

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
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

Check if different than previously reported. (ACC) #162  
Louisville KY 40207

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

C00352022 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One)

|                                          |                                |                               |                                  |                                          |
|------------------------------------------|--------------------------------|-------------------------------|----------------------------------|------------------------------------------|
| (a) Quarterly Reports:                   | Feb 20 (M2)                    | May 20 (M5)                   | Aug 20 (M8)                      | Nov 20 (M11)<br>(Non-Election Year Only) |
|                                          | Mar 20 (M3)                    | Jun 20 (M6)                   | Sep 20 (M9)                      | Dec 20 (M12)<br>(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) | October 15 Quarterly Report (Q3) | January 31 Year-End Report (YE)          |
| (b) Monthly Report Due On:               | Primary (12P)                  | General (12G)                 | Runoff (12R)                     |                                          |
|                                          | Convention (12C)               | Special (12S)                 |                                  |                                          |
| (c) 12-Day PRE-Election Report for the:  | General (30G)                  | Runoff (30R)                  | Special (30S)                    |                                          |
|                                          |                                |                               |                                  |                                          |
| (d) 30-Day POST-Election Report for the: |                                |                               |                                  |                                          |
|                                          |                                |                               |                                  |                                          |

5. Covering Period 01 01 2019 through 12 31 2019

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 31 2020

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 Providers Organizations Political Action Committee

Report Covering the Period: From: 07 01 2019 To: 12 31 2019

|                                                                                                           | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <u>2019</u>                                                             |                         | <u>19167</u>                      |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                 | <u>16928</u>            |                                   |
| (c) Total Receipts (from Line 19) .....                                                                   | <u>64031</u>            | <u>614031</u>                     |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....       | <u>80959</u>            | <u>633198</u>                     |
| 7. Total Disbursements (from Line 31).....                                                                | <u>78660</u>            | <u>630907</u>                     |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                  | <u>2291</u>             | <u>2291</u>                       |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <u>0</u>                |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>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  
1050 First Street, N.E.  
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 / 2019 To: 12 / 31 / 2019

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 0                             | 2,100.00                          |
| (ii) Unitemized.....                                                                                  | 640.31                        | 4,040.31                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 640.31                        | 6,140.31                          |
| (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).....▶  | 640.31                        | 6,140.31                          |
| 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)).....▶                         | 640.31                        | 6,140.31                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 640.31                        | 6,140.31                          |

FORM 3X (REV. 05/2016)

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. Disbursements</b>                                                                       |  | <b>COLUMN A</b><br>Total This Period | <b>COLUMN B</b><br>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 .....                                                 |  | 786.86                               | 1,309.07                                 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        |  | 786.86                               | 1,309.07                                 |
| 22. Transfers to Affiliated/Other Party Committees.....                                        |  | 0                                    | 0                                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         |  | 0                                    | 5000.00                                  |
| 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))..       |  | 786.86                               | 6,309.07                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... |  | 786.86                               | 6,309.07                                 |

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**DETAILED SUMMARY PAGE  
of Disbursements**

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Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 640,311                       | 6,140,311                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0                             | 0                                 |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 640,311                       | 6,140,311                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 786,860                       | 1,309,000                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 786,860                       | 1,309,000                         |

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**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"/> 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 |

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) 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 12/02/2019

FEC Identification Number C

Amount of Each Disbursement this Period 235.48

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 12/03/2019

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 12/10/2019

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).....▶

**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

21b  22  23  26  27  
 28a  28b  28c  29  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) SanTrust Bank Date of Disbursement 12/31/2019  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37230 FEC Identification Number C  
 Purpose of Disbursement bank fees Category/Type   
 Candidate Name \_\_\_\_\_ Amount of Each Disbursement this Period 20.00  
 Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_ Memo Item

**B.** Full Name (Last, First, Middle Initial) SanTrust Bank Date of Disbursement 11/04/2019  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37230 FEC Identification Number C  
 Purpose of Disbursement bank fees Category/Type   
 Candidate Name \_\_\_\_\_ Amount of Each Disbursement this Period 20.00  
 Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_ Memo Item

**C.** Full Name (Last, First, Middle Initial) SanTrust Bank Date of Disbursement 11/04/2019  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37230 FEC Identification Number C  
 Purpose of Disbursement bank fees Category/Type   
 Candidate Name \_\_\_\_\_ Amount of Each Disbursement this Period 42.48  
 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).....>

