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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
MVP Health Care Inc. Fe	deral PAC				
ADDRESS (number and street)	S25 State Street				
Check if different					
Alexandra de cale.	Schenectady			NY L	12305
2. FEC IDENTIFICATION NUMBER	BER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00431429	3	. IS THIS REPORT X	NEW (N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1)  July 15  Quarterly Report (Q2)	(c) 12-Day PRE-Election		-	General (	
Cottober 15 Quarterly Report (Q3)	Report for the	e: Convention	1 (120)	Special (	(28)
January 31 Year-End Report (YE)	Ele	ection on	/ D D /	Y . Y . Y . Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Electio  Report for the		80G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	,	ection on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 07	01 20	14 through	n 09	30	2014
certify that I have examined this F	Report and to the bes	t of my knowledge an	d belief it is tru	ie, correct and	complete.
Type or Print Name of Treasurer	Jordan T Estey				
Signature of Treasurer Jordan T	Estey	[Electronic	ally Filed]	Pate 10	15 / 2014
NOTE: Submission of false, erroneous	s, or incomplete inform	ation may subject the p	erson signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name	_	
MVP Health Care Inc. Federal PA	vC	
Report Covering the Period: From:	07	To: 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2014		74818.34
(b) Cash on Hand at  Beginning of Reporting Period	56669.34	
(c) Total Receipts (from Line 19)	5513.00	19384.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62182.34	94202.34
7. Total Disbursements (from Line 31)	8000.00	40020.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54182.34	54182.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multi-	candidate 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. 06/2004)

Write or Type Committee Name

M١	/P	Health	Care	Inc	Federal	PAC
1 V I V		ı ıcaıtı	Ouic	1110.	i caciai	1 / 10

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		2010.00
(i) Itemized (use Schedule A)	3400.00	8910.00
		40474.00
(ii) Unitemized	2113.00	10474.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5513.00	19384.00
Lines IT(a)(i) and (ii)	3313.00	10004.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		*****
Totals to Line 33, page 5)▶	5513.00	19384.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loons Dessived	0.00	0.00
. All Loans Received	7	7
Law Book and Book of	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	200	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Tabel Transfers (add 40(1) and 40(1))	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	5513.00	19384.00
. Total Federal Receipts		
. Total I cocial Hooeipto		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	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)			5
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	0.00	0.00
(	(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	0.00	0.00
(	Committees	0.00	0.00
- 1	Contributions to Federal Candidates/Committees and Other Political Committees	8000.00	40000.00
	Independent Expenditures		
25. (	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(	(2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
P6. 1	Loan Repayments Made	0.00	0.00
27. I	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	20.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
		, ,	
(	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	20.00
	(add Lines 20(a), (b), and (c))	7 7 7	
29. (	Other Disbursements	0.00	0.00
30. I	Federal Election Activity (2 U.S.C. §431(20))		
(	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) Federal State		
	(ii) "Levin" Share	0.00	0.00
(	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
31. ·	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8000.00	40020.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	9000 00	40020.00
1	from Line 31)	8000.00	40020.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5513.00	19384.00
4. Total Contribution Refunds (from Line 28(d))	0.00	20.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5513.00	19364.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

6 OF 34

12 Detailed Summary Page 13 14 15 16 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) MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)  A. Karla Austen	Date of Receipt			
Mailing Address 25 Carriage House La.		07 11 2014		
City	State Zip Code	Transaction ID : SA11AI.28646		
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer	Occupation	-		
MVP Health Care	EVP, Network Management			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00			
Full Name (Last, First, Middle Initial)  3. Karla Austen	•	Date of Receipt		
Mailing Address 25 Carriage House La.		07 28 2014		
City	State Zip Code	Transaction ID : SA11AI.28647		
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer	Occupation	-		
MVP Health Care	EVP, Network Management			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			
Full Name (Last, First, Middle Initial)  C. Karla Austen		Date of Receipt		
Mailing Address 25 Carriage House La.		08 05 2014		
City	State Zip Code	Transaction ID : SA11AI.28648		
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer	Occupation	-		
MVP Health Care	EVP, Network Management			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	960.00			
SUBTOTAL of Receipts This Page (optional	)	180.00		
TOTAL This Period (last page this line numl	ber only)			

