

**FEC
FORM 3X**

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

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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) **914 Breckenridge Lane**
#162
Louisville KY 40207

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000357022

3. IS THIS REPORT NEW (N) OR AMENDED (A)

| | | | | | |
|--------------------------------|---|---------------------|---------------|---------------|--|
| 4. TYPE OF REPORT (Choose One) | (a) Quarterly Reports: | Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| | April 15 Quarterly Report (Q1) | Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| X | July 15 Quarterly Report (Q2) | Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (YE) |
| | 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: | | | | |
| | (c) 12-Day PRE-Election Report for the: | Primary (12P) | General (12G) | Runoff (12R) | |
| | | Convention (12C) | Special (12S) | | |
| | Election on | M M / D D / Y Y Y Y | | | in the State of |
| | (d) 30-Day POST-Election Report for the: | General (30G) | Runoff (30R) | Special (30S) | |
| | Election on | M M / D D / Y Y Y Y | | | in the State of |

5. Covering Period **11 ' 29 ' 2016** through **12 ' 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 L Greenrose**

Signature of Treasurer **Karen L Greenrose** Date **01 ' 30 ' 2017**

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

2017-01-09 10:00:00 AM

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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

Report Covering the Period: From: 11 ' 29 ' 2016 To: 12 ' 31 ' 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2016</u> | | -1893 ⁴⁶ |
| (b) Cash on Hand at Beginning of Reporting Period..... | -4591 ³ | |
| (c) Total Receipts (from Line 19) | 0 | 10960 ⁰⁰ |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | -4591 ³ | 9066 ⁵⁴ |
| 7. Total Disbursements (from Line 31)..... | 265 ⁵³ | 9791 ²⁰ |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | -724 ⁶⁶ | -724 ⁶⁶ |
| 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 | |

2017-02-06 10:01:00 AM

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. 05/2016)

Page 3

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

Report Covering the Period: From: 11 / 29 / 2016 To: 12 / 31 / 2016

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).....

0

6,150.00

(ii) Unitemized.....

0

4,810.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

10,960.00

(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).....▶

0

10,960.00

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)).....▶

0

10,960.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0

10,960.00

NON-FEDERAL CONTRIBUTIONS

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 | 26553 | 379100 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 26553 | 379100 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0 | 600000 |
| 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)).. | 26553 | 979100 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 26553 | 979100 |

NON-FEDERAL DISBURSEMENTS

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) | 0 | 10,960.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0 | 10,960.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 265.53 | 3,791.20 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 265.53 | 3,791.20 |

NON-FEDERAL CAMPAIGN FINANCING

**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 2 |
| | <input checked="" type="checkbox"/> 21b <input type="checkbox"/> 28a | <input type="checkbox"/> 22 <input type="checkbox"/> 28b | <input type="checkbox"/> 23 <input type="checkbox"/> 28c | <input type="checkbox"/> 26 <input type="checkbox"/> 29 | <input type="checkbox"/> 27 <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

A. Full Name (Last, First, Middle Initial) SubTrust 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 11/30/2016

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

B. Full Name (Last, First, Middle Initial) SubTrust 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 12/02/2016

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

C. Full Name (Last, First, Middle Initial) SubTrust 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 12/02/2016

FEC Identification Number C

Amount of Each Disbursement this Period 205.53

Memo Item

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

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

2017-02-09 09:10:01 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 2 |
| | <input checked="" type="checkbox"/> 21b <input type="checkbox"/> 28a | <input type="checkbox"/> 22 <input type="checkbox"/> 28b | <input 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) American Association of Preferred Provider Organizations Political Action Committee

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address 527 Trust Bank
PO Box 305183

City Nashville State TN Zip Code 37230

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement 12 / 30 / 2016

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item

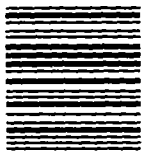
SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶ 265.53

2016-11-01 10:00:00 AM

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U.S. POSTAGE
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26003
JAN 31 17
AMOUNT
\$7.29
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20463



1000



7016 1370 0002 0991 5344

20002

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Federal Election Commission
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Washington, DC 20546

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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 |
| <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
(3/2015)

[Handwritten Signature]

2/9/17
DATE PREPARED

2017-01-03 10:00:00 AM