

**FEC  
FORM 3X**

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

RECEIVED

2013 JUL 25 PM 3:09

Office Use Only **FEC MAIL CENTER**

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

Check if different than previously reported. (ACC)

Suite 303

Louisville

KY

40240

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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)

X July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

M M / D D / Y Y Y Y

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

M M / D D / Y Y Y Y

Election on

in the State of

5. Covering Period

01<sup>M</sup> ' 01<sup>D</sup> ' 20<sup>Y</sup>13

through

06<sup>M</sup> ' 30<sup>D</sup> ' 20<sup>Y</sup>13

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 ' 23 ' 2013

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  
Political Action Committee

Report Covering the Period:

From:

01 ' 01 ' 2013

To:

06 ' 30 ' 2013

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2013   |                         | 5545 <sup>38</sup>                |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 5545 <sup>38</sup>      |                                   |
| (c) Total Receipts (from Line 19).....   | 12,660. <sup>00</sup>   | 12,660. <sup>00</sup>             |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | 18,205. <sup>38</sup>   | 18,205. <sup>38</sup>             |
| 7. Total Disbursements (from Line 31).....   | 14,991. <sup>20</sup>   | 14,991. <sup>20</sup>             |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | 3,214. <sup>18</sup>    | 3,214. <sup>18</sup>              |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0                       |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 0                       |                                   |

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

T

Page 3

Report Covering the Period: From: 01 01 2013 To: 06 30 2013

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

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

12400<sup>00</sup>  
260<sup>00</sup>  
12660<sup>00</sup>  
0  
0  
12660<sup>00</sup>  
0  
0  
0  
0  
0  
0  
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0  
0  
0

12,400<sup>00</sup>  
260<sup>00</sup>  
12,660<sup>00</sup>

12,660<sup>00</sup>

# **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 .....

(ii) Non-Federal Share.....

(b) Other Federal Operating Expenditures .....

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

**22. Transfers to Affiliated/Other Party**

Committees.....

**23. Contributions to Federal Candidates/Committees and Other Political Committees.....**

**24. Independent Expenditures**

(use Schedule E).....

**25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....**

**26. Loan Repayments Made.....**

**27. Loans Made.....**

**28. Refunds of Contributions To:**  
(a) Individuals/Persons Other Than Political Committees .....

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs).....

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

**29. Other Disbursements .....**

**30. Federal Election Activity (2 U.S.C. §431(20))**

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share .....

(ii) "Levin" Share.....

(b) Federal Election Activity Paid Entirely With Federal Funds .....

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....

**31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..**

**32. Total Federal Disbursements**

(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

0  
0  
6,991.20  
6,991.20

0  
0  
6,991.20  
6,991.20

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8,000.00

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8,000.00

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0

14,991.20

14,991.20

14,991.20

14,991.20

13031100653

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 12,660.00                     | 12,660.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 12,660.00                     | 12,660.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 6,991.20                      | 6,991.20                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 6,991.20                      | 6,991.20                          |

13031160654

**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 13                 |                             |
| (check only one)                        |                              |                              |                             |
| <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**

|   |   |   |
|---|---|---|
| A. Full Name (Last, First, Middle Initial)<br><b>Allen, Brian</b>   |   | Date of Receipt<br><b>01/27/2013</b>                  |
| Mailing Address<br><b>250 Progressive Way</b>   |   | Amount of Each Receipt this Period<br><b>\$500.00</b> |
| City<br><b>Westerville</b>  | State<br><b>OH</b> Zip Code<br><b>43082</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>Progressive Medical</b>  | Occupation<br><b>Vice President</b>         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>\$500.00</b> |   |

|   |   |   |
|---|---|---|
| B. Full Name (Last, First, Middle Initial)<br><b>Clarcocchi, Michael</b>  |   | Date of Receipt<br><b>01/27/2013</b>                  |
| Mailing Address<br><b>151 Farmington Ave</b>  |   | Amount of Each Receipt this Period<br><b>\$500.00</b> |
| City<br><b>Hartford</b>   | State<br><b>CT</b> Zip Code<br><b>06186</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>Mentor Health</b>  | Occupation<br><b>Head of Distribution</b>   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>\$500.00</b> |   |

