

**FEC FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2022 FEB 10 PM 03  
Office Use Only

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

American Association of Payers Administrators & networks Political Action Committee

ADDRESS (number and street) 3774 La Vista Road  
Suite 101  
Tucker GA 30084

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00352020 CITY STATE ZIP CODE

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of  

(d) 30-Day POST-Election Report for the:

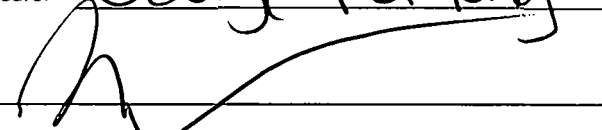
- General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of  

5. Covering Period 01 / 01 / 2021 through 12 / 31 / 2021

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 George Furlong

Signature of Treasurer  Date 01 / 31 / 2021

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

NON-FEDERAL CAMPAIGN FINANCE

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name American Association of Payers  
Administrators' network Political Action Committee

Report Covering the Period: From: 01' 01' 2009 To: 12' 31' 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2009</u>	<u>4,345.41</u>	<u>4,345.41</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>4,345.41</u>	
(c) Total Receipts (from Line 19).....	<u>0.00</u>	<u>0.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>4,345.41</u>	<u>4,345.41</u>
7. Total Disbursements (from Line 31).....	<u>1,240.00</u>	<u>1,240.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>3,105.41</u>	<u>3,105.41</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

NON-FEDERAL CAMPAIGN ACT

**DETAILED SUMMARY PAGE**

of Receipts

Write or Type Committee Name American Association of Lawyers  
Administrators: network Political Action Committee

Report Covering the Period: From: 07 ' 01 ' 2021 To: 12 ' 31 ' 2021

**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).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

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

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

0.00

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

0.00

0.00

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 .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1,240.00	1,240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,240.00	1,240.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations) .....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,240.00	1,240.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1,240.00	1,240.00

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) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1240.00	1240.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1240.00	1240.00

NONDISCLOSURE INFORMATION

**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)

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 Payers Administrators & Networks 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 **07/02/2001**  
 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 **07/30/2001**  
 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 **08/03/2001**  
 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).....▶

NONCONFIDENTIAL

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 2 OF 5
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 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 Payors Administrators & Networks 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 08' 31' 2001

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 09' 02' 2001

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 09' 30' 2001

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).....▶

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)

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

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NAME OF COMMITTEE (In Full) **American Association of Payors Administrators & Networks 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 **10/04/2021**

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 **10/29/2021**

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 **11/02/2021**

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)..... ▶

NONN101410M100NONN1111



**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)

<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 Payers Administrators & Networks 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 **11/30/2011**

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 **12/02/2011**

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 **12/31/2011**

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).....▶

NON-FEDERAL COMMONS

**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

21b  
28a  22  
28b  23  
28c  26  
29  27  
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 Payers  
Administrators: networks Political Action Committee

**A.** Full Name (Last, First, Middle Initial) Darlene for Georgia  
Mailing Address PO Box 6580  
City Thomasville State GA Zip Code 31758  
Purpose of Disbursement Contributor - state candidate Category/Type   
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Date of Disbursement 10 / 09 / 2007  
FEC Identification Number C  
Amount of Each Disbursement this Period 1,000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Purpose of Disbursement \_\_\_\_\_ Category/Type   
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 \_\_\_\_\_ Category/Type   
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) ..... ▶ 1,240.00

NON-FEDERAL CAMPAIGN FINANCING

7020 0640 0001 9465 8563



1000



20463

U.S. POSTAGE PAID  
FCM LG ENV  
WHEELING, WV  
26003  
AND 31-22  
AMOUNT  
R2304H108984-12  
**\$8.76**

Federal Election Commission  
1050 First Street NE  
Washington DC 20463

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2022 FEB 10 PM 4:03

NOV 10 11 51 AM '03

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/31/22
<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

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