

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2004 OCT 19 A 11:01  
09/25/04 1st Day

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12 FEB 4MS**  
American Association of Preferred Provider Organizations  
Political Action Committee

ADDRESS (number and street) PO Box 429  
 Check if different than previously reported. (AC) Jeffersonville IN 47131 0429

2. FEC IDENTIFICATION NUMBER ▼ C 00352922  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
 CITY ▲ STATE ▲ ZIP CODE ▲

4. TYPE OF REPORT (Choose One)	(i) Quarterly Reports:					
	Feb 20 (Q1)	May 20 (Q2)	Aug 20 (Q3)	Nov 20 (Q4)	Nov 20 (M11) (Non-Election Year Only)	Dec 30 (M12) (Non-Election Year Only)
<input type="checkbox"/> April 15 Quarterly Report (Q1)						
<input type="checkbox"/> July 15 Quarterly Report (Q2)						
<input checked="" type="checkbox"/> October 15 Quarterly Report (Q3)						
<input type="checkbox"/> January 31 Year-End Report (YE)						
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)						
<input type="checkbox"/> Termination Report (TER)						
	(ii) 12-Day Report for the:					
	Primary (12P)	General (12G)	Runoff (12R)	in the State of		
	Conversion (12C)	Special (12S)				
	(iii) 30-Day POST-Election Report for the:					
	General (30G)	Runoff (30R)	Special (30S)	in the State of		

5. Covering Period 07 01 2004 through 09 30 2004

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 [Signature] Date 10 13 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8457g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Page 2

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		8,329.64
(b) Cash on Hand at Beginning of Reporting Period	15,893.69	
(c) Total Receipts (from Line 19)	0.00	10,130.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15,893.69	18,459.64
7. Total Disbursements (from Line 31)	505.00	3,071.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15,388.69	15,388.69
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 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

FEC Form 9X (Rev. 02/2003)

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

Report Covering the Period: From: **07 01 2004** to: **09 30 2004**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals, Partners, Other Than Political Committees	0.00	3,550.00
(b) Itemized (use Schedule A)	0.00	6,580.00
(i) Unitemized	0.00	10,130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	0.00	0.00
(ii) 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)(ii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	10,130.00
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(c), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	10,130.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	10,130.00

**DETAILED SUMMARY PAGE**  
of Disbursements

Page 4

FEC Form 3X (Rev. 6/2/03)

B. 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	505.00	1,071.15	
(c) Total Operating Expenditures (add 21(a)(i), (ii), and (b))	505.00	1,071.15	
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	2,000.00	
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. §481(2)):			
(a) Allocated Federal Election Activity (from Schedule H4):			
(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))	505.00	3,071.15	
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)	505.00	3,071.15	

**DETAILED SUMMARY, PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

B. 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)	0.00	10,130.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	10,130.00
36. Total Federal Operating Expenditures (add Line 21(s)(i) and Line 21(b))	505.00	1,071.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	505.00	1,071.15

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 24a	<input type="checkbox"/> 25	<input type="checkbox"/> 28	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29	<input type="checkbox"/> 30a		

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) <b>A. Karen Shaler Stakem</b>		Date of Disbursement <b>07 07 2004</b>
Mailing Address <b>48 Poplar Avenue</b>		Amount of Each Disbursement this Period <b>400.00</b>
City <b>Wheeling</b>	State <b>WV</b>	
Zip Code <b>26003</b>		
Purpose of Disbursement <b>Federal Election Compliance</b>		Category Type <b>001</b>
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>B. SunTrust Bank</b>		Date of Disbursement <b>07 02 2004</b>
Mailing Address <b>PO Box 622227</b>		Amount of Each Disbursement this Period <b>55.00</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32862</b>		
Purpose of Disbursement <b>Electronic Funds Debit</b>		Category Type <b>001</b>
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>C. SunTrust Bank</b>		Date of Disbursement <b>08 03 2004</b>
Mailing Address <b>PO Box 622227</b>		Amount of Each Disbursement this Period <b>35.00</b>
City <b>Orlando</b>	State <b>FL</b>	
Zip Code <b>32862</b>		
Purpose of Disbursement <b>Electronic Funds Debit</b>		Category Type <b>001</b>
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).....	→

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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) <b>A. SunTrust Bank</b>		Date of Disbursement <b>09 02 2004</b>
Mailing Address <b>PO Box 622227</b>		Amount of Each Disbursement this Period <b>55.00</b>
City <b>Orlando</b>	State Zip Code <b>FL 32862</b>	
Purpose of Disbursement <b>Electronic Funds Debit</b>	Category Type <b>001</b>	
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) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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) <input type="checkbox"/>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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) <input type="checkbox"/>	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	<b>505.00</b>

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) 10-15-04
<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

AMU  
 PREPARER  
 (5/2004)

10-15-04  
 DATE PREPARED