|   |   |   |
|---|---|---|
| C. Full Name (Last, First, Middle Initial)<br><b>Davis, Steven</b>  |   | Date of Receipt<br><b>01/27/2013</b>                  |
| Mailing Address<br><b>20 Waterview Blvd</b>   |   | Amount of Each Receipt this Period<br><b>\$200.00</b> |
| City<br><b>Pasigippony</b>  | State<br><b>NS</b> Zip Code<br><b>07054</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>OneCall Medical</b>  | Occupation<br><b>Chief Legal Officer</b>    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>\$200.00</b> |   |

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this 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:  
(check only one)

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☒ 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. Full Name (Last, First, Middle Initial) **De Moss, Darrell**  
Mailing Address **270 Renaissance Blvd**  
City **King of Prussia** State **PA** Zip Code **19406**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Medrisk** Occupation **Vice President**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **200.00**  
Aggregate Year-to-Date **200.00**

Date of Receipt

**01 / 27 / 2013**

Amount of Each Receipt this Period

**200.00**

B. Full Name (Last, First, Middle Initial) **Equikner, Baine**  
Mailing Address **10400 Mainley Drive**  
City **San Diego** State **CA** Zip Code **92131**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **First Health** Occupation **CEO**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **500.00**  
Aggregate Year-to-Date **500.00**

Date of Receipt

**01 / 27 / 2013**

Amount of Each Receipt this Period

**500.00**

C. Full Name (Last, First, Middle Initial) **Felsing, Bill**  
Mailing Address **18000 West 50th Lane**  
City **Brookfield** State **WI** Zip Code **53045**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Trilogy Health** Occupation   
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **200.00**  
Aggregate Year-to-Date **200.00**

Date of Receipt

**01 / 27 / 2013**

Amount of Each Receipt this Period

**200.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE **3** OF **13**  
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13 14 15 16 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) <b>Graham, Rachel</b>  |   | Date of Receipt<br><b>01/27/2013</b>                |
| Mailing Address<br><b>2350 N Central Expressway</b>   |   | Amount of Each Receipt this Period<br><b>300.00</b> |
| City<br><b>Dallas</b>   | State<br><b>TX</b> Zip Code<br><b>75206</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>Ecom PPO</b>   | Occupation<br><b>President: CCO</b>         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>300.00</b>   |   |

|   |   |   |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) <b>Hamm, Kenneth</b>   |   | Date of Receipt<br><b>01/27/2013</b>                |
| Mailing Address<br><b>One Union Square</b>  |   | Amount of Each Receipt this Period<br><b>500.00</b> |
| City<br><b>Seattle</b>  | State<br><b>WA</b> Zip Code<br><b>98101</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>First Choice Health</b>  | Occupation<br><b>President: CEO</b>         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>500.00</b>   |   |

|   |   |   |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) <b>Sanchez, Richard</b>  |   | Date of Receipt<br><b>01/27/2013</b>                |
| Mailing Address<br><b>19321 US Highway 19, North</b>  |   | Amount of Each Receipt this Period<br><b>200.00</b> |
| City<br><b>Clearwater</b>   | State<br><b>FL</b> Zip Code<br><b>33764</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>Advanica</b>   | Occupation<br><b>President</b>              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>200.00</b>   |   |

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶



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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full) **American Association of Retired Workers  
Organizations Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Smith, Sean**

Mailing Address

**Two Concourse Parkway**

City **Atlanta**

State **GA**

Zip Code **30328**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Stratose**

Occupation

**Chairman**

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

B. **Theriault, Jenice**

Mailing Address

**291 Farmington Ave.**

City **Farmington**

State **CT**

Zip Code **06032**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Arco Benefit Group**

