

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

Office Use Only 9:52  
2018 FEB 9 PM

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 Breckanridge Lane

#162

Check if different than previously reported. (ACC)

Louisville KY 40207

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

C06352022

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period 01 / 01 / 2017 through 12 / 31 / 2017

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 / 2018

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
Rev. 12/2004

2018-02-09 10:00:00

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

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

Report Covering the Period: From: 07 ' 07 ' 2017 To: 12 ' 31 ' 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2017</u>		-724 <sup>66</sup>
(b) Cash on Hand at Beginning of Reporting Period.....	2,264 <sup>12</sup>	
(c) Total Receipts (from Line 19).....	0	9,030 <sup>00</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,264 <sup>12</sup>	8,305 <sup>34</sup>
7. Total Disbursements (from Line 31).....	3,151 <sup>13</sup>	9,192 <sup>35</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	-887 <sup>01</sup>	-887 <sup>01</sup>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

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

Report Covering the Period: From: 07 ' 01 ' 2017 To: 12 ' 31 ' 2017

**I. Receipts**

**COLUMN A**  
Total This Period

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

	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).....	6	8,630.00
(ii) Unitemized.....	0	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0	9,030.00
(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	9,030.00
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	9,030.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	9,030.00

NATIONAL BOARD OF VOTING INFORMATION

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	1,511.13	1,192.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,511.13	1,192.35
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2,500.00	2,000.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements (Including Non-Federal Donations) .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,151.13	9,192.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	3,151.13	9,192.35

NON-FEDERAL DONATIONS



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

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) <b>A. SunTrust Bank</b>		Date of Disbursement <u>07'03'2017</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <b>C</b>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>12.53</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>		Date of Disbursement <u>07'15'2017</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <b>C</b>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		Date of Disbursement <u>07'31'2017</u>
Mailing Address <u>PO BOX 305183</u>		FEC Identification Number <b>C</b>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: District:		

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

UNCLASSIFIED INFORMATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 2 OF 1
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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 Referred Provider Organizations Political Action Committee

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>08' 02' 2017</u>
Mailing Address <u>PO Box 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>08' 04' 2017</u>
Mailing Address <u>PO Box 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>12.53</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>		Date of Disbursement <u>08' 31' 2017</u>
Mailing Address <u>PO Box 305183</u>		FEC Identification Number <u>C</u>
City <u>Nashville</u>	State <u>TN</u> Zip Code <u>37230</u>	
Purpose of Disbursement <u>bank fees</u>		Amount of Each Disbursement this Period <u>20.00</u>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item
State: District:		

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

20170808 10:00 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 4 OF 7

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

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

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

Full Name (Last, First, Middle Initial)

**A.** SunTrust Bank  
Mailing Address PO Box 305183  
City Nashville State TN Zip Code 37230  
Purpose of Disbursement bank fees  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

10' 02' 2017

FEC Identification Number

C

Amount of Each Disbursement this Period  
, , 12.53

Memo Item

**B.** SunTrust Bank  
Mailing Address PO Box 305183  
City Nashville State TN Zip Code 37230  
Purpose of Disbursement bank fees  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

10' 03' 2017

FEC Identification Number

C

Amount of Each Disbursement this Period  
, , 20.00

Memo Item

**C.** SunTrust Bank  
Mailing Address PO Box 305183  
City Nashville State TN Zip Code 37230  
Purpose of Disbursement bank fees  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

10' 12' 2017

FEC Identification Number

C

Amount of Each Disbursement this Period  
, , 47.65

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 5 OF 1
	<input checked="" type="checkbox"/> 21b 28a	<input type="checkbox"/> 22 28b	<input type="checkbox"/> 23 28c	<input type="checkbox"/> 26 29	<input type="checkbox"/> 27 30b	

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) <u>SunTrust Bank</u>			Date of Disbursement <u>10' 31' 2017</u>		
Mailing Address <u>PO Box 305183</u>					
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>	FEC Identification Number <u>C</u>		
Purpose of Disbursement <u>bank fees</u>		Candidate Name		Amount of Each Disbursement this Period <u>20.00</u>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State:	District:				

B. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>			Date of Disbursement <u>11' 02' 2017</u>		
Mailing Address <u>PO Box 305183</u>					
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>	FEC Identification Number <u>C</u>		
Purpose of Disbursement <u>bank fees</u>		Candidate Name		Amount of Each Disbursement this Period <u>12.53</u>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item		
State:	District:				

C. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>			Date of Disbursement <u>11' 02' 2017</u>		
Mailing Address <u>PO Box 305183</u>					
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>	FEC Identification Number <u>C</u>		
Purpose of Disbursement <u>bank fees</u>		Candidate Name		Amount of Each Disbursement this Period <u>20.00</u>	
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).....▶			

20170210 10:00 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 4 OF 1
	<input checked="" type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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

NAME OF COMMITTEE (In Full) American Association of Referral Provider Organizers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement 11/17/2017

Mailing Address SunTrust Bank  
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: \_\_\_\_\_

FEC Identification Number C

Amount of Each Disbursement this Period 47.65

Memo Item

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement 11/30/2017

Mailing Address SunTrust Bank  
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: \_\_\_\_\_

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement 12/04/2017

Mailing Address SunTrust Bank  
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: \_\_\_\_\_

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).....▶

2017-11-10 10:00:00

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

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

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

A. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>			Date of Disbursement
Mailing Address <u>PO Box 305183</u>			<u>12 ' 04 ' 2017</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>	FEC Identification Number
Purpose of Disbursement <u>bank fees</u>			<u>C</u>
Candidate Name			Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			<u>205.53</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Memo Item
State:	District:		

B. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>			Date of Disbursement
Mailing Address <u>PO Box 305183</u>			<u>12 ' 11 ' 2017</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>	FEC Identification Number
Purpose of Disbursement <u>bank fees</u>			<u>C</u>
Candidate Name			Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			<u>47.65</u>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Memo Item
State:	District:		

C. Full Name (Last, First, Middle Initial) <u>SunTrust Bank</u>			Date of Disbursement
Mailing Address <u>PO Box 305183</u>			<u>12 ' 29 ' 2017</u>
City <u>Nashville</u>	State <u>TN</u>	Zip Code <u>37230</u>	FEC Identification Number
Purpose of Disbursement <u>bank fees</u>			<u>C</u>
Candidate Name			Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			<u>20.00</u>
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).....▶	<u>651.13</u>
TOTAL This Period (last page this line number only).....▶	

2017-12-29 10:00:00 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 1 OF 1

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

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

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

**A.** Full Name (Last, First, Middle Initial) Bushman for Congress Date of Disbursement 07 18 2017

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187 FEC Identification Number C

Purpose of Disbursement Contribution Amount of Each Disbursement this Period 500.00

Candidate Name Peter Bushman Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: IL District: 6 Memo Item

**B.** Full Name (Last, First, Middle Initial) Karen Handel for Congress Date of Disbursement 09 13 2017

Mailing Address 400 Old Milton Parkway

City Alpharetta State GA Zip Code 30005 FEC Identification Number C

Purpose of Disbursement Contribution Amount of Each Disbursement this Period 2,000.00

Candidate Name Karen Handel Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: GA District: 6 Memo Item

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ FEC Identification Number \_\_\_\_\_

Purpose of Disbursement \_\_\_\_\_ Amount of Each Disbursement this Period \_\_\_\_\_

Candidate Name \_\_\_\_\_ 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).....▶

2,500.00

NON-PROFIT ORGANIZATION

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLDS AT DOTTED LINE.  
**CERTIFIED MAIL®**



7017 2400 0000 7394 8024

DC AVE  
NW 20003

Federal Election Commission  
999 E Street NW  
Washington DC 20463

RECEIVED  
FEB MAIL CENTER  
2018 FEB -5 AM 9:52

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	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>1/31/2018</i>
<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 *MP*  
 (3/2015)

*2/15/2018*  
 DATE PREPARED

20180131 10:00:00 AM