



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="237,76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="-2,698.14"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="2,850.00"/>	<input type="text" value="1,5940.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="151.86"/>	<input type="text" value="16,177.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2,045.32"/>	<input type="text" value="1,8071.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-1,893.46"/>	<input type="text" value="-1,893.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

**I. Receipts**

**COLUMN A**  
Total This Period

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

	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).....	2,850 <sup>00</sup>	13,550 <sup>00</sup>
(ii) Unitemized.....	0	2,390 <sup>00</sup>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2,850 <sup>00</sup>	15,940 <sup>00</sup>
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	2,850 <sup>00</sup>	15,940 <sup>00</sup>
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2,850 <sup>00</sup>	15,940 <sup>00</sup>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2,850 <sup>00</sup>	15,940 <sup>00</sup>

NON-FEDERAL RECEIPTS

**DETAILED SUMMARY PAGE**  
of Disbursements

**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	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	545.32	3071.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	545.32	3071.22
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,500.00	1,500.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2,045.32	1,8071.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	2,045.32	1,8071.22

40606400001401201010

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	2,850 <sup>00</sup>	15,940 <sup>00</sup>
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,850 <sup>00</sup>	15,940 <sup>00</sup>
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	545 <sup>32</sup>	3,071 <sup>22</sup>
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	545 <sup>32</sup>	3,071 <sup>22</sup>

NONCONFIDENTIAL





**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)

PAGE 3 OF 5

<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 Protected Provider Organizations Political Action Committee

**A.** Full Name (Last, First, Middle Initial) Bew-Sullivan, Monique

Mailing Address 4601 Charlotte Park Drive

City Charlotte State NC Zip Code 26217

FEC ID number of contributing federal political committee. C

Name of Employer Niki's Int'l LTD. Occupation COO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt 12 / 10 / 2015

Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial) Ciresi, Pat

Mailing Address 8700 Lambeth Lane

City Louisville State KY Zip Code 40220

FEC ID number of contributing federal political committee. C

Name of Employer AAPPO Occupation Member Services

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt 12 / 10 / 2015

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial) Cornia, Doreen

Mailing Address 17838 Gillette Avenue

City Fouine State CA Zip Code 92614

FEC ID number of contributing federal political committee. C

Name of Employer StellaCare Occupation Director

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date

Date of Receipt 12 / 16 / 2015

Amount of Each Receipt this Period 200.00

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

**TOTAL** This Period (last page this line number only)..... 2850.00

NON-CONFIDENTIAL



**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 7

<input checked="" type="checkbox"/> 21b	<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	<input type="checkbox"/> 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 Political Action Committee**

Full Name (Last, First, Middle Initial)

A. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>07 02 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<b>12.53</b>
State: _____	District: _____	Category/Type

B. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>07 03 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<b>20.00</b>
State: _____	District: _____	Category/Type

C. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>08 03 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<b>12.53</b>
State: _____	District: _____	Category/Type

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 1

<input checked="" type="checkbox"/> 21b	<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	<input type="checkbox"/> 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 Political Action Committee**

Full Name (Last, First, Middle Initial)

A. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>08' 04' 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>		Amount of Each Disbursement this Period  <b>, , 20.<sup>00</sup></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:	

B. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>08' 31' 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>		Amount of Each Disbursement this Period  <b>, , 20.<sup>00</sup></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:	

C. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>09' 02' 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>		Amount of Each Disbursement this Period  <b>, , 12.53</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).....▶

20100808 10:11:00 AM

**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 7
	<input checked="" type="checkbox"/> 21b	<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	<input type="checkbox"/> 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 Political Action Committee

A. Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address SunTrust Bank  
PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement bank fees

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement 09 / 02 / 2015

Amount of Each Disbursement this Period 20.00

B. Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address SunTrust Bank  
PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement bank fees

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement 09 / 30 / 2015

Amount of Each Disbursement this Period 20.00

C. Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address SunTrust Bank  
PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement bank fees

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement 10 / 02 / 2015

Amount of Each Disbursement this Period 12.53

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

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

1-800-424-9540

**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 7

<input checked="" type="checkbox"/> 21b	<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	<input type="checkbox"/> 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 Political Action Committee**

Full Name (Last, First, Middle Initial)

A. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>10<sup>th</sup> 02<sup>nd</sup> 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>		Amount of Each Disbursement this Period  <b>, , 20.<sup>00</sup></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:	

B. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>10<sup>th</sup> 30<sup>th</sup> 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>		Amount of Each Disbursement this Period  <b>, , 20.<sup>00</sup></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:	

C. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>11<sup>th</sup> 02<sup>nd</sup> 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>		Amount of Each Disbursement this Period  <b>, , 12.<sup>53</sup></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).....▶

20150202 10:00:00 AM

**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 7

<input checked="" type="checkbox"/> 21b	<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	<input type="checkbox"/> 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 Political Action Committee**

Full Name (Last, First, Middle Initial)

A. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>11 / 03 / 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<b>20.40</b>
State:	District:	Category/Type

B. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>11 / 15 / 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<b>6.50</b>
State:	District:	Category/Type

C. <b>SunTrust Bank</b>		Date of Disbursement
Mailing Address <b>PO Box 305183</b>		<b>11 / 30 / 2015</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37230</b>
Purpose of Disbursement <b>bank fees</b>	Candidate Name	Amount of Each Disbursement this Period
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) ▼	<b>20.00</b>
State:	District:	Category/Type

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

NON-CONFIDENTIAL INFORMATION



**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 7 OF
	<input checked="" type="checkbox"/> 21b	<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	<input type="checkbox"/> 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 Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. SunTrust Bank</b>		Date of Disbursement <b>12/11/2015</b>
Mailing Address <b>PO Box 305183</b>		Amount of Each Disbursement this Period <b>, 38.00</b>
City <b>Nashville</b>	State <b>TN</b>	
Zip Code <b>37230</b>		Category/ Type
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: _____	

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>		Date of Disbursement <b>12/31/2015</b>
Mailing Address <b>PO Box 305183</b>		Amount of Each Disbursement this Period <b>, 20.00</b>
City <b>Nashville</b>	State <b>TN</b>	
Zip Code <b>37230</b>		Category/ Type
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: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	, ,
<b>TOTAL</b> This Period (last page this line number only).....	, <b>545.32</b>

20150208 10:00:00 AM

**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

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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 Organization Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Prosperity Action

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement

12 / 07 / 2015

Amount of Each Disbursement this Period

1,500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Disbursement this Period

\_\_\_\_\_

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

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

Date of Disbursement

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Disbursement this Period

\_\_\_\_\_

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

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

\_\_\_\_\_

1,500.00

20150808 10:00:00 AM