Occupation

**Exe. Vice President**

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

Full Name (Last, First, Middle Initial)

C. **Vangeresen, Keith**

Mailing Address

**535 E. Dierl Road**

City **DePueville**

State **IL**

Zip Code **60563**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**Math Pro**

Occupation

**Exe. Vice President**

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**500.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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

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

|   |   |   |
|---|---|---|
| A. Full Name (Last, First, Middle Initial)<br><b>Blackwell, Mark</b>  |   | Date of Receipt<br><b>01/27/2013</b>                |
| Mailing Address<br><b>1926 Northlake Pkwy</b>   |   | Amount of Each Receipt this Period<br><b>600.00</b> |
| City<br><b>Tucker</b>   | State<br><b>GA</b> Zip Code<br><b>30084</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>Active Health</b>  | Occupation<br><b>Executive Director</b>     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>600.00</b>   |   |

|   |   |   |
|---|---|---|
| B. Full Name (Last, First, Middle Initial)<br><b>Braunard, Jacqueline</b>   |   | Date of Receipt<br><b>01/27/2013</b>                |
| Mailing Address<br><b>One Union Square</b>  |   | Amount of Each Receipt this Period<br><b>500.00</b> |
| City<br><b>Seattle</b>  | State<br><b>WA</b> Zip Code<br><b>98101</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>First Choice Health</b>  | Occupation<br><b>Vice President</b>         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>500.00</b>   |   |

|   |   |   |
|---|---|---|
| C. Full Name (Last, First, Middle Initial)<br><b>Allen, Andrew</b>  |   | Date of Receipt<br><b>01/27/2013</b>                |
| Mailing Address<br><b>256 Columbia Turnpike</b>   |   | Amount of Each Receipt this Period<br><b>500.00</b> |
| City<br><b>Florence Park</b>  | State<br><b>NJ</b> Zip Code<br><b>07932</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>Black Urban</b>  | Occupation<br><b>CEO</b>                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>500.00</b>   |   |

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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

A. Full Name (Last, First, Middle Initial) **Maurer, David**  
Mailing Address **311 W. President George Bush Hwy**  
City **Richardson** State **TX** Zip Code **75080**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **ppone** Occupation **COO**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼**  
Aggregate Year-to-Date **500.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**500.00**

B. Full Name (Last, First, Middle Initial) **Brud, Tom**  
Mailing Address **3080 Premier Pkwy**  
City **Duluth** State **GA** Zip Code **30097**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **USUP Resources** Occupation **CEO**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼**  
Aggregate Year-to-Date **250.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**250.00**

C. Full Name (Last, First, Middle Initial) **Hart, Joe**  
Mailing Address **1253 N. Mayfair Rd**  
City **Wauwatosa** State **WI** Zip Code **53226**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Auxiant** Occupation **Vice President**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼**  
Aggregate Year-to-Date **200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 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. Full Name (Last, First, Middle Initial) **Cruille, Jacob**  
Mailing Address **601 Carnegie Ave.**  
City **Cleveland** State **OH** Zip Code **44103**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Cleveland Heart Lab** Occupation **President/CEO**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐  
Aggregate Year-to-Date **200.00**

Date of Receipt **01/27/2013**  
Amount of Each Receipt this Period **200.00**

B. Full Name (Last, First, Middle Initial) **Lettner, Jarrett**  
Mailing Address **6300 Olson Memorial Hwy**  
City **Golden Valley** State **MN** Zip Code **55427**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Optum Health** Occupation **Product Director**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐  
Aggregate Year-to-Date **200.00**

Date of Receipt **01/27/2013**  
Amount of Each Receipt this Period **200.00**

C. Full Name (Last, First, Middle Initial) **Hunter, Bob**  
Mailing Address **1156 16th Street**  
City **Billings** State **MT** Zip Code **59102**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **First Choice Health** Occupation **President**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ☐  
Aggregate Year-to-Date **250.00**

Date of Receipt **01/27/2013**  
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

