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"/> 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 individual contributor 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 07 02 2002	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.00	
City Richmond	State VA	Zip Code 23285	Category/Type 001
Purpose of Disbursement Electronic Funds Debit		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 08 02 2002	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.00	
City Richmond	State VA	Zip Code 23285	Category/Type 001
Purpose of Disbursement Electronic Funds Debit		Candidate Name	
Office Sought House Senate President	Disbursement For Primary General Other (specify) ▼	State: District:	
Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 09 04 2002	
Mailing Address PO Box 85024		Amount of Each Disbursement this Period 35.00	
City Richmond	State VA	Zip Code 23285	Category/Type 001
Purpose of Disbursement Electronic Funds Debit		Candidate Name	
Office Sought House Senate President	Disbursement For Primary General Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional) **105.00**

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)

<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"/> 28c

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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. Karen Shuler Stakem		Date of Disbursement 07 25 2002
Mailing Address 48 Poplar Avenue		Amount of Each Disbursement This Period 137.50
City Wheeling	State WV	
Zip Code 26003		Category Type 001
Purpose of Disbursement Federal Election Compliance		
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.		Date of Disbursement
Mailing Address		Amount of Each Disbursement This Period
City	State	
Zip Code		Category Type
Purpose of Disbursement		
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		Category Type
Purpose of Disbursement		
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)	137.50
TOTAL This Period (last page this line number only)	242.50

20020725 10:00 AM

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

Use separate schedule(s) for each category of the Disbursement Summary Page		FOR LINE NUMBER (check only one)		PAGE 1 of 1	
<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"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28

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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. Northup for Congress		Date of Disbursement 08 07 2002
Mailing Address PO Box 7313		Amount of Each Disbursement This Period 1,000.00
City Louisville	State Zip Code KY 40257	
Purpose of Disbursement Contribution		Category/Type
Candidate Name Anne Northup		
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: KY District: 3rd		

Full Name (Last, First, Middle Initial) B. Hastert for Congress		Date of Disbursement 09 10 2002
Mailing Address PO Box 625		Amount of Each Disbursement This Period 1,500.00
City Batavia	State Zip Code IL 60510	
Purpose of Disbursement Contribution		Category/Type
Candidate Name J. Dennis Hastert		
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: 14th		

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 (addition)	2,500.00
TOTAL This Period (last page the line number only)	

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>10/15/02</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>Ja</i> PREPARER	<i>10/30/02</i> DATE PREPARED