**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<br>28a | <input type="checkbox"/> 22<br>28b | <input type="checkbox"/> 23<br>28c | <input type="checkbox"/> 26<br>29 | <input type="checkbox"/> 27<br>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)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>11/12/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u>                                                                                                                   |                                                         |
| Zip Code<br><u>37230</u>                                                                                                  |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>20.45</u> |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      |                                                         |
| Candidate Name                                                                                                            |                                                                                                                                      | Memo Item                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                         |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                                         |

|                                                                                                                           |                                                                                                                                      |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>11/29/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u>                                                                                                                   |                                                         |
| Zip Code<br><u>37230</u>                                                                                                  |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>20.00</u> |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      |                                                         |
| Candidate Name                                                                                                            |                                                                                                                                      | Memo Item                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                         |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                                         |

|                                                                                                                           |                                                                                                                                      |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>10/02/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u>                                                                                                                   |                                                         |
| Zip Code<br><u>37230</u>                                                                                                  |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>20.00</u> |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      |                                                         |
| Candidate Name                                                                                                            |                                                                                                                                      | Memo Item                                               |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                         |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                                         |

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

2019 NOV 20 09:01 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 <u>4</u> OF <u>8</u> |
|                                                                         | <input checked="" type="checkbox"/> 21b<br>28a | <input type="checkbox"/> 22<br>28b | <input type="checkbox"/> 23<br>28c | <input type="checkbox"/> 26<br>29 | <input type="checkbox"/> 27<br>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)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>10<sup>th</sup> 02<sup>nd</sup> 2019</u> |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                               |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u> Zip Code<br><u>37230</u>                                                                                          |                                                                     |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>42.48</u>             |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Memo Item                                                           |
| State: District:                                                                                                          |                                                                                                                                      |                                                                     |

|                                                                                                                           |                                                                                                                                      |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>10<sup>th</sup> 09<sup>th</sup> 2019</u> |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                               |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u> Zip Code<br><u>37230</u>                                                                                          |                                                                     |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>26.45</u>             |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Memo Item                                                           |
| State: District:                                                                                                          |                                                                                                                                      |                                                                     |

|                                                                                                                           |                                                                                                                                      |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>10<sup>th</sup> 31<sup>st</sup> 2019</u> |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                               |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u> Zip Code<br><u>37230</u>                                                                                          |                                                                     |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>20.00</u>             |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><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 5 OF 8 |
|                                                                         | <input checked="" type="checkbox"/> 21b<br>28a | <input type="checkbox"/> 22<br>28b | <input type="checkbox"/> 23<br>28c | <input type="checkbox"/> 26<br>29 | <input type="checkbox"/> 27<br>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)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>07/02/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u> Zip Code<br><u>37230</u>                                                                                          |                                                         |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>12.53</u> |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Memo Item                                               |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                                         |

|                                                                                                                           |                                                                                                                                      |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>07/02/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u> Zip Code<br><u>37230</u>                                                                                          |                                                         |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>20.00</u> |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Memo Item                                               |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                                         |

|                                                                                                                           |                                                                                                                                      |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>07/10/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u> Zip Code<br><u>37230</u>                                                                                          |                                                         |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>26.45</u> |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Memo Item                                               |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                                         |

|                                                                  |  |
|------------------------------------------------------------------|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      |  |
| <b>TOTAL</b> 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 1 OF 8                  |                              |                             |
|                                                                         | <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 |

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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)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>07/31/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u>                                                                                                                   |                                                         |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>20.00</u> |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Memo Item                                               |
| State:                                                                                                                    | District:                                                                                                                            |                                                         |

|                                                                                                                           |                                                                                                                                      |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>08/02/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u>                                                                                                                   |                                                         |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>125.3</u> |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Memo Item                                               |
| State:                                                                                                                    | District:                                                                                                                            |                                                         |

|                                                                                                                           |                                                                                                                                      |                                                         |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial)<br><u>SunTrust Bank</u>                                                        |                                                                                                                                      | Date of Disbursement<br><u>08/02/2019</u>               |
| Mailing Address<br><u>PO Box 305183</u>                                                                                   |                                                                                                                                      | FEC Identification Number<br><u>C</u>                   |
| City<br><u>Nashville</u>                                                                                                  | State<br><u>TN</u>                                                                                                                   |                                                         |
| Purpose of Disbursement<br><u>bank fees</u>                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br><u>20.00</u> |
| Candidate Name                                                                                                            |                                                                                                                                      |                                                         |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><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)              |                                    |                                    |                                   |                                    |             |
|                                                                         | <input checked="" type="checkbox"/> 21b<br>28a | <input type="checkbox"/> 22<br>28b | <input type="checkbox"/> 23<br>28c | <input type="checkbox"/> 26<br>29 | <input type="checkbox"/> 27<br>30b | PAGE 1 OF 2 |