13031100661

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full) **American Association of Retired Workers  
Organization Political Action Committee**

A. Full Name (Last, First, Middle Initial) **George, Furling**  
Mailing Address **1100 Ridgeway Loop**  
City **Memphis** State **TN** Zip Code **38200**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Sedgwick Claims** Occupation **Sr. Vice President**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼**  
Aggregate Year-to-Date **200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

B. Full Name (Last, First, Middle Initial) **Sumpter, Nicole**  
Mailing Address **1325 Barksdale Blvd**  
City **Bossier City** State **LA** Zip Code **71111**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **IMA, Inc.** Occupation **Vice President**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼**  
Aggregate Year-to-Date **200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

C. Full Name (Last, First, Middle Initial) **Reynolds, Sylvia**  
Mailing Address **1325 Barksdale Blvd**  
City **Bossier City** State **LA** Zip Code **71111**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **IMA, Inc.** Occupation **Admin. Manager**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **▼**  
Aggregate Year-to-Date **200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full) **American Association of Preferred Products Organization Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Wood, Bob**

Mailing Address

**The Home Bldg**

City

**Washington**

State

**DC**

Zip Code

**20005**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**BGR Group**

Occupation

**President**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

Full Name (Last, First, Middle Initial)

B. **Fletcher, Lloyd**

Mailing Address

**994 Corte Augusta**

City

**Campanillo**

State

**CA**

Zip Code

**93010**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Amer. Specialty Health**

Occupation

**Vice President**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

Full Name (Last, First, Middle Initial)

C. **Davis, Wally**

Mailing Address

**608 Varsity Drive**

City

**Tupelo**

State

**MS**

Zip Code

**38801**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Acclaim**

Occupation

**Vice President**

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full) **American Assoc. of Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Caliendo, Brian**  
Mailing Address **9060 E. Via Linda**  
City **Scottsdale** State **AZ** Zip Code **85258**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Preferred Medical Clinic** Occupation **Exec. Vice President**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **2000**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

B. Full Name (Last, First, Middle Initial) **Carnel, Gary**  
Mailing Address **612 Third Street**  
City **Annapolis** State **MD** Zip Code **21043**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **ProSite** Occupation **President & CEO**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

C. Full Name (Last, First, Middle Initial) **Falconer, Cherrill**  
Mailing Address **654 N. Seem Houston Pkwy**  
City **Houston** State **TX** Zip Code **77060**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Health Help** Occupation **President: CEO**  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) **200.00**

Date of Receipt

**01/27/2013**

Amount of Each Receipt this Period

**200.00**

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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

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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) **Bennett, George**  
Mailing Address **1100 First Avenue**  
City **King of Prussia** State **PA** Zip Code **19406**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Devon Health Services** Occupation **Resident**  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) **▼**  
Aggregate Year-to-Date **500.00**

Date of Receipt

**02/19/2013**

Amount of Each Receipt this Period

**500.00**

B. Full Name (Last, First, Middle Initial) **Bigsby, Bruce**  
Mailing Address **6875 Shiloh Road East**  
City **Alpharetta** State **GA** Zip Code **30005**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Global Core** Occupation **Resident: CEO**  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) **▼**  
Aggregate Year-to-Date **500.00**

Date of Receipt

**02/19/2013**

Amount of Each Receipt this Period

**500.00**

C. Full Name (Last, First, Middle Initial) **Floyd, Marc**  
Mailing Address **43 Corporate Park**  
City **Irvine** State **CA** Zip Code **92606**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **US Bank & Trust** Occupation **Exe. Vice President**  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) **▼**  
Aggregate Year-to-Date **200.00**

Date of Receipt

**02/19/2013**

Amount of Each Receipt this Period

**200.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this 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 12 OF 13                |                             |
| (check only one)                        |                              |                              |                             |
| <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  |                             |