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

l	FOR LINE NUMBER:				PAGE	7	OF	34	
l	(check only one)								
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial)  Karla Austen  Mailing Address 25 Carriage House La.	Date of Receipt	
		08 20 2014
City Saratoga Spgs	State Zip Code NY 12866	Transaction ID : SA11AI.28649
Saratoga Spgs.  FEC ID number of contributing federal political committee.	C 12866	Amount of Each Receipt this Period  60.00
Name of Employer	Occupation	1
MVP Health Care	EVP, Network Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
Full Name (Last, First, Middle Initial)  3. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		M M / D D / Y Y Y Y Y
City	State Zip Code	09 02 2014 Transaction ID : SA11Al.28650
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	1
MVP Health Care	EVP, Network Management	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1080.00	
Full Name (Last, First, Middle Initial)  C. Karla Austen	•	Date of Receipt
Mailing Address 25 Carriage House La.		09 16 2014
City	State Zip Code	Transaction ID : SA11AI.28651
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
MVP Health Care	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1140.00	
SUBTOTAL of Receipts This Page (optional)		180.00
	per only)	

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

FOR LINE	: PAGE	: 8 OF	- 34	
(check only				
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than usin	g the name and address of any political committee t			
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Feder	ral PAC			
Full Name (Last, First, Middle Initial) Carl Cameron	Carl Cameron			
Mailing Address 285 Willowcrest Drive		07 11 2014		
City	State Zip Code	Transaction ID : SA11AI.28664		
Rochester	NY 14618	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer	Occupation	+		
MVP	VP Medical Director			
Receipt For:	Aggregate Year-to-Date ▼	†		
Primary General	riggiogato Total to Date ₹			
Other (specify) ▼	420.00			
Full Name (Last, First, Middle Initial)  Carl Cameron		Date of Receipt		
Mailing Address 285 Willowcrest Drive		07 28 2014		
City	State Zip Code	Transaction ID : SA11AI.28665		
Rochester	NY 14618	Amount of Each Receipt this Period		
FEC ID number of contributing		1		
federal political committee.	C	30.00		
Name of Employer	Occupation			
MVP	VP Medical Director			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	450.00			
Full Name (Last, First, Middle Initial)  Carl Cameron	·	Date of Receipt		
Mailing Address 285 Willowcrest Drive		08 05 2014		
City	State Zip Code	Transaction ID : SA11AI.28666		
Rochester	NY 14618	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer	Occupation	_		
MVP	VP Medical Director			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	100.00			
Other (specify) ▼	480.00			
SUBTOTAL of Receipts This Page (options	al)	90.00		
TOTAL This Period (last nage this line nur	nber only)			

FOR LINE NUMBER: **PAGE** (check only one) X 11a 11b 11c

9 OF 34 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 2014 08 20 City Zip Code State Transaction ID: SA11AI.28667 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 09 02 2014 City State Zip Code Transaction ID: SA11AI.28668 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial)

c. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 09 16 2014 City Zip Code State Transaction ID: SA11AI.28669 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Medical Director** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

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

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90.00

FOR LINE NUMBER: PAGE 10 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 2014 07 City State Zip Code Transaction ID: SA11AI.28694 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 07 28 2014 City State Zip Code Transaction ID: SA11AI.28695 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 05 80 2014 City State Zip Code Transaction ID: SA11AI.28696 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE NUMBER:   PAGE 11 OF	
Use separate schedule(s)	(check only one)	Т
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
,,g.	13 14 15 16	٦.

	and Statements may not be sold or used by any per- ng the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		08 20 2014
City	State Zip Code	Transaction ID : SA11AI.28697
Liverpool	NY 13090	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
MVP	Regional Network Director	j
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	680.00	
Full Name (Last, First, Middle Initial)  Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		09 02 2014
City	State Zip Code	Transaction ID : SA11AI.28698
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	720.00	
Full Name (Last, First, Middle Initial)  • Patricia Deferio	1	Date of Receipt
Mailing Address 7723 Majestic Drive		09 16 2014
City	State Zip Code	Transaction ID : SA11AI.28699
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	760.00	
SUBTOTAL of Receipts This Page (options	al)	120.00
TOTAL This Period (last page this line nur	mber only)	

