

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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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) 974 Breckenridge Lane

#1162 Louisville KY 40207

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00352022

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), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [ ] in the State of [ ]

5. Covering Period 01/01/2000 through 06/30/2000

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 L Greenrose

Signature of Treasurer Karen L Greenrose Date 07/15/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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

Report Covering the Period:

From:

01 / 01 / 2020

To:

06 / 30 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2020</u>		<u>2291</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>489931</u>	
(c) Total Receipts (from Line 19).....	<u>000</u>	<u>540000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>489931</u>	<u>542291</u>
7. Total Disbursements (from Line 31).....	<u>23694</u>	<u>76034</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>466231</u>	<u>466231</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	<u>000</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	<u>000</u>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 05/2016)

Page 3

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

Report Covering the Period: From: 04 01 2000 To: 06 30 2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	2000.00
(ii) Unitemized.....	0.00	2600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	5400.00
(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).....▶	0.00	5400.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	5400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	5400.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	236.94	760.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	236.94	760.54
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations) .....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	236.94	760.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	236.94	760.54

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	5400.00
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	5400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	23694	76054
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23694	76054

FUNDING INFO IN WS ENR

**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 checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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

NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organizations PAC

**A:**

Full Name (Last, First, Middle Initial) SunTrust Bank

Date of Disbursement 04/01/2006

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37236

Purpose of Disbursement bank fees

FEC Identification Number C

Candidate Name \_\_\_\_\_

Amount of Each Disbursement this Period 20.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Memo Item

**B:**

Full Name (Last, First, Middle Initial) SunTrust Bank

Date of Disbursement 04/01/2006

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37236

Purpose of Disbursement bank fees

FEC Identification Number C

Candidate Name \_\_\_\_\_

Amount of Each Disbursement this Period 12.55

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Memo Item

**C:**

Full Name (Last, First, Middle Initial) SunTrust Bank

Date of Disbursement 04/04/2006

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37236

Purpose of Disbursement bank fees

FEC Identification Number C

Candidate Name \_\_\_\_\_

Amount of Each Disbursement this Period 20.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Memo Item

**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 2 OF 4
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full) American Association of Preferred Powder Organizations PAC

A: Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>04 01 2006</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37236</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>26.45</u>
Candidate Name		Memo Item
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: Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>05 01 2006</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37236</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		Memo Item
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: Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>05 01 2006</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37236</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>12.53</u>
Candidate Name		Memo Item
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 3 OF 4
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organizations PAC

A. Full Name (Last, First, Middle Initial) <u>SanTrust Bank</u>		Date of Disbursement <u>05 04 2020</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37236</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		Memo Item
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. Full Name (Last, First, Middle Initial) <u>SanTrust Bank</u>		Date of Disbursement <u>05 11 2020</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37236</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>26.45</u>
Candidate Name		Memo Item
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. Full Name (Last, First, Middle Initial) <u>SanTrust Bank</u>		Date of Disbursement <u>06 01 2020</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37236</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>12.53</u>
Candidate Name		Memo Item
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).....▶	

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**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 4

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organizations PAC

**A.** Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 06/01/2020  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37236 FEC Identification Number C  
 Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_  
 Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_ Memo Item

**B.** Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 06/11/2020  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37236 FEC Identification Number C  
 Purpose of Disbursement bank fees Amount of Each Disbursement this Period 26.45  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_  
 Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_ Memo Item

**C.** Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 06/01/2020  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37236 FEC Identification Number C  
 Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_  
 Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_ Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... 236.94  
**TOTAL** This Period (last page this line number only) ..... 236.94

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20463

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Federal Election Commission  
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 Washington DC 20463

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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.

Hand Delivered Date of Receipt

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Next Business Day Delivery

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 07/24/20  
 PREPARER DATE PREPARED

2020 RELEASE UNDER E.O. 14176