

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2017 AUG -4 AM 11:43 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

American Association of Preferred Powder Organizations Political Action Committee

ADDRESS (number and street) 1974 Breckinridge Lane #162 Louisville KY 40207

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000352022

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (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 Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01/01/2017 through 06/30/2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Greenrose

Signature of Treasurer Karen L. Greenrose Date 07/31/2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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

Report Covering the Period: From: 01'01'2017 To: 06'30'2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2017</u>		-724.66
(b) Cash on Hand at Beginning of Reporting Period.....	-724.66	
(c) Total Receipts (from Line 19).....	9,030.00	9,030.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8,305.34	8,305.34
7. Total Disbursements (from Line 31).....	6,041.22	6,041.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,264.12	2,264.12
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
999 E Street, NW
Washington, DC 20463

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

2017-06-30 10:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

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

Report Covering the Period: From: 01'01'2017 To: 06'30'2017

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).....	8,630.00	8,630.00
(ii) Unitemized	600.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9,030.00	9,030.00
(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)	9,030.00	9,030.00
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)).....▶	9,030.00	9,030.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9,030.00	9,030.00

44700108040807

**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements

**COLUMN A
Total This Period**

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

	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	541.22	541.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	541.22	541.22
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,500.00	5,500.00
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 (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)) ..	6,041.22	6,041.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6,041.22	6,041.22

2017-08-04 08:04 AM - 001-001-00111111

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)	9,030.00	9,030.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9,030.00	9,030.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	541.22	541.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	541.22	541.22

2017-08-04 10:00:00 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 checked="" 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"/> 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) *National Association of Preferred Trader Organizations Political Action Committee*

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leslie Jenifer

Mailing Address
3891 Northview Pr.

City
Stue State
OH Zip Code
44204

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
NTT Data Occupation (for Individual)
BD Consultant

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
200.00

Date of Receipt
02/10/2017

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood Bob

Mailing Address
1301 1/2 St, NW

City
Washington State
DC Zip Code
20005

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
BGR Group Occupation (for Individual)
President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
500.00

Date of Receipt
01/29/2017

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address
One Union Square

City
Seattle State
WA Zip Code
98101

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual)
First Choice Health Occupation (for Individual)
President

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
250.00

Date of Receipt
01/29/2017

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ *950.00*

TOTAL This Period (last page this line number only).....▶ *950.00*

2017-03-04 AM 10:00:00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **2** OF **9**
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) **National Association of Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Spafford, Kent**
Mailing Address **20 Waterloo Blvd**
City **Parsippany** State **NJ** Zip Code **07054**
FEC ID number of contributing federal political committee. **C**
Name of Employer **One Call Care** Occupation **Sr. Advisor**
Receipt For: Primary General Other (specify) **500.00**
Election Cycle-to-Date **500.00**

Date of Receipt **01 / 30 / 2017**
Amount of Each Receipt this Period **500.00**
 Memo Item

B. Full Name (Last, First, Middle Initial) **Callendo, Brian**
Mailing Address **9010 East Via Linda**
City **Scottsdale** State **AZ** Zip Code **85258**
FEC ID number of contributing federal political committee. **C**
Name of Employer **PMCS** Occupation
Receipt For: Primary General Other (specify) **200.00**
Election Cycle-to-Date **200.00**

Date of Receipt **01 / 30 / 2017**
Amount of Each Receipt this Period **200.00**
 Memo Item

C. Full Name (Last, First, Middle Initial) **Elgomayel, Ramzy**
Mailing Address **1100 Abernathy Road**
City **Atlanta** State **GA** Zip Code **30328**
FEC ID number of contributing federal political committee. **C**
Name of Employer **Aetna** Occupation **President / COO**
Receipt For: Primary General Other (specify) **200.00**
Election Cycle-to-Date **200.00**

Date of Receipt **01 / 30 / 2017**
Amount of Each Receipt this Period **200.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional) **900.00**
TOTAL This Period (last page this line number only) **900.00**

2017-01-30 10:00 AM

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) **National Association of Preferred Provider Organizations Political Action Committee**

Full Name (Last, First, Middle Initial)
FCM Smith, Cheryl
 A. Mailing Address
16945 Northchase Drive
 City **Houston** State **TX** Zip Code **77060**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **HealthHelp** Occupation **CEO**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date

Date of Receipt
01 / 30 / 2017
 Amount of Each Receipt this Period
200.00
 Memo Item

Full Name (Last, First, Middle Initial)
Buss William
 B. Mailing Address
3480 Torrance Blvd
 City **Torrance** State **CA** Zip Code **90503**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **SBIPMG** Occupation **Exec. Director**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **500.00**

Date of Receipt
01 / 30 / 2017
 Amount of Each Receipt this Period
500.00
 Memo Item