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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)<br><b>Kelbel, Craig</b>  |   | Date of Receipt<br><b>02/19/2013</b>                |
| Mailing Address<br><b>225 Townsend Drive</b>  |   | Amount of Each Receipt this Period<br><b>200.00</b> |
| City<br><b>Kennesaw</b>   | State<br><b>GA</b> Zip Code<br><b>30144</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>HCC Life Insurance</b> Occupation<br><b>President &amp; CEO</b>  |   | Amount of Each Receipt this Period<br><b>200.00</b> |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| Aggregate Year-to-Date ▼<br><b>200.00</b>   |   |   |

|   |   |   |
|---|---|---|
| B. Full Name (Last, First, Middle Initial)<br><b>Lucas, Stephanie</b>   |   | Date of Receipt<br><b>02/19/2013</b>                |
| Mailing Address<br><b>256 Columbia Turnpike</b>   |   | Amount of Each Receipt this Period<br><b>200.00</b> |
| City<br><b>North Haven</b>  | State<br><b>CT</b> Zip Code<br><b>06457</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>Blockbuster</b> Occupation<br><b>Fr. Unit President</b>  |   | Amount of Each Receipt this Period<br><b>200.00</b> |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| Aggregate Year-to-Date ▼<br><b>200.00</b>   |   |   |

|   |   |   |
|---|---|---|
| C. Full Name (Last, First, Middle Initial)<br><b>Russ, William</b>  |   | Date of Receipt<br><b>02/19/2013</b>                |
| Mailing Address<br><b>3400 Torrance Blvd</b>  |   | Amount of Each Receipt this Period<br><b>900.00</b> |
| City<br><b>Torrance</b>   | State<br><b>CA</b> Zip Code<br><b>90503</b> |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br><b>SBI RMG</b> Occupation<br><b>Executive Director</b>  |   | Amount of Each Receipt this Period<br><b>900.00</b> |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |
| Aggregate Year-to-Date ▼<br><b>900.00</b>   |   |   |

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s)  
for each category of the  
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|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER:                        |                              | PAGE 13 OF 13                |                             |
| <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             |                              |                              |                             |

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

|  |  |  |
|--|--|--|
| <p>A. Full Name (Last, First, Middle Initial) <u>Wright, Kelly</u></p> <p>Mailing Address <u>29588 Northwest Highway</u></p> <p>City <u>Southfield</u> State <u>MI</u> Zip Code <u>48034</u></p> <p>FEC ID number of contributing federal political committee. <u>C</u></p> <p>Name of Employer <u>Petladon Health</u> Occupation <u>Exec Vice President</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u></p> <p>Aggregate Year-to-Date <u>300.00</u></p> |  | <p>Date of Receipt <u>02/19/2013</u></p> <p>Amount of Each Receipt this Period <u>300.00</u></p> |
| <p>B. Full Name (Last, First, Middle Initial) <u>Zygar, Mark</u></p> <p>Mailing Address <u>232 Transit Road</u></p> <p>City <u>West Seneca</u> State <u>NY</u> Zip Code <u>14224</u></p> <p>FEC ID number of contributing federal political committee. <u>C</u></p> <p>Name of Employer <u>Comfoty</u> Occupation <u>Resident</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u></p> <p>Aggregate Year-to-Date <u>200.00</u></p>                            |  | <p>Date of Receipt <u>02/19/2013</u></p> <p>Amount of Each Receipt this Period <u>200.00</u></p> |
| <p>C. Full Name (Last, First, Middle Initial) <u>Spafford, Kent</u></p> <p>Mailing Address <u>20 Waterview Blvd</u></p> <p>City <u>Parsippany</u> State <u>NJ</u> Zip Code <u>07054</u></p> <p>FEC ID number of contributing federal political committee. <u>C</u></p> <p>Name of Employer <u>Care Call Care mana.</u> Occupation <u>Chairman</u></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>▼</u></p> <p>Aggregate Year-to-Date <u>300.00</u></p>            |  | <p>Date of Receipt <u>02/20/2013</u></p> <p>Amount of Each Receipt this Period <u>300.00</u></p> |
| <p>SUBTOTAL of Receipts This Page (optional).....▶</p> <p>TOTAL This Period (last page this line number only).....▶</p>  |  | <p><u>12,400.00</u></p>  |

