

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2016 APR 21 AM 11:38

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 #102

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00352922

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 M / D D D / 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 M / D D D / in the State of

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

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 J. Greenrose

Date

04 / 15 / 2016

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name American Association of Veterenat Roudon
Organizations Political Action Committee

Report Covering the Period: From: 01' 01' 2016 To: 03' 31' 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>5016</u>		<u>-189344</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>-189344</u>	
(c) Total Receipts (from Line 19).....	<u>10760.00</u>	<u>10760.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>8866.56</u>	<u>8866.56</u>
7. Total Disbursements (from Line 31).....	<u>2915.03</u>	<u>2915.03</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>5951.53</u>	<u>5951.53</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
999 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: 01 01 2010 To: 03 31 2010

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5950.00	5950.00
(ii) Unitemized.....	4810.00	4810.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10,760.00	10,760.00
(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).....▶	10,760.00	10,760.00
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)).....▶	10,760.00	10,760.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10,760.00	10,760.00

NON-FEDERAL AND LEVIN FUNDS

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	291503	291503
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	291503	291503
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		
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))	291503	291503
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	291503	291503

20030201 14:40:00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10,760 ⁰⁰	10,760 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,760 ⁰⁰	10,760 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	29,150 ⁰³	29,150 ⁰³
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29,150 ⁰³	29,150 ⁰³

20030201 10:10:00 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	OF
	<input checked="" 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 Provider Organizations Political Action Committee

A. Full Name (Last, First, Middle Initial) Cuneo, Gerry

Mailing Address 326 First Street #29

City Annapolis State MD Zip Code 21403

FEC ID number of contributing federal political committee. C

Name of Employer Schaefer Strat. Occupation Farmer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 400.00

Date of Receipt 01/31/2016

Amount of Each Receipt this Period 400.00

Memo Item

B. Full Name (Last, First, Middle Initial) Faulkner, Blaine

Mailing Address 10260 Meanley Drive

City San Diego State CA Zip Code 92109

FEC ID number of contributing federal political committee. C

Name of Employer First Health Occupation CEO/President

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 300.00

Date of Receipt 02/01/2016

Amount of Each Receipt this Period 300.00

Memo Item

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

Mailing Address 1000 County Road E

City Shoreview State MN Zip Code 55126

FEC ID number of contributing federal political committee. C

Name of Employer Chiropractic Care of MN Occupation CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt 02/03/2016

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)

20160104 10:01:00 AM 10000000000

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 2 OF 4	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) **American Association of Preferred Products Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) **Snappet, Aspasia**

Mailing Address **395 Baker Street**

City **Costa Mesa** State **CA** Zip Code **92626**

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

Name of Employer **mesvision** Occupation **President: CEO**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **1,200.00**

Date of Receipt **02 / 03 / 2016**

Amount of Each Receipt this Period **1,200.00**

Memo Item

B. 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 **HELVO** Occupation **Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 08 / 2016**

Amount of Each Receipt this Period **300.00**

Memo Item

C. Full Name (Last, First, Middle Initial) **Cipomayer, Ranzy**

Mailing Address **1100 Abernathy Road**

City **Atlanta** State **GA** Zip Code **30328**

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

Name of Employer **Aetra** Occupation **Sr. Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 08 / 2016**

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).....▶

20160810 10:40:10 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 3 OF 4

11a
 11b
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 17

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

A. Full Name (Last, First, Middle Initial) **Adoliz, Ad**

Mailing Address **1000 South Pine Dr. #2803**

City **Miami Beach** State **FL** Zip Code **33139**

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

Name of Employer **Healthways** Occupation **President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt **02/08/2016**

Amount of Each Receipt this Period **500.00**

Memo Item

B. Full Name (Last, First, Middle Initial) **Brookley, Patricia**

Mailing Address **1523 Kellogg Drive**

City **Lower Merion** State **PA** Zip Code **19002**

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

Name of Employer **YMA Companies** Occupation **Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **750.00**

Date of Receipt **02/08/2016**

Amount of Each Receipt this Period **750.00**

Memo Item

C. Full Name (Last, First, Middle Initial) **White, Dale**

Mailing Address **2273 Research Blvd**

City **Rockville** State **MD** Zip Code **20850**

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

Name of Employer **MultiPro** Occupation **Exec. Vice President**

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date **300.00**

Date of Receipt **03/08/2016**

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).....▶

20160101 11:00 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 4 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle-Initial) Greenlee, Karen

Mailing Address 914 Breckenridge Lane # 162

City Louisville State KY Zip Code 40207

FEC ID number of contributing federal political committee. C

Name of Employer AARP Occupation President: CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 700.00

Date of Receipt 02/08/2016

Amount of Each Receipt this Period 700.00

Memo Item

B. Full Name (Last, First, Middle-Initial) Hamm, Kenneth

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: CEO

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 300.00

Date of Receipt 02/08/2016

Amount of Each Receipt this Period 300.00

Memo Item

C. Full Name (Last, First, Middle-Initial) Boss, Bill

Mailing Address 5100 Torrance Blvd

City Torrance State CA Zip Code 90503

FEC ID number of contributing federal political committee. C

Name of Employer SDPMB Occupation Executive Director

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 400.00

Date of Receipt 02/08/2016

Amount of Each Receipt this Period 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 700.00

TOTAL This Period (last page this line number only)..... 9950.00

20160208 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 4			
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full) American Association of Preferred Router Organizations Political Action Committee

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement 02 / 05 / 2016	
Mailing Address <u>PO BOX 305183</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 32.50	
Candidate Name		Category/Type	
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) ▼	<input type="checkbox"/> Memo Item	
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement 03 / 02 / 2016	
Mailing Address <u>PO BOX 305183</u>			
City <u>Nashville</u> State <u>TN</u> Zip Code <u>37230</u>			
Purpose of Disbursement		Amount of Each Disbursement this Period 101.67	
Candidate Name		Category/Type	
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) ▼	<input type="checkbox"/> Memo Item	
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement 03 / 03 / 2016	
Mailing Address <u>PO BOX 305183</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 23.80	
Candidate Name		Category/Type	
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) ▼	<input type="checkbox"/> Memo Item	
State: _____ District: _____			

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 4

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full) American Association of Retired Workers Organizational 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 / 07 / 2016

Amount of Each Disbursement this Period 94.20

Memo Item

B. Full Name (Last, First, Middle Initial) USO 7A Meeting Corp

Mailing Address 155 Woods River Lane

City Duluth State GA Zip Code 30097

Purpose of Disbursement event management

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement 02 / 26 / 2016

Amount of Each Disbursement this Period 2,500.00

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 _____

Amount of Each Disbursement this Period _____

Memo Item

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

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

2915.03

20160307 10:00 AM

1000 10 11 14 01 01 01



7014 2120 0001 0587 9449



1000



20463

U.S. POSTAGE
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CHARLESTON, WV
APR 25 2016
R20051 10 11 14 01 01 01

\$7.57

TO:

Federal Election Commission
999 E Street NW
Washington DC 20543

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2016 APR 21 AM 11:38

1003

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 4/15/16
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<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
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER 

4/21/16
DATE PREPARED

20160421 10:00:00 AM