FOR LINE NUMBER: PAGE 12 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2014 City Zip Code State Transaction ID: SA11AI.28736 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1120.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 07 28 2014 City State Zip Code Transaction ID: SA11AI.28737 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 05 80 2014 City Zip Code State Transaction ID: SA11AI.28738 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1280.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 13 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 20 2014 City Zip Code State Transaction ID: SA11AI.28739 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 09 02 2014 City State Zip Code Transaction ID: SA11AI.28740 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 09 16 2014 City Zip Code State Transaction ID: SA11AI.28741 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1520.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2014 07 City Zip Code State Transaction ID: SA11AI.28742 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1120.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 07 28 2014 City State Zip Code Transaction ID: SA11AI.28743 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 80 2014 City Zip Code State Transaction ID: SA11AI.28744 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1280.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 15 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2014 08 20 City Zip Code State Transaction ID: SA11AI.28745 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 09 02 2014 City State Zip Code Transaction ID: SA11AI.28746 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 09 16 2014 City Zip Code State Transaction ID: SA11AI.28747 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1520.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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	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) MVP Health Care Inc. Federal	PAC						
Α.	Full Name (Last, First, Middle Initial) Rosemarie Hogan  Mailing Address 45 Crestwood Drive		Date of Receipt					
	City Schenectady	State Zip Code NY 12306	07 11 2014 Transaction ID : SA11AI.28766  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	30.00					
	Name of Employer  MVP  Receipt For:	Occupation Administrative  Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	420.00						
В.	Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive		Date of Receipt					
	City	State Zip Code	07 28 2014 Transaction ID : SA11AI.28767					
	Schenectady	NY 12306	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	30.00					
	Name of Employer MVP	Occupation Administrative						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00						
<del>С</del> .	Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt					
	Mailing Address 45 Crestwood Drive		08 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Schenectady	State Zip Code NY 12306	Transaction ID : SA11AI.28768  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	30.00					
	Name of Employer	Occupation						
	MVP Receipt For:	Administrative						
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00						
	SUBTOTAL of Receipts This Page (optional)		90.00					

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14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 2014 08 20 City Zip Code State Transaction ID: SA11AI.28769 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 09 02 2014 City State Zip Code Transaction ID: SA11AI.28770 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 09 16 2014 City Zip Code State Transaction ID: SA11AI.28771 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2014 07 City Zip Code State Transaction ID: SA11AI.28778 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 07 28 2014 City State Zip Code Transaction ID: SA11AI.28779 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 05 80 2014 City Zip Code State Transaction ID: SA11AI.28780 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2014 08 20 City Zip Code State Transaction ID: SA11AI.28781 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 09 02 2014 City State Zip Code Transaction ID: SA11AI.28782 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 09 16 2014 City Zip Code State Transaction ID: SA11AI.28783 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2014 07 City Zip Code State Transaction ID: SA11AI.28790 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 07 28 2014 City State Zip Code Transaction ID: SA11AI.28791 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 05 80 2014 City Zip Code State Transaction ID: SA11AI.28792 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2014 08 20 City Zip Code State Transaction ID: SA11AI.28793 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 09 02 2014 City State Zip Code Transaction ID: SA11AI.28794 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 09 16 2014 City Zip Code State Transaction ID: SA11AI.28795 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) William V. Little Date of Receipt Mailing Address 300 Partridge Lane 2014 07 City State Zip Code Transaction ID: SA11AI.28823 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Vermont MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 07 2014 11 City State Zip Code Transaction ID: SA11AI.28848 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP of Network Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 28 07 2014 City Zip Code State Transaction ID: SA11AI.28849 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of Network Operations MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ny information copied from such Reports and r for commercial purposes, other than using	the name and address of any political committee t	son for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial)  Mr. Matthew J. Mackinnon  Mailing Address 1330 Park Avenue		Date of Receipt
		08 05 2014
City	State Zip Code	Transaction ID : SA11AI.28850
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
MVP Service Corp.	VP of Network Operations	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		08 20 2014
City	State Zip Code	Transaction ID : SA11AI.28851
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	-
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		09 02 2014
City	State Zip Code	Transaction ID : SA11AI.28852
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
SURTOTAL of Receipts This Page (antisms)		60.00
GUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	56.55

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for each category of the Detailed Summary Page 14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 2014 09 16 City Zip Code State Transaction ID: SA11AI.28853 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP of Network Operations MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 07 2014 11 City State Zip Code Transaction ID: SA11AI.28854 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 28 07 2014 City Zip Code State Transaction ID: SA11AI.28855 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care **VP Marketing** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports or for commercial purposes, other than using the commercial purposes.	and Statements may not be sold or used by any pering the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Creecest Ave.		Date of Receipt
Mailing Address 457 Crescent Ave		08 05 2014
City	State Zip Code	Transaction ID : SA11AI.28856
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care	VP Marketing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	480.00	
Full Name (Last, First, Middle Initial)  Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		08 20 2014
City	State Zip Code	Transaction ID : SA11AI.28857
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care	VP Marketing	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial)  Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		09 02 2014
City	State Zip Code	Transaction ID : SA11AI.28858
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care	VP Marketing	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	540.00	
SUBTOTAL of Receipts This Page (option	nal)	90.00
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NAME OF COMMITTEE (In Full)		
igwedge MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial)  A. Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		09 16 2014
City	State Zip Code	Transaction ID : SA11AI.28859
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
MVP Health Care	VP Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	570.00	
Full Name (Last, First, Middle Initial)  Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		07 11 _2014 _
City	State Zip Code	Transaction ID : SA11AI.28866
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer MVP Health Care	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)  C. Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		07 28 _2014 _
City	State Zip Code	Transaction ID : SA11AI.28867
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
MVP Health Care	VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	130.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 80 05 2014 City Zip Code State Transaction ID: SA11AI.28868 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 08 20 2014 City State Zip Code Transaction ID: SA11AI.28869 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 02 09 2014 City Zip Code State Transaction ID: SA11AI.28870 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2014 16 City Zip Code State Transaction ID: SA11AI.28871 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 09 16 2014 City State Zip Code Transaction ID: SA11AI.28907 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 07 11 2014 City Zip Code State Transaction ID: SA11AI.28963 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2014 07 28 City State Zip Code Transaction ID: SA11AI.28964 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 08 05 2014 City State Zip Code Transaction ID: SA11AI.28965 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 20 80 2014 City State Zip Code Transaction ID: SA11AI.28966 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2014 02 City State Zip Code Transaction ID: SA11AI.28967 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 09 16 2014 City State Zip Code Transaction ID: SA11AI.28968 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 07 11 2014 City Zip Code State Transaction ID: SA11AI.29005 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2014 07 28 City Zip Code State Transaction ID: SA11AI.29006 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 08 05 2014 City State Zip Code Transaction ID: SA11AI.29007 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 20 80 2014 City Zip Code State Transaction ID: SA11AI.29008 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

