

**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) **974 Breckenridge Lane**
#1162
Check if different than previously reported. (ACC) **Louisville KY 40201**

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:	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)
April 15 Quarterly Report (Q1)				
July 15 Quarterly Report (Q2)				
<input checked="" type="checkbox"/> 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 **07 01 2016** through **09 30 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 **10 14 2016**

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

**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^M01^D 2016^Y^Y^Y^Y To: 09^M30^D 2016^Y^Y^Y^Y

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2016</u> ^Y		- 1,893.46
(b) Cash on Hand at Beginning of Reporting Period.....	- 416.08	
(c) Total Receipts (from Line 19).....	0	10,760.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	- 416.08	8,866.54
7. Total Disbursements (from Line 31).....	157.59	9,440.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	- 573.67	- 573.67
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

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: 07 01 2016 To: 09 30 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	5,950.00
(ii) Unitemized	0	4,810.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	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).....▶	0	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)).....▶	0	10,760.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	10,760.00

RECEIVED

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

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	157.59	3,440.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	157.59	3,440.21
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	6,000.00
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)) ..	157.59	9,440.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	157.59	9,440.21

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE
of Disbursements

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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	10,760 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	10,760 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	157.59	3,440 ²¹
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	157.59	3,440 ²¹

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**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 3
	<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 Retarded Powder Organizations Political Action Committee

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 07 '05' 2016
Mailing Address PO Box 305183		FEC Identification Number C
City Nashville	State TN Zip Code 37230	
Purpose of Disbursement bank fees		Amount of Each Disbursement this Period 12.53
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 07 '05' 2016
Mailing Address PO Box 305183		FEC Identification Number C
City Nashville	State TN Zip Code 37230	
Purpose of Disbursement bank fees		Amount of Each Disbursement this Period 20.00
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 07 '09' 2016
Mailing Address PO Box 305183		FEC Identification Number C
City Nashville	State TN Zip Code 37230	
Purpose of Disbursement bank fees		Amount of Each Disbursement this Period 20.00
Candidate Name		
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).....▶	

**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 3
	<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) American Association of Retired Teacher Organizations Political Action Committee

A. <u>SanTrust Bank</u> Full Name (Last, First, Middle Initial)		Date of Disbursement <u>08' 02' 2016</u>
Mailing Address <u>PO Box 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>12.53</u>
Candidate Name		
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:		

B. <u>SanTrust Bank</u> Full Name (Last, First, Middle Initial)		Date of Disbursement <u>08' 02' 2016</u>
Mailing Address <u>PO Box 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		
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:		

C. <u>SanTrust Bank</u> Full Name (Last, First, Middle Initial)		Date of Disbursement <u>08' 31' 2016</u>
Mailing Address <u>PO Box 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u>	
Purpose of Disbursement		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		
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).....▶	

**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
	<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) **American Association of Preferred Provider Organizations Political Action Committee**

A. Full Name (Last, First, Middle Initial) SunTrust Bank			Date of Disbursement 09 02 2016		
Mailing Address PO Box 305183					
City Nashville	State TN	Zip Code 37230	FEC Identification Number C		
Purpose of Disbursement bank fees		Candidate Name	Amount of Each Disbursement this Period 12.53		
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:				

B. Full Name (Last, First, Middle Initial) SunTrust Bank			Date of Disbursement 09 02 2016		
Mailing Address PO Box 305183					
City Nashville	State TN	Zip Code 37230	FEC Identification Number C		
Purpose of Disbursement bank fees		Candidate Name	Amount of Each Disbursement this Period 20.00		
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:				

C. Full Name (Last, First, Middle Initial) SunTrust Bank			Date of Disbursement 09 30 2016		
Mailing Address PO Box 305183					
City Nashville	State TN	Zip Code 37230	FEC Identification Number C		
Purpose of Disbursement		Candidate Name	Amount of Each Disbursement this Period 20.00		
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:				

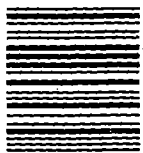
SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	157.59

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