13031100667

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (in Full)

American Association of Preferred Powder  
Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

|   |  |  |
|---|--|--|
| A. SunTrust Bank  |  | Date of Disbursement                             |
| Mailing Address<br>PO Box 622227  |  | 01 02 2013                                       |
| City<br>Orlando   | State<br>FL  | Zip Code<br>32869                                |
| Purpose of Disbursement<br>bank fees  | Candidate Name   | Amount of Each Disbursement this Period<br>85.04 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type                                |
| State:<br>District:   |  |  |

|   |  |  |
|---|--|--|
| B. SunTrust Bank  |  | Date of Disbursement                             |
| Mailing Address<br>PO Box 622227  |  | 01 03 2013                                       |
| City<br>Orlando   | State<br>FL  | Zip Code<br>32869                                |
| Purpose of Disbursement<br>bank fees  | Candidate Name   | Amount of Each Disbursement this Period<br>21.20 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type                                |
| State:<br>District:   |  |  |

|   |  |  |
|---|--|--|
| C. SunTrust Bank  |  | Date of Disbursement                             |
| Mailing Address<br>PO Box 622227  |  | 02 04 2013                                       |
| City<br>Orlando   | State<br>FL  | Zip Code<br>32869                                |
| Purpose of Disbursement   | Candidate Name   | Amount of Each Disbursement this Period<br>27.40 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type                                |
| State:<br>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)

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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. <b>SanTrust Bank</b>  |  | Date of Disbursement                                     |
| Mailing Address <b>PO Box 622227</b>   |  | <b>02/04/2013</b>  |
| City <b>Orlando</b>  | State <b>FL</b> Zip Code <b>32862</b>  | Amount of Each Disbursement this Period<br><b>198.63</b> |
| Purpose of Disbursement <b>bank fees</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:   | Category/Type  |  |

|  |  |  |
|--|--|--|
| B. <b>SanTrust Bank</b>  |  | Date of Disbursement                                   |
| Mailing Address <b>PO Box 622227</b>   |  | <b>02/26/2013</b>                                      |
| City <b>Orlando</b>  | State <b>FL</b> Zip Code <b>32862</b>  | Amount of Each Disbursement this Period<br><b>7.95</b> |
| Purpose of Disbursement <b>bank fees</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:   | Category/Type  |  |

|  |  |   |
|--|--|---|
| C. <b>SanTrust Bank</b>  |  | Date of Disbursement                                    |
| Mailing Address <b>PO Box 622227</b>   |  | <b>03/04/2013</b>                                       |
| City <b>Orlando</b>  | State <b>FL</b> Zip Code <b>32862</b>  | Amount of Each Disbursement this Period<br><b>26.86</b> |
| Purpose of Disbursement <b>bank fees</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:   | Category/Type  |   |

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s)  
for each category of the  
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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. Sun Trust Bank                    |   | Date of Disbursement   |
| Mailing Address<br>PO Box 602227     |   | 03 04 2013   |
| City<br>Orlando                      | State<br>FL   | Zip Code<br>32862  |
| Purpose of Disbursement<br>bank fees | Category/<br>Type   | Amount of Each Disbursement this Period<br>88.54   |
| Candidate Name                       | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:                               | District:   |  |

|   |   |  |
|---|---|--|
| B. Groza meetings                             |   | Date of Disbursement   |
| Mailing Address<br>1955 Woods River Lane      |   | 03 08 2013   |
| City<br>Duluth                                | State<br>GA   | Zip Code<br>30097  |
| Purpose of Disbursement<br>meeting management | Category/<br>Type   | Amount of Each Disbursement this Period<br>1,521.00  |
| Candidate Name                                | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:  | District:   |  |

|  |   |  |
|--|---|--|
| C. Ritz Carlton - Amelia Island                    |   | Date of Disbursement   |
| Mailing Address<br>4750 Amelia Island Pkwy         |   | 03 08 2013   |
| City<br>Amelia Island                              | State<br>FL   | Zip Code<br>32034  |
| Purpose of Disbursement<br>event - food & beverage | Category/<br>Type   | Amount of Each Disbursement this Period<br>4,705.64  |
| Candidate Name                                     | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:   | District:   |  |