Full Name (Last, First, Middle Initial)
Braun Edward
 C. Mailing Address
259 Cottonwood Lane
 City **Somerset** State **NJ** Zip Code **08873**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Dement Group** Occupation **Vice President**
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **540.00**

Date of Receipt
01 / 30 / 2017
 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) ▶

CONFIDENTIAL

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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

PAGE 4 OF 9

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NAME OF COMMITTEE (In Full) Natural Association of Preferred Powder Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Brown, Edward

Mailing Address 250 Cottontail Lane

City Somerset State NS Zip Code 00083

FEC ID number of contributing federal political committee. C

Name of Employer Dement Group Occupation Vice President

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 540⁰⁰

Date of Receipt 01 / 30 / 2017

Amount of Each Receipt this Period 40⁰⁰

Memo Item

B. Full Name (Last, First, Middle Initial) Duell, Daniel

Mailing Address 314 NE Birch Street

City Camas State WA Zip Code 98607

FEC ID number of contributing federal political committee. C

Name of Employer Fuel Medical Occupation Director

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 200⁰⁰

Date of Receipt 01 / 30 / 2017

Amount of Each Receipt this Period 200⁰⁰

Memo Item

C. Full Name (Last, First, Middle Initial) Fairley-Agee, Kate

Mailing Address 3000 Highland Ave

City Downers Grove State IL Zip Code 60515

FEC ID number of contributing federal political committee. C

Name of Employer Coventry Occupation Vice President

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt 01 / 30 / 2017

Amount of Each Receipt this Period 200⁰⁰

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 6 OF 9

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) Natural Association of Preferred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial)

A. Acosta, Robert
Mailing Address 110 Theory
City Irvine State CA Zip Code 92612
FEC ID number of contributing federal political committee. C
Name of Employer MITCHELL Occupation Sr. VP
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 24000

Date of Receipt

01 / 30 / 2017

Amount of Each Receipt this Period

200.00

Memo Item

B. Acosta, Robert
Mailing Address 110 Theory
City Irvine State CA Zip Code 92612
FEC ID number of contributing federal political committee. C
Name of Employer Sr. VP Occupation Sr. VP
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 24000

Date of Receipt

01 / 30 / 2017

Amount of Each Receipt this Period

40.00

Memo Item

C. Hunter, Bob
Mailing Address One Union Square
City Seattle State WA Zip Code 98101
FEC ID number of contributing federal political committee. C
Name of Employer First Choice Health Occupation President
Receipt For: Primary General Other (specify)
Election Cycle-to-Date 25000

Date of Receipt

01 / 30 / 2017

Amount of Each Receipt this Period

200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

.....
.....

2017-08-04 10:00:22

SCHEDULE A (FEC Form 3) X
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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11a
12

11b
13a

11c
13b

11d
14

15

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) *National Association of Preferred Provider Organizations Political Action Committee*

Full Name (Last, First, Middle Initial)

A.

Hamm, Ken

Mailing Address
One Union Square

City *Seattle* State *WA* Zip Code *98101*

FEC ID number of contributing federal political committee.

C

Name of Employer

First Choice Health Occupation *Exec. VP*

Receipt For:

Primary General Other (specify) ▼

Election Cycle-to-Date

700.00

Date of Receipt

01 / 30 / 2017

Amount of Each Receipt this Period

700.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Roberts, Julian

Mailing Address
974 Breckenridge Lane

City *Louisville* State *KY* Zip Code *40207*

FEC ID number of contributing federal political committee.

C

Name of Employer

AAPAN Occupation *President/CEO*

Receipt For:

Primary General Other (specify) ▼

Election Cycle-to-Date

1,000.00

Date of Receipt

01 / 30 / 2017

Amount of Each Receipt this Period

1,000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Allen, Brian

Mailing Address
250 Progressive Way

City *Westerville* State *OH* Zip Code *43082*

FEC ID number of contributing federal political committee.

C

Name of Employer

Optum Occupation *VP*

Receipt For:

Primary General Other (specify) ▼

Election Cycle-to-Date

1,000.00

Date of Receipt

01 / 30 / 2017

Amount of Each Receipt this Period

1,000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a
 11b
 11c
 11d
 12
 13a
 13b
 14
 15
 PAGE 8 OF 9

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NAME OF COMMITTEE (In Full) National Association of Preferred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Brainerd, Jacqueline
 Mailing Address One Union Square
 City Seattle State WA Zip Code 98101
 FEC ID number of contributing federal political committee. C
 Name of Employer FCH Occupation UP
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt 01/30/2017
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial) Ciarrocchi, Michael
 Mailing Address 1st Farmington Ave
 City Hartford State CT Zip Code 06156
 FEC ID number of contributing federal political committee. C
 Name of Employer Meritain Health Occupation National Sales
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt 01/30/2017
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial) James, Erika
 Mailing Address 110 theory
 City Irvine State CA Zip Code 92612
 FEC ID number of contributing federal political committee. C
 Name of Employer Mitchell Occupation UP
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date 200.00

