

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2020 OCT 15 PM 3:10

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Association of Payers, Administrators & Networks Political Action Committee

ADDRESS (number and street) 3774 LaVista Road

X (Check if address is changed) Suite 101

Tucker GA 30084 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS X (Check if address is changed) jroberts@aapan.org

Optional Second E-Mail Address george.furlong@sedwickcms.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 10 / 14 / 2020

3. FEC IDENTIFICATION NUMBER C 00352022

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer George Furlong

Signature of Treasurer

[Handwritten signature of George Furlong]

Date 10 / 14 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns and 2 rows (Office Use Only)

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

2025 RELEASE UNDER E.O. 14176

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input checked="" type="checkbox"/> Membership Organization	<input checked="" type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

2010 RELEASE UNDER E.O. 13526

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty dotted lines for organization name]

Mailing Address

[Empty dotted lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Julian Roberts

Mailing Address

3774 LaVista Road

Suite 101

Tucker

GA

30084

Title or Position

CITY

STATE

ZIP CODE

CEO

Telephone number

404

634

8911

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

George Furlong

Mailing Address

19624 Eagle Crest Drive

Lutz

FL

33549

Title or Position

CITY

STATE

ZIP CODE

Senior Vice President

Telephone number

813

431

4995

5(g) or (h). **Joint Fundraising Participant:**

- 1. _____ FEC ID number **C**
- 2. _____ FEC ID number **C**
- 3. _____ FEC ID number **C**
- 4. _____ FEC ID number **C**

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

- Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

_____ Telephone Number _____

9. **Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.**

Name of Bank,
Depository, etc.

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

2015 RELEASE UNDER E.O. 13526

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
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FED EX</i>	Shipping Date <i>10-14-20</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify): <i>!</i>	Date of Receipt or Postmarked
 PREPARER	<i>10-16-20</i> DATE PREPARED

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