

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2018 APR 18 AM 9:31
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
Louisville KY 40207

Check if different than previously reported. (ACC)

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

000352020

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 / / 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 / / in the State of

5. Covering Period 01/01/2018 through 03/31/2018

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 04/14/2018

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									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
Rev. 12/2004

2018-04-18 09:31 AM

**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^M 01^D 2018 To: 03^M 31^D 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2018</u>		- 887.01
(b) Cash on Hand at Beginning of Reporting Period.....	- 887.01	
(c) Total Receipts (from Line 19).....	5,965.00	5,965.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5,077.99	5,077.99
7. Total Disbursements (from Line 31).....	379.75	379.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4,698.24	4,698.24
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

20180331 14:08:00

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 ' 2018 To: 03 ' 31 ' 2018

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).....	5,795.00	5,795.00
(ii) Unitemized.....	170.00	170.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,965.00	5,965.00
(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).....▶	5,965.00	5,965.00
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)).....▶	5,965.00	5,965.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,965.00	5,965.00

2018-04-18 09:00:00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	379.75	379.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	379.75	379.75
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
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))..	379.75	379.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	379.75	379.75

NON-FEDERAL DONATIONS

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)	5,965. ⁰⁰	5,965. ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,965. ⁰⁰	5,965. ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	379. ⁷⁵	379. ⁷⁵
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	379. ⁷⁵	379. ⁷⁵

NOTICE: ON 1-18-2017 00:00:00

**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 1	OF 9
<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			

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 <u>Acosta, Bob</u>			Date of Receipt <u>01 29 2018</u>		
Mailing Address <u>110 Theory</u>					
City <u>Irvine</u>	State <u>CA</u>	Zip Code <u>92612</u>			
FEC ID number of contributing federal political committee. <u>C</u>			Amount of Each Receipt this Period <u>300.00</u>		
Name of Employer (for Individual) <u>Mitchell International</u>		Occupation (for Individual) <u>Sr. VP</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>300.00</u>			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Pascumb, Linda</u>			Date of Receipt <u>01 29 2018</u>		
Mailing Address <u>9525 Bryn Mawr Ave.</u>					
City <u>Rosemont</u>	State <u>IL</u>	Zip Code <u>60018</u>			
FEC ID number of contributing federal political committee. <u>C</u>			Amount of Each Receipt this Period <u>200.00</u>		
Name of Employer (for Individual) <u>Vision Group</u>		Occupation (for Individual) <u>VP</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>200.00</u>			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Borrorquez, Juan</u>			Date of Receipt <u>01 29 2018</u>		
Mailing Address <u>9525 Bryn Mawr Ave</u>					
City <u>Rosemont</u>	State <u>IL</u>	Zip Code <u>60018</u>			
FEC ID number of contributing federal political committee. <u>C</u>			Amount of Each Receipt this Period <u>240.00</u>		
Name of Employer (for Individual) <u>Qualisight</u>		Occupation (for Individual) <u>Vice President</u>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <u>240.00</u>			

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 4 OF 9
(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	

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. Farley Agee, Kathleen			Date of Receipt 01 ' 29 ' 2018		
Mailing Address 3200 Highland Avenue					
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period , 300.00		
FEC ID number of contributing federal political committee. C			Memo Item		
Name of Employer (for Individual) Coventry		Occupation (for Individual) UP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 300.00			
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Holawitz, Jason			Date of Receipt 01 ' 29 ' 2018		
Mailing Address 6445 Flying Cloud Drive					
City Eden Prairie	State MN	Zip Code 55344	Amount of Each Receipt this Period , 200.00		
FEC ID number of contributing federal political committee. C			Memo Item		
Name of Employer (for Individual) Amer. Hearing Benefits		Occupation (for Individual) Managing 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 C. James, Erica			Date of Receipt 01 ' 29 ' 2018		
Mailing Address 110 Theory					
City Irving	State CA	Zip Code 92612	Amount of Each Receipt this Period , 200.00		
FEC ID number of contributing federal political committee. C			Memo Item		
Name of Employer (for Individual) Mitchell International		Occupation (for Individual) UP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ , 200.00			

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

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

4-10-18-10:40:00 AM

**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 5 OF 9	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Powder Organizations Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Lessek, Jennifer</u>			Date of Receipt <u>01 ' 09 ' 2018</u>
Mailing Address <u>3211 Northview Drive</u>			Amount of Each Receipt this Period <u>, 200.00</u>
City <u>Stow</u>	State <u>OH</u>	Zip Code <u>44224</u>	
FEC ID number of contributing federal political committee. <u>C</u>			Memo Item
Name of Employer (for Individual) <u>NTT DATA</u>		Occupation (for Individual) <u>Business Development</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>, 200.00</u>	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Lockwood, Carol</u>			Date of Receipt <u>01 ' 09 ' 2018</u>
Mailing Address <u>6275 Smith Road East</u>			Amount of Each Receipt this Period <u>, 200.00</u>
City <u>Alpharetta</u>	State <u>GA</u>	Zip Code <u>30005</u>	
FEC ID number of contributing federal political committee. <u>C</u>			Memo Item
Name of Employer (for Individual) <u>Zelis Healthcare</u>		Occupation (for Individual) <u>UP</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>, 200.00</u>	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Mauzy, David</u>			Date of Receipt <u>01 ' 09 ' 2018</u>
Mailing Address <u>13011 W. President George Bush Highway</u>			Amount of Each Receipt this Period <u>, 300.00</u>
City <u>Richardson</u>	State <u>TX</u>	Zip Code <u>75080</u>	
FEC ID number of contributing federal political committee. <u>C</u>			Memo Item
Name of Employer (for Individual) <u>Optum Network</u>		Occupation (for Individual) <u>General Manager</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>, 300.00</u>	

