

**FEC
FORM 3X**

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

RECEIVED
FEDERAL MAIL CENTER
Office Use Only
JUN 10 10:46

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

Check if different than previously reported. (ACC) #162
Louisville KY 40207

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C05352022

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 01 2019 through 06 30 2019

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 31 2019

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

Office Use Only									
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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

Report Covering the Period: From: 01/01/2019 To: 06/30/2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2019</u>		1916
(b) Cash on Hand at Beginning of Reporting Period.....	1916	
(c) Total Receipts (from Line 19).....	5500.00	5500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56916	56916
7. Total Disbursements (from Line 31).....	5522.39	5522.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16928	16928
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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
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: 01 ' 01 ' 2019 To: 06 ' 30 ' 2019

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).....	2,100 ⁰⁰	2,100 ⁰⁰
(ii) Unitemized.....	3,400 ⁰⁰	3,400 ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,500 ⁰⁰	5,500 ⁰⁰
(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).....▶	5,500 ⁰⁰	5,500 ⁰⁰
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)).....▶	5,500 ⁰⁰	5,500 ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,500 ⁰⁰	5,500 ⁰⁰

2019-06-30 14:00:00

**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		52239	52239
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		52239	52239
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		500000	500000
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 (Including Non-Federal Donations)		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)) ..		552239	552239
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		552239	552239

NON-FEDERAL AND FEDERAL CONTRIBUTIONS

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)	5500 ⁰⁰	5500 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500 ⁰⁰	5500 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	522 ³⁹	522 ³⁹
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	522 ³⁹	522 ³⁹

CONTRIBUTOR AND CONTRIBUTION

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 OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Ross, William			Date of Receipt 01/27/2019
Mailing Address 3480 Terrace Blvd			Amount of Each Receipt this Period 200.00
City Torrance	State CA	Zip Code 90503	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) SBI PMG		Occupation (for Individual) Exec Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Boyd, Thomas			Date of Receipt 01/28/2019
Mailing Address 3080 Premiere Parkway			Amount of Each Receipt this Period 250.00
City Duluth	State GA	Zip Code 30097	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Group Resources		Occupation (for Individual) Res. - CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ciarracchi, Michael			Date of Receipt 01/28/2019
Mailing Address 151 Farmington Avenue			Amount of Each Receipt this Period 500.00
City Hartford	State CT	Zip Code 06156	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) meritain		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

2019-01-01 08:00 AM

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE		OF
	(check only one)				
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
Bas Lamb, Linck
Mailing Address
1555 Palm Beach Lake Blvd
City West Palm Beach State FL Zip Code 33401
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Vision Group Holdings Inc Occupation (for Individual) Vice President
Receipt For: Primary General Other (specify) Memo Item
Aggregate Year-to-Date 200.00
Date of Receipt 01/28/2019
Amount of Each Receipt this Period 200.00

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Erck, Tabatha
Mailing Address
150 South 5th Street #2300
City Minneapolis State MN Zip Code 55402
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Amplify Hearing Occupation (for Individual) Sr. Vice President
Receipt For: Primary General Other (specify) Memo Item
Aggregate Year-to-Date 200.00
Date of Receipt 01/28/2019
Amount of Each Receipt this Period 200.00

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shockey, Jarvis
Mailing Address
3701 W. Plano Parkway
City Plano State TX Zip Code 75075
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) UPay Occupation (for Individual) Vice President
Receipt For: Primary General Other (specify) Memo Item
Aggregate Year-to-Date 300.00
Date of Receipt 01/28/2019
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....>	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....>	<input type="checkbox"/>

**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 OF	
<input 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Cain, Catherine

Mailing Address
2010 Main Street #1000

City Irvine State CA Zip Code 92614

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Corvel Occupation (for Individual) Project manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt 01/28/2019

Amount of Each Receipt this Period 200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allen, Brian

Mailing Address
6220 Greenwich Drive

City San Diego State CA Zip Code 92122

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Mitchell Inter. Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 250.00

Date of Receipt 01/28/2019

Amount of Each Receipt this Period 250.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2100.00

TOTAL This Period (last page this line number only)..... 2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	PAGE 1 OF 1

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organization Political Action Committee

A.

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

Mailing Address 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 01/02/2019

FEC Identification Number C

Amount of Each Disbursement this Period 12.55

Memo Item

B.

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

Mailing Address 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 01/03/2019

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

C.

