

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED SEC MAIL CENTER

Office Use Only

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 #162

Check if different than previously reported. (ACC)

Louisville KY 40207

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

00352022

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)  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)

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 03/31/2000

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 04/15/2000

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

Office Use Only								
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**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 PAC

Report Covering the Period:

From:

01 / 01 / 2020

To:

03 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2020</u>		<u>22,911</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>22,911</u>	
(c) Total Receipts (from Line 19).....	<u>5,400.00</u>	<u>5,400.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>5,422.91</u>	<u>5,422.91</u>
7. Total Disbursements (from Line 31).....	<u>523.60</u>	<u>523.60</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>4,899.31</u>	<u>4,899.31</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</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

2020-03-31 10:00:00 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name American Association of Preferred Provider Organizations PAC

Report Covering the Period: From: 01' 01' 2020 To: 03' 31' 2020

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).....	2,800 <sup>00</sup>	2,800 <sup>00</sup>
(ii) Unitemized.....	2,600 <sup>00</sup>	2,600 <sup>00</sup>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,400 <sup>00</sup>	5,400 <sup>00</sup>
(b) Political Party Committees.....	0 <sup>00</sup>	0 <sup>00</sup>
(c) Other Political Committees (such as PACs).....	0 <sup>00</sup>	0 <sup>00</sup>
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,400 <sup>00</sup>	5,400 <sup>00</sup>
12. Transfers From Affiliated/Other Party Committees.....	0 <sup>00</sup>	0 <sup>00</sup>
13. All Loans Received.....	0 <sup>00</sup>	0 <sup>00</sup>
14. Loan Repayments Received.....	0 <sup>00</sup>	0 <sup>00</sup>
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0 <sup>00</sup>	0 <sup>00</sup>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0 <sup>00</sup>	0 <sup>00</sup>
17. Other Federal Receipts (Dividends, Interest, etc.).....	0 <sup>00</sup>	0 <sup>00</sup>
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0 <sup>00</sup>	0 <sup>00</sup>
(b) Levin Funds (from Schedule H5).....	0 <sup>00</sup>	0 <sup>00</sup>
(c) Total Transfers (add 18(a) and 18(b))..	0 <sup>00</sup>	0 <sup>00</sup>
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5,400 <sup>00</sup>	5,400 <sup>00</sup>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,400 <sup>00</sup>	5,400 <sup>00</sup>

NOV 1 2020 10:00 AM

# 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
<b>21. Operating Expenditures:</b>		
(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 .....	523.60	523.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	523.60	523.60
<b>22. Transfers to Affiliated/Other Party Committees .....</b>	0.00	0.00
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees .....</b>	0.00	0.00
<b>24. Independent Expenditures (use Schedule E) .....</b>	0.00	0.00
<b>25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....</b>	0.00	0.00
<b>26. Loan Repayments Made .....</b>	0.00	0.00
<b>27. Loans Made .....</b>	0.00	0.00
<b>28. Refunds of Contributions To:</b>		
(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
<b>29. Other Disbursements (Including Non-Federal Donations) .....</b>	0.00	0.00
<b>30. Federal Election Activity (52 U.S.C. § 30101(20))</b>		
(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
<b>31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))</b>	523.60	523.60
<b>32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)</b>	523.60	523.60

REPORTED TO: COMMISSION ON FEDERAL ELECTIONS

**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) .....	5400 <sup>00</sup>	5400 <sup>00</sup>
34. Total Contribution Refunds (from Line 28(d)) .....	0 <sup>00</sup>	0 <sup>00</sup>
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5400 <sup>00</sup>	5400 <sup>00</sup>
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5236 <sup>00</sup>	5236 <sup>00</sup>
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 <sup>00</sup>	0 <sup>00</sup>
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5236 <sup>00</sup>	5236 <sup>00</sup>

2025 RELEASE UNDER E.O. 14176

**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 3  
(check only one)  
 11a  
 11b  
 11c  
 12  
 13  
 14  
 15  
 16  
 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 PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Roberts, John**

