

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 JUL 19 AM 10:10
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 #162
 Check if different than previously reported. (ACC) Louisville KY 40207

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

00352922

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	<input checked="" type="checkbox"/> July 15 Quarterly Report (Q2)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
October 15 Quarterly Report (Q3)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)		
January 31 Year-End Report (YE)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)		
July 31 Mid-Year Report (Non-election Year Only) (MY)	Convention (12C)	Special (12S)				
Termination Report (TER)	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 04 01 2016 through 06 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 07 15 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. 02/2003)

Page 2

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

Report Covering the Period: From: 04^M 01^D 2016 To: 06^M 30^D 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2016</u>		-1,893.46
(b) Cash on Hand at Beginning of Reporting Period.....	5,951.51	
(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).....	5,951.51	8,866.54
7. Total Disbursements (from Line 31).....	6,367.59	9,282.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	-416.08	-416.08
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

NOTICE OF INFORMATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

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

Report Covering the Period: From: 04^M 01^D 2016^Y To: 06^M 30^D 2016^Y

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

20160630 10:01 AM 00000000

**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"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>04/04/2016</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>12.53</u>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Memo Item
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>04/04/2016</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>20.00</u>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Memo Item
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>05/02/2016</u>
Mailing Address <u>PO Box 305183</u>		Amount of Each Disbursement this Period <u>12.53</u>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement		Memo Item
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) ▼	
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 <u>3</u> OF <u>3</u>				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 06 / 30 / 2016

Mailing Address: 200 Trust Bank
PO Box 305183

City: Nashville State: TN Zip Code: 37230

Purpose of Disbursement: bank fees

Candidate Name: _____

Amount of Each Disbursement this Period: 20.00

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Memo Item: _____

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 06 / 08 / 2016

Mailing Address: PO Box 20

City: Oneonta State: NY Zip Code: 13820

Purpose of Disbursement: New York State Senate contribution

Candidate Name: _____

Amount of Each Disbursement this Period: 250.00

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Memo Item: _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: _____ / _____ / _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

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).....▶ 367.59

20160614 10:01:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

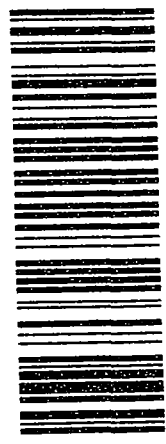
Full Name (Last, First, Middle Initial) A. Gene Green Congressional Campaign		Date of Disbursement 05 / 10 / 2016
Mailing Address 10 Box 16128		
City Houston	State TX	Zip Code 77222
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2,500.00
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: TX	District: 29	

Full Name (Last, First, Middle Initial) B. Toomey for Senate		Date of Disbursement 05 / 10 / 2016
Mailing Address 1100 Welsh Road Suite 100		
City North Wales	State PA	Zip Code 19454
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 3,500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: PA	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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).....	6,000.00

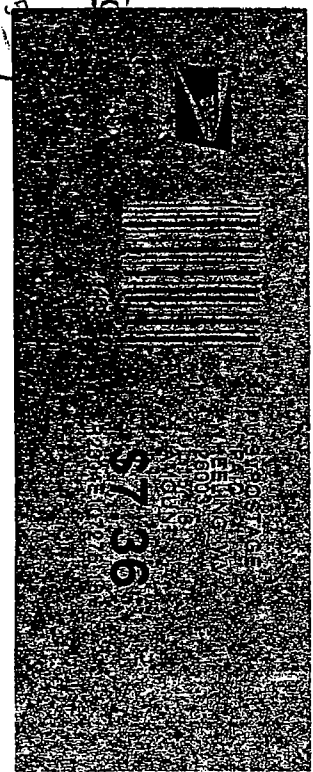
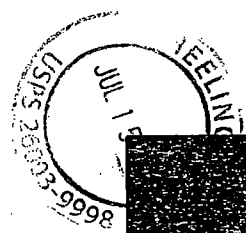
N 210003



7015 3430 0000 6630 6466

RETURN RECEIPT
REQUESTED

Federal Election Commission
999 E Street NW
Washington DC 20468



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

RECEIVED
FEC MAIL DE
2016 JUL 19 AM

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/15/16
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)



7/19/16
DATE PREPARED

20160719 10:00:00 AM