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

Mailing Address 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 01/09/2019

FEC Identification Number C

Amount of Each Disbursement this Period 26.45

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 <u>2</u> OF <u>7</u>		
	<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

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organization Political Action Committee

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>01/31/2019</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>37230</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		<input type="checkbox"/> 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) <u>▼</u>	
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>02/04/2019</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>37230</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>25.00</u>
Candidate Name		<input type="checkbox"/> 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) <u>▼</u>	
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>02/04/2019</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>37230</u>
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>136.02</u>
Candidate Name		<input type="checkbox"/> 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) <u>▼</u>	
State: District:		

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

20190204 10:00 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

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

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organization Political Action Committee

A. Full Name (Last, First, Middle Initial) SunTrust Bank
 Mailing Address 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 02/11/2019
 FEC Identification Number C
 Amount of Each Disbursement this Period 2645
 Memo Item

B. Full Name (Last, First, Middle Initial) SunTrust Bank
 Mailing Address 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 03/04/2019
 FEC Identification Number C
 Amount of Each Disbursement this Period 1253
 Memo Item

C. Full Name (Last, First, Middle Initial) SunTrust Bank
 Mailing Address 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 03/10/2019
 FEC Identification Number C
 Amount of Each Disbursement this Period 2000
 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)
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FOR LINE NUMBER:
(check only one)

PAGE 4 OF 7

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

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organization Political Action Committee

A.

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

Mailing Address 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 03/11/2019

FEC Identification Number C

Amount of Each Disbursement this Period 26.45

Memo Item

B.

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

Mailing Address 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 04/02/2019

FEC Identification Number C

Amount of Each Disbursement this Period 12.53

Memo Item

C.

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

Mailing Address 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 04/02/2019

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

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 5 OF 7

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

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organization Political Action Committee

A. Full Name (Last, First, Middle Initial) SunTrust Bank
 Mailing Address 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 04/09/2019
 FEC Identification Number C
 Amount of Each Disbursement this Period 26.45
 Memo Item

B. Full Name (Last, First, Middle Initial) SunTrust Bank
 Mailing Address 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 05/02/2019
 FEC Identification Number C
 Amount of Each Disbursement this Period 12.53
 Memo Item

C. Full Name (Last, First, Middle Initial) SunTrust Bank
 Mailing Address 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 05/02/2019
 FEC Identification Number C
 Amount of Each Disbursement this Period 20.00
 Memo Item

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

20190502 10:00 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 6 OF 7

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

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NAME OF COMMITTEE (In Full) American Association of Preferred Provider Organization Political Action Committee

A.

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

Mailing Address 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 05/09/2019

FEC Identification Number C

Amount of Each Disbursement this Period 26.45

Memo Item

B.

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

Mailing Address 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 06/13/2019

FEC Identification Number C

Amount of Each Disbursement this Period 12.53

Memo Item

C.

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

Mailing Address 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 06/04/2019

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

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

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

NOT FOR RELEASE UNDER E.O. 14176

**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 1			
	<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 Provider Organization Political Action Committee

A.

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

Mailing Address 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 06/11/2019

FEC Identification Number C

Amount of Each Disbursement this Period 26.45

Memo Item

B.

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

Mailing Address 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 06/28/2019

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

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 _____

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item

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

TOTAL This Period (last page this line number only)..... 522.39

**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"/> 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. Clise for Congress		Date of Disbursement 05 / 20 / 2019
Mailing Address 415 Warner Street NW		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5,000.00
Candidate Name Clise Stefanik		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input checked="" type="checkbox"/> Primary	
<input type="checkbox"/> Senate	<input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: NY	District: 21	

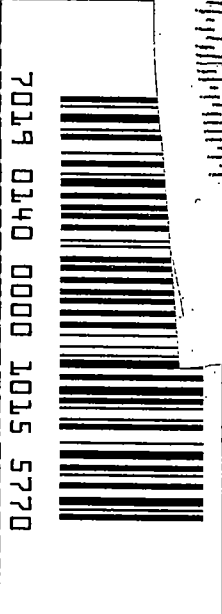
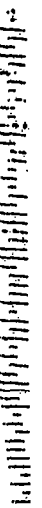
Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary	
<input type="checkbox"/> Senate	<input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary	
<input type="checkbox"/> Senate	<input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	5,000.00

2019 7 13 - 11:45

WV 26003



RETURN RECEIPT
REQUESTED

Federal Election Commission
1050 First Street NE
Washington DC 20463



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FORM LETTER
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26003
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AMOUNT
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IF MAILED
IN THE
UNITED STATES