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

13031100670

**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 4 OF 5

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

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NAME OF COMMITTEE (In Full)

American Association of Referral Powder  
 Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A. **SanTrust Bank**

Date of Disbursement

04/02/2013

Mailing Address

PO Box 622227

City

Orlando

State

FL

Zip Code

32862

Purpose of Disbursement

bank fees

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

20.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **SanTrust Bank**

Date of Disbursement

04/02/2013

Mailing Address

PO Box 622227

City

Orlando

State

FL

Zip Code

32862

Purpose of Disbursement

bank fees

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

85.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. **SanTrust Bank**

Date of Disbursement

05/02/2013

Mailing Address

PO Box 622227

City

Orlando

State

FL

Zip Code

32862

Purpose of Disbursement

bank fees

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

20.00

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).....▶

**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 5 OF 5

☒ 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                             |
| Mailing Address: PO Box 622227   |  | 05/03/2013                                       |
| City: Orlando  | State: FL Zip Code: 32862  | Amount of Each Disbursement this Period<br>85.00 |
| Purpose of Disbursement: bank fees   | 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:   |  |  |

|  |  |  |
|--|--|--|
| B. SunTrust Bank   |  | Date of Disbursement                             |
| Mailing Address: PO Box 622227   |  | 06/03/2013                                       |
| City: Orlando  | State: FL Zip Code: 32862  | Amount of Each Disbursement this Period<br>85.00 |
| Purpose of Disbursement: bank fees   | 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:   |  |  |

|  |  |  |
|--|--|--|
| C. SunTrust Bank   |  | Date of Disbursement                             |
| Mailing Address: PO Box 622227   |  | 06/04/2013                                       |
| City: Orlando  | State: FL Zip Code: 32862  | Amount of Each Disbursement this Period<br>20.00 |
| Purpose of Disbursement: bank fees   | 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).....▶

6991.20

13031100672

**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

☐ 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 Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **Prosperity PAC**

Mailing Address

**1006 Pendleton St.**

City

**Alexandria**

State

**VA**

Zip Code

**22314**

Purpose of Disbursement

**Contribution**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**05 '14 '2013**

Amount of Each Disbursement this Period

**1,500.00**

B. **Brady for Congress**

Mailing Address

**PO Box 8277**

City

**The Woodlands**

State

**TX**

Zip Code

**77387**

Purpose of Disbursement

**Contribution**

Candidate Name

**Kevin Brady**

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**05 '14 '2013**

Amount of Each Disbursement this Period

**5,000.00**

C. **Price for Congress**

Mailing Address

**PO Box 1986**

City

**Raleigh**

State

**NC**

Zip Code

**27602**

Purpose of Disbursement

**Contribution**

Candidate Name

**David Price**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

**05 '14 '2013**

Amount of Each Disbursement this Period

**1,500.00**

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**8,000.00**



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 type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
|--|------------------|

|   |            |
|---|------------|
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
|---|------------|

|  |            |
|--|------------|
| <input type="checkbox"/> USPS Express Mail | Postmarked |
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|   |  |
|---|--|
| <input type="checkbox"/> Postmark Illegible |  |
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|                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> No Postmark |  |
|--------------------------------------|--|

|   |                                 |
|---|---------------------------------|
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS Ground</i> | Shipping Date<br><i>7/23/13</i> |
| 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 |
|---|-------------------------------|

  
PREPARER

*7/25/13*  
DATE PREPARED

(7/2013)

13031100674