Mailing Address **5774 Laureate Road, Suite 101**

City **Tucker** State **GA** Zip Code **30084**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **APPAN** Occupation (for Individual) **Pres. CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01/16/2008**

Amount of Each Receipt this Period **500.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Shockey, Travis**

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) **VPO** Occupation (for Individual) **Vice Pres.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01/28/2008**

Amount of Each Receipt this Period **500.00**

Memo Item

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

Mailing Address **1505 5th Street**

City **Minneapolis** State **MN** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Amplifon** Occupation (for Individual) **Sr. VP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt **01/29/2008**

Amount of Each Receipt this Period **300.00**

Memo Item

**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 2 OF 3  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Corn, Catherine  
 Mailing Address 2010 main street  
 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) Product Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 01/29/2020  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Allen, Brian  
 Mailing Address info requested  
 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 300.00

Date of Receipt 01/30/2020  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Agee, Kate  
 Mailing Address 3200 Highland Avenue  
 City Duress Grove State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Coventry Occupation (for Individual) VicPres.  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 01/30/2020  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**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 Detailed Summary Page

FOR LINE NUMBER: PAGE **3 OF 3**  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Spa Floral, Kent**  
 Mailing Address **841 Prudential Drive**  
 City **Jacksonville** State **FL** Zip Code **32207**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **OneCall** Occupation (for Individual) **CEO**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02/03/2006**  
 Amount of Each Receipt this Period **400.00**  
 Memo Item

**B.** 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

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

**2800**





**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 5
	<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 Organizations PAC

**A.**

Full Name (Last, First, Middle Initial) SanTrust 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' 2008

FEC Identification Number C

Amount of Each Disbursement this Period 3600

Memo Item

**B.**

Full Name (Last, First, Middle Initial) SanTrust 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' 10' 2008

FEC Identification Number C

Amount of Each Disbursement this Period 3800

Memo Item

**C.**

Full Name (Last, First, Middle Initial) SanTrust 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' 16' 2008

FEC Identification Number C

Amount of Each Disbursement this Period 2645

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 3 OF 5
	<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 Organizations PAC

**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

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

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01/31/2020

FEC Identification Number C

Amount of Each Disbursement this Period 20

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

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

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02/03/2020

FEC Identification Number C

Amount of Each Disbursement this Period 182.19

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

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

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02/04/2020

FEC Identification Number C

Amount of Each Disbursement this Period 250

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 4 OF 5

21b  
28a     22  
28b     23  
28c     26  
29     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) SunTrust Bank Date of Disbursement 02/11/2006  
 Mailing Address PO BOX 305183  
 City Nashville State TN Zip Code 37230 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

**B.** Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 02/28/2006  
 Mailing Address PO BOX 305183  
 City Nashville State TN Zip Code 37230 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

**C.** Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 03/02/2006  
 Mailing Address PO BOX 305183  
 City Nashville State TN Zip Code 37230 FEC Identification Number C  
 Purpose of Disbursement bank fees Amount of Each Disbursement this Period 12.53  
 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).....  
 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
	<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) SanTrust 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 03/03/2020

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

**B.** Full Name (Last, First, Middle Initial) SanTrust 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 03/10/2020

FEC Identification Number C

Amount of Each Disbursement this Period 26.45

Memo Item

**C.** Full Name (Last, First, Middle Initial) SanTrust 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 03/31/2020

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

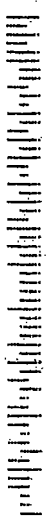
SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶ 523.00

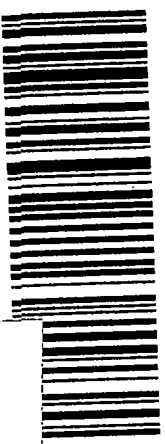
BILL-MAGE: WING: ON: OFC: ENON

UNITED STATES POSTAL SERVICE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**REGISTERED MAIL**  
7019 2970 0002 2196 2256



501st Avenue  
Wheeling WV 26003



U.S. POSTAGE PAID  
FCM LG ENV  
WHEELING, WV  
26003  
APR 15, 20  
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