Date of Receipt 01/30/2017
 Amount of Each Receipt this Period 200.00
 Memo Item

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

2017-01-04 PM 00:07:02 44

SCHEDULE A (FEC Form 3) X
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full) National Association of Preferred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Pruchan, Kristen

Mailing Address 2335 Kauriter Court

City Haymarket State VA Zip Code 20169

FEC ID number of contributing federal political committee. C

Name of Employer NTT Data Occupation Account Executive

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 2000

Date of Receipt 01/30/2017

Amount of Each Receipt this Period 200.00

Memo Item

B. Full Name (Last, First, Middle Initial) Wroblewski, Brian

Mailing Address 1755 Park Street

City Naperville State IL Zip Code 60563

FEC ID number of contributing federal political committee. C

Name of Employer Clear Health Strategies Occupation exec VP

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 500.00

Date of Receipt 01/30/2017

Amount of Each Receipt this Period 500.00

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional) 8630.00

TOTAL This Period (last page this line number only) 8630.00

NON-PROFIT ORGANIZATION

**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 5

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

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NAME OF COMMITTEE (In Full) National Association of Preferred Provider Organizers 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' 03' 2017
 FEC Identification Number C
 Amount of Each Disbursement this Period 21.50
 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' 04' 2017
 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' 31' 2017
 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).....> _____

2017-08-04 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 2 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) National Association of Preferred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 02/02/2017

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 27.60

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 02/02/2017

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 134.77

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 03/02/2017

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 _____

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

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

2017-08-04 PM 00:10:27

**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

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

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NAME OF COMMITTEE (In Full) National Association of Preferred Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 03'02'2017
 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 179.4
 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 04'03'2017
 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 _____

C. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 04'04'2017
 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 _____

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

2017-03-04 10:00:00

**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)

PAGE 4 OF 5

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

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NAME OF COMMITTEE (In Full) National Association of Preferred Provider Organizations 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' 02' 2017
 FEC Identification Number C
 Amount of Each Disbursement this Period 20.00
 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' 03' 2017
 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' 02' 2017
 FEC Identification Number C
 Amount of Each Disbursement this Period 12.53
 Memo Item _____

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

2017-08-04 08:00:00

**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)					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) National Association of Preferred Provider Organizations Political Action Committee

A. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 305183</u>		<u>06' 02' 2017</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>
Purpose of Disbursement <u>bank fees</u>		FEC Identification Number
Candidate Name		C
Category/Type		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<u>20.00</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item
State: District:		

B. <u>SunTrust Bank</u>		Date of Disbursement
Mailing Address <u>PO Box 305183</u>		<u>06' 30' 2017</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>
Purpose of Disbursement <u>bank fees</u>		FEC Identification Number
Candidate Name		C
Category/Type		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<u>20.00</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item
State: District:		

C.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number
Candidate Name		C
Category/Type		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) ▼		Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	<u>541.22</u>

2017-08-04 03:00 PM

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

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NAME OF COMMITTEE (In Full) National Association of Preferred Provider Organizations Political Action Committee

A. Lone Star Leadership PAC

Full Name (Last, First, Middle Initial) _____

Mailing Address Po Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement Contribution

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 03' 08' 20' 17

FEC Identification Number C

Amount of Each Disbursement this Period 1,000.00

Memo Item _____

B. Ryan Costello for Congress

Full Name (Last, First, Middle Initial) _____

Mailing Address 2125 14th Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Contribution

Candidate Name Ryan Costello

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 05' 16' 20' 17

FEC Identification Number C

Amount of Each Disbursement this Period 1,500.00

Memo Item _____

C. HOOPS PAC

Full Name (Last, First, Middle Initial) _____

Mailing Address 3602 Newark Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 05' 15' 20' 17

FEC Identification Number C

Amount of Each Disbursement this Period 3,000.00

Memo Item _____

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

TOTAL This Period (last page this line number only).....▶ 5,500.00

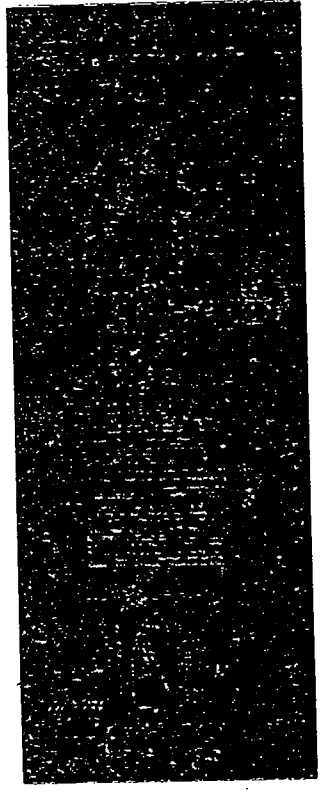
2017-08-04 10:00:00 AM

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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 (3/2015)

8/4/2017
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