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

|                                                                                                                           |                                                                                                                                      |                                           |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Full Name (Last, First, Middle-Initial)<br><b>A. SunTrust Bank</b>                                                        |                                                                                                                                      | Date of Disbursement<br><b>08/09/2019</b> |
| Mailing Address<br><b>PO BOX 305183</b>                                                                                   |                                                                                                                                      | FEC Identification Number<br><b>C</b>     |
| City<br><b>Nashville</b>                                                                                                  | State<br><b>TN</b>                                                                                                                   |                                           |
| Zip Code<br><b>37230</b>                                                                                                  | Purpose of Disbursement<br><b>bank fees</b>                                                                                          | Memo Item<br><input type="checkbox"/>     |
| Candidate Name                                                                                                            | Category/Type                                                                                                                        |                                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                           |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                           |

|                                                                                                                           |                                                                                                                                      |                                           |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. SunTrust Bank</b>                                                        |                                                                                                                                      | Date of Disbursement<br><b>08/30/2019</b> |
| Mailing Address<br><b>PO BOX 305183</b>                                                                                   |                                                                                                                                      | FEC Identification Number<br><b>C</b>     |
| City<br><b>Nashville</b>                                                                                                  | State<br><b>TN</b>                                                                                                                   |                                           |
| Zip Code<br><b>37230</b>                                                                                                  | Purpose of Disbursement<br><b>bank fees</b>                                                                                          | Memo Item<br><input type="checkbox"/>     |
| Candidate Name                                                                                                            | Category/Type                                                                                                                        |                                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                           |
| State:<br>District:                                                                                                       |                                                                                                                                      |                                           |

|                                                                                                                           |                                                                                                                                      |                                           |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. SunTrust Bank</b>                                                        |                                                                                                                                      | Date of Disbursement<br><b>09/03/2019</b> |
| Mailing Address<br><b>PO BOX 305183</b>                                                                                   |                                                                                                                                      | FEC Identification Number<br><b>C</b>     |
| City<br><b>Nashville</b>                                                                                                  | State<br><b>TN</b>                                                                                                                   |                                           |
| Zip Code<br><b>37230</b>                                                                                                  | Purpose of Disbursement<br><b>bank fees</b>                                                                                          | Memo Item<br><input type="checkbox"/>     |
| Candidate Name                                                                                                            | Category/Type                                                                                                                        |                                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                           |
| State:<br>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 8 OF 8

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

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

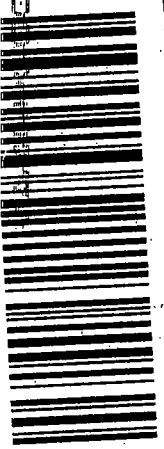
**A.** Full Name (Last, First, Middle Initial) SunTrust Bank  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37230  
 Purpose of Disbursement bank fees  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement 09/04/2019  
 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 \_\_\_\_\_ Category/Type \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement 09/10/2019  
 FEC Identification Number C  
 Amount of Each Disbursement this Period 26.45  
 Memo Item \_\_\_\_\_

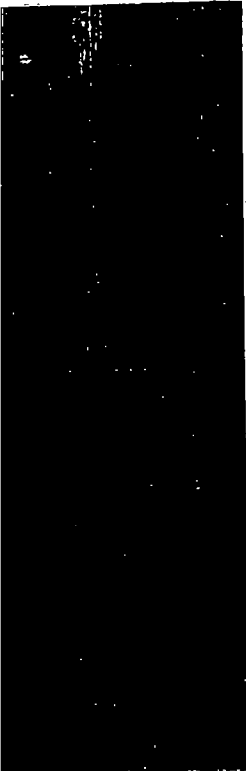
**C.** Full Name (Last, First, Middle Initial) SunTrust Bank  
 Mailing Address PO Box 305183  
 City Nashville State TN Zip Code 37230  
 Purpose of Disbursement bank fees  
 Candidate Name \_\_\_\_\_ Category/Type \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement 09/30/2019  
 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) ..... 786.68

NOV 2003



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| <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"/> |
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| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
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| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |

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2-1-20  
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