

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2018 JUL 18 PM 3:14
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
Louisville KY 40207

Check if different than previously reported. (ACC)

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

C00352022

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 07/15/18 / 07/15/18 / 07/15/18 in the State of KY

- (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 07/15/18 / 07/15/18 / 07/15/18 in the State of KY

5. Covering Period 04/01/18 through 06/30/18

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 07/19/18

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

20180718 10:01:00

**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: 04 ' 01 ' 2018 To: 06 ' 30 ' 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2018</u>		-821 ⁰¹
(b) Cash on Hand at Beginning of Reporting Period.....	4198 ²⁴	
(c) Total Receipts (from Line 19).....	1431 ⁰⁰	1402 ⁰⁰
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6135 ²⁴	6514 ⁹⁹
7. Total Disbursements (from Line 31).....	5256 ⁷⁹	5636 ⁹⁹
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	878 ⁴⁵	878 ⁴⁵
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
1050 First Street, N.E.
Washington, DC 20463

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

2018-06-30 10:01:00 AM

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

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

Report Covering the Period: From: 04 ' 01 ' 2018 To: 06 ' 30 ' 2018

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).....	0	5195 ⁰⁰
(ii) Unitemized.....	1437 ⁰⁰	1601 ⁰⁰
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1437 ⁰⁰	1402 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).....▶	1437 ⁰⁰	1402 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)).....▶	1437 ⁰⁰	1402 ⁰⁰
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1437 ⁰⁰	1402 ⁰⁰

2025 RELEASE UNDER E.O. 14176

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	25679	63654
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25679	63654
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000	5000
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)) ..	525679	563654
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	525679	563654

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1437 ⁰⁰	7402 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1437 ⁰⁰	7402 ⁰⁰
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	256 ¹⁹	636 ⁵⁹
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	256 ¹⁹	636 ⁵⁹

NON-PROFIT CORPORATION

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 04/02/2018
Mailing Address PO Box 305183		FEC Identification Number C
City Nashville	State TN	Zip Code 37230
Purpose of Disbursement bank fees		Amount of Each Disbursement this Period 32.48
Candidate Name		<input type="checkbox"/> Memo Item
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) B. SunTrust Bank		Date of Disbursement 04/03/2018
Mailing Address PO Box 305183		FEC Identification Number C
City Nashville	State TN	Zip Code 37230
Purpose of Disbursement bank fees		Amount of Each Disbursement this Period 20.09
Candidate Name		<input type="checkbox"/> Memo Item
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) C. SunTrust Bank		Date of Disbursement 04/09/2018
Mailing Address PO Box 305183		FEC Identification Number C
City Nashville	State TN	Zip Code 37230
Purpose of Disbursement bank fees		Amount of Each Disbursement this Period 26.45
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	

20180409 10:10:00 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 2 OF 4
	<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) SunTrust Bank Date of Disbursement 05/02/2018

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230 FEC Identification Number C

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 3248

Candidate Name _____ Category/Type _____

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

State: _____ District: _____ Memo Item _____

B. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 05/02/2018

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230 FEC Identification Number C

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00

Candidate Name _____ Category/Type _____

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

State: _____ District: _____ Memo Item _____

C. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 05/19/2018

Mailing Address PO Box 305183

City Nashville State TN Zip Code 37230 FEC Identification Number C

Purpose of Disbursement bank fees Amount of Each Disbursement this Period 26.45

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).....▶

NOTATION: THIS IS A COMMUNICATION

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 3 OF 4

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) SunTrust Bank Date of Disbursement 06/09/2018
 Mailing Address PO Box 305183
 City Nashville State TN Zip Code 37230 FEC Identification Number C
 Purpose of Disbursement bank fees Amount of Each Disbursement this Period 20.00
 Candidate Name _____ Category/Type _____
 Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

B. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 06/09/2018
 Mailing Address PO Box 305183
 City Nashville State TN Zip Code 37230 FEC Identification Number C
 Purpose of Disbursement bank fees Amount of Each Disbursement this Period 32.48
 Candidate Name _____ Category/Type _____
 Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

C. Full Name (Last, First, Middle Initial) SunTrust Bank Date of Disbursement 06/12/2018
 Mailing Address PO Box 305183
 City Nashville State TN Zip Code 37230 FEC Identification Number C
 Purpose of Disbursement bank fees Amount of Each Disbursement this Period 26.45
 Candidate Name _____ Category/Type _____
 Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

NATIONAL INFORMATION CENTER

**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 4

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) _____

Mailing Address SunTrust Bank
PO BOX 305183

City Nashville State TN Zip Code 37236

Purpose of Disbursement bank fees

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement 06 / 29 / 2018

FEC Identification Number C

Amount of Each Disbursement this Period 20.00

Memo Item

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement _____

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement _____

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

256.19

4-2018-07-10-10-00-00

**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 OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Quigley for Congress

Mailing Address PO BOX 1340

City Chicago State IL Zip Code 60613

Purpose of Disbursement Contribution Category/Type

Candidate Name Mike Quigley

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: IL District: 5

Date of Disbursement 05 / 10 / 2018

FEC Identification Number C

Amount of Each Disbursement this Period 2,500.00

Memo Item

B. Full Name (Last, First, Middle Initial) Lattod for Congress

Mailing Address PO BOX 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement Contribution Category/Type

Candidate Name Darin Lattod

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: IL District: 18

Date of Disbursement 05 / 04 / 2018

FEC Identification Number C

Amount of Each Disbursement this Period 2,500.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5,000.00

TOTAL This Period (last page this line number only).....▶ 5,000.00

20180510 10:01 AM COMMUNICATIONS

07/14/2018 11:04:10 AM

RECEIVED
EC MAIL CENTER
2018 JUL 18 PM 3:0

UNITED STATES POSTAL SERVICE® Click-N-Ship®

usps.com 9405 8036 9930 0664 9146 06 0077 0001 0532 0002
\$7.70
US POSTAGE



07/14/2018 1 lb 5 oz Mailed from 26003 062S0000001307

PRIORITY MAIL 2-DAY™

Expected Delivery Date: 07/18/18

KAREN STAKEM
48 POPLAR AVE
WHEELING WV 26003-5763

0004

C062

SHIP TO:

FEDERAL ELECTION COMMISSION
1050 1ST ST NE
WASHINGTON DC 20002-5859

USPS TRACKING #



9405 8036 9930 0664 9146 06

Electronic Rate Approved #038555749

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 type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 7-14-18
--	-----------------------

<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
---	-------------------------------

<i>mf</i> PREPARER	7-19-18 DATE PREPARED
-----------------------	--------------------------

2018-07-19 AM 00:00:00