34

14 13 15 16 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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2014 02 City Zip Code State Transaction ID: SA11AI.29009 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 09 16 2014 City State Zip Code Transaction ID: SA11AI.29010 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 3400.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE	GE 33 OF 34	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	□ 25 □ 0¢
	Detailed Summary Page	27	22 X 23 24 28a 28b 28c	25 29 30
Any information copied from such Reports and Statem				
or for commercial purposes, other than using the nam	e and address of any poli	tical committee to	solicit contributions from suc	ch committee.
NAME OF COMMITTEE (In Full)				
MVP Health Care Inc. Federal PAC	;			
Full Name (Last, First, Middle Initial)				
A. CHRIS GIBSON FOR CONGRESS	5		Date of Disbursement	
Mailing Address PO Box 247			09 18	2014
,	State Zip Code		Transaction ID : SB23.2	0070
· ····································	NY 12106		Transaction id . 3D23.2	3073
Purpose of Disbursement Political Contribution		011	Amount of Each Disburser	ment this Period
Candidate Name		Category/		2000.00
CHRISTOPHER P GIBSON		Type		3000.00
	nent For: 2014 Primary General			
	Other (specify)			
State: NY District: 19	(apa 3), <b>\</b>			
Full Name (Last, First, Middle Initial)				
B. RICHARD HANNA FOR CONGRE	SS COMMITTEE		Date of Disbursement	
Mailian Adduses and Only Town				2044
Mailing Address 2308 GENESEE STREET			08 18	2014
•	State Zip Code		Transaction ID : SB23.2	9077
UTICA Purpose of Disbursement	NY 13502			
Political Contribution		011	Amount of Each Disburser	ment this Period
Candidate Name		Category/		
RICHARD HANNA		Type		5000.00
	nent For: 2014			
	Primary General			
President State: NY District: 22	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M / D D / Y	YYY
City	State Zip Code			
Purpose of Disbursement				
i dipose of bisbursement			Amount of Each Disburser	ment this Period
Candidate Name	ame Category/			Herit tills i eriod
Office Sought: House Disbursem	nent For	Туре		
	Primary General			
	Other (specify) ▼			
State: District:	, 			
·				9000.00
SUBTOTAL of Disbursements This Page (optional)		·····•		8000.00
TOTAL This Period (last page this line number only).				8000.00
TOTAL THIS I CHOO (last page this line number only).				

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 34 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

34

			/
	ME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC		
	A. Full Name (Last, First, Middle Initial) of Debto Deluxe Business Checks	Nature of Debt (Purpose): Check Printing	
Ì	Mailing Address P.O. Box 742572		
	City State Cincinnati	Zip Code OH 45274	
	Outstanding Balance Beginning This Period		Transaction ID : SD10.4163
	145.00		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00
ľ	B. Full Name (Last, First, Middle Initial) of Debtor Media Well Done	or Creditor	Nature of Debt (Purpose): Advertising
Ì	Mailing Address 96 Jay Street		
	City State	Zip Code	
	Schenectady	NY 12305	
	Outstanding Balance Beginning This Period 338.00		Transaction ID : SD10.4165
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	0.00	C	0.00 338.00
İ	C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
	Mailing Address		
	City	State Zip Code	
-	Outstanding Balance Beginning This Period		
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1)	SUBTOTALS This Period This Page (optional)		▶ 483.00
2)	TOTALS This Period (last page this line number	only)	▶ 483.00
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶ 0.00
4)	ADD 2) and 3) and carry forward to appropriate	nly) ▶ 483.00	