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

2018-09-14 10:01:00 AM

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 6 OF 9
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Preferred Provider Organizations Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Mull, Michael</u>			Date of Receipt <u>01 ' 29 ' 2018</u>
Mailing Address <u>10350 Ocmulgee Park Place</u>			Amount of Each Receipt this Period <u>300.00</u>
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40223</u>	
FEC ID number of contributing federal political committee. <u>C</u>			Memo Item
Name of Employer (for Individual) <u>Aperture Credit</u>		Occupation (for Individual) <u>Sr. UP</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>300.00</u>	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Dicastro, Christina</u>			Date of Receipt <u>01 ' 29 ' 2018</u>
Mailing Address <u>503 meadow lane</u>			Amount of Each Receipt this Period <u>325.00</u>
City <u>Clinton</u>	State <u>PA</u>	Zip Code <u>15026</u>	
FEC ID number of contributing federal political committee. <u>C</u>			Memo Item
Name of Employer (for Individual) <u>Aetna</u>		Occupation (for Individual) <u>Head of Union</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <u>325.00</u>	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <u>Prucha, Kirsten</u>			Date of Receipt <u>01 ' 29 ' 2018</u>
Mailing Address <u>2335 Painter Court</u>			Amount of Each Receipt this Period <u>40.00</u>
City <u>Haymarket</u>	State <u>VA</u>	Zip Code <u>20169</u>	
FEC ID number of contributing federal political committee. <u>C</u>			Memo Item
Name of Employer (for Individual) <u>NTT DATA</u>		Occupation (for Individual) <u>Account Services</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <u>240.00</u>	

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

20180129 10:41 AM 000000000000

**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 1 OF 9
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 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) American Association of Preferred Provider Organizations Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pruha, Kirsten

Mailing Address
2335 Plover Court

City Haymarket State VA Zip Code 20169

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) NTT DATA Occupation (for Individual) Account Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
01 29 2018

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roberts, Julia

Mailing Address
3774 Lavista Blvd

City Tucker State GA Zip Code 30084

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) AAPAN Occupation (for Individual) Pres. & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 29 2018

Amount of Each Receipt this Period
300.00

Memo Item

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) VPay Occupation (for Individual) President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
01 29 2018

Amount of Each Receipt this Period
340.00

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 8 OF 9
(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 Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spafford, Kent

Mailing Address
20 Waterway Blvd.

City Parsippany State NS Zip Code 07054

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Orecaal Care Occupation (for Individual) Sr. Advisor

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt
01 / 29 / 2018

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Dale

Mailing Address
445 Goodspeed Road

City Virginia Beach State VA Zip Code 23451

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Multi Pcr Occupation (for Individual) Sr. VP

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt
01 / 29 / 2018

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address
601 13th Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 200.00

Date of Receipt
01 / 29 / 2018

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)..... ▶

2018-01-01 11:00:00 AM: 00000000000000000000

**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 9	OF 9
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Preferred Provider Organizations Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Letterger, Michelle

Mailing Address
One Penn Plaza

City New York State NY Zip Code 10119

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Brighton Health Sol. Occupation (for Individual) President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
01 29 2018

Amount of Each Receipt this Period
200.00

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)..... ▶

5,795.00

20180410 10:00 AM EDT

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 4

21b 22 23 26 27
 28a 28b 28c 29 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) Sentrust 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 ' 2018
 FEC Identification Number C
 Amount of Each Disbursement this Period 20.00
 Memo Item _____

B. Full Name (Last, First, Middle Initial) Sentrust 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 ' 2018
 FEC Identification Number C
 Amount of Each Disbursement this Period 24.53
 Memo Item _____

C. Full Name (Last, First, Middle Initial) Sentrust 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 ' 2018
 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)..... ▶ , , ,

20180104 10:40 AM BONDING

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

21b
 22
 23
 26
 27
 28a
 28b
 28c
 29
 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) Sentrust Bank Date of Disbursement 02/12/2018

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) Sentrust Bank Date of Disbursement 03/02/2018

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) Sentrust Bank Date of Disbursement 03/02/2018

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).....▶

NATIONAL BOARD OF CONTRACTORS

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 4 OF 4
	<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	

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. SunTrust Bank			Date of Disbursement 03 '09 '2018		
Mailing Address <u>Po Box 305183</u>			FEC Identification Number C		
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>26.45</u>		
Candidate Name			Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / 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			Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / 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			Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<u>319.75</u>

NOTICE: THIS DOCUMENT IS UNCLASSIFIED

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)
4/14/18

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

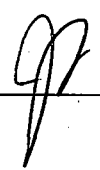
Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER  4/18/18
DATE PREPARED
 (3/2015)

20180418 10:01:01 AM CONVOLOTTA