

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="74818.34"/>	<input type="text" value="74818.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54271.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2470.00"/>	<input type="text" value="25443.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="56741.34"/>	<input type="text" value="100261.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="43520.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56741.34"/>	<input type="text" value="56741.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="483.00"/>	

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

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1930.00	13550.00
(ii) Unitemized	540.00	11893.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2470.00	25443.00
(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)	2470.00	25443.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2470.00	25443.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2470.00	25443.00

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)		
(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 (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	43500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(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
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	43520.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	43520.00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2470.00	25443.00
34. Total Contribution Refunds (from Line 28(d))	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2470.00	25423.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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. Nancy Arena

Mailing Address 126 Woodgreen Drive

City State Zip Code
 Pittsford NY 14534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Health Care Dir., Acct. Mgmt. & Broker Admin.

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29379

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Karla Austen

Mailing Address 25 Carriage House La.

City State Zip Code
 Saratoga Spgs. NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Health Care EVP, Network Management

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29380

Amount of Each Receipt this Period
 60.00

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

Mailing Address 25 Carriage House La.

City State Zip Code
 Saratoga Spgs. NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Health Care EVP, Network Management

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29381

Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Karla Austen

Mailing Address 25 Carriage House La.

City State Zip Code
 Saratoga Spgs. NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Health Care EVP, Network Management

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29382

Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP VP Medical Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29389

Amount of Each Receipt this Period
 30.00

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP VP Medical Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29390

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP VP Medical Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29391

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Justin Carangelo

Mailing Address 2022 Fairlawn Pkwy

City State Zip Code
 Niskayuna NY 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Sr. Associate Counsel

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29392

Amount of Each Receipt this Period
 10.00

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

Mailing Address 2022 Fairlawn Pkwy

City State Zip Code
 Niskayuna NY 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Sr. Associate Counsel

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29393

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Justin Carangelo
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Fairlawn Pkwy

City Niskayuna State NY Zip Code 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Sr. Associate Counsel

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29394

Amount of Each Receipt this Period
10.00

B. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon State NY Zip Code 14502

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Director of Pharmacy

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29401

Amount of Each Receipt this Period
10.00

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

Mailing Address 985 Victor Road

City Macedon State NY Zip Code 14502

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Director of Pharmacy

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29402

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : SA11AI.29403

Amount of Each Receipt this Period
 10.00

B. Patricia Deferio
Full Name (Last, First, Middle Initial)

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : SA11AI.29404

Amount of Each Receipt this Period
 40.00

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

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : SA11AI.29405

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Regional Network Director
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2014
Transaction ID : SA11AI.29406
Amount of Each Receipt this Period
60.00

B. Michael Gauci
Full Name (Last, First, Middle Initial)
Mailing Address 329 Mohawk Ave Apt 4
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Associate Director
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2014
Transaction ID : SA11AI.29419
Amount of Each Receipt this Period
10.00

C. Michael Gauci
Full Name (Last, First, Middle Initial)
Mailing Address 329 Mohawk Ave Apt 4
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Associate Director
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2014
Transaction ID : SA11AI.29420
Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Michael Gauci

Mailing Address 329 Mohawk Ave
Apt 4

City Scotia State NY Zip Code 12302

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Associate Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29421

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Patrick Glavey

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Medicare Products

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1920.00

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29425

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Medicare Products

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29426

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Medicare Products

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29427

Amount of Each Receipt this Period
 80.00

B. Denise Gonick
Full Name (Last, First, Middle Initial)

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc. Occupation EVP & Chief Legal Officer

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29428

Amount of Each Receipt this Period
 80.00

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

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc. Occupation EVP & Chief Legal Officer

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2014

Transaction ID : SA11AI.29429

Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29430

Amount of Each Receipt this Period
80.00

B. Daniel Harding
Full Name (Last, First, Middle Initial)
Mailing Address 310 Reserve Court

City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Compensation Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29431

Amount of Each Receipt this Period
10.00

C. Daniel Harding
Full Name (Last, First, Middle Initial)
Mailing Address 310 Reserve Court

City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Compensation Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
11 / 28 / 2014
Transaction ID : SA11AI.29432

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Daniel Harding
 Mailing Address 310 Reserve Court
 City State Zip Code
 Glenville NY 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care Compensation Manager
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : SA11AI.29433
 Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Rosemarie Hogan
 Mailing Address 45 Crestwood Drive
 City State Zip Code
 Schenectady NY 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : SA11AI.29440
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Rosemarie Hogan
 Mailing Address 45 Crestwood Drive
 City State Zip Code
 Schenectady NY 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 28 / 2014
Transaction ID : SA11AI.29441
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	28	/	2014

Transaction ID : SA11AI.29442

Amount of Each Receipt this Period

30.00

B. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11AI.29446

Amount of Each Receipt this Period

30.00

C. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11AI.29447

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Kevin Husted		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2014 Transaction ID : SA11AI.29448
Mailing Address 38 Fox Hill Drive		Amount of Each Receipt this Period 30.00
City Fairport	State NY	Zip Code 14450
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP Information Technology	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. Dawn Jablonski		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2014 Transaction ID : SA11AI.29452
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) C. Dawn Jablonski		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2014 Transaction ID : SA11AI.29453
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Dawn Jablonski
 Mailing Address 213 Hansen Ave
 City Albany State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation VP of Legal Affairs
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.29454
 Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Mr. Matthew J. Mackinnon
 Mailing Address 1330 Park Avenue
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP of Network Operations
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.29473
 Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Mr. Matthew J. Mackinnon
 Mailing Address 1330 Park Avenue
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP of Network Operations
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.29474
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Park Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp.	Occupation VP of Network Operations
---------------------------------------	--

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11AI.29475

Amount of Each Receipt this Period

80.00

20.00

B. Augusta Martin
Full Name (Last, First, Middle Initial)

Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11AI.29476

Amount of Each Receipt this Period

30.00

30.00

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

Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11AI.29477

Amount of Each Receipt this Period

30.00

30.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Augusta Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 457 Crescent Ave
 City State Zip Code
 Saratoga NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care VP Marketing
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.29478
 Amount of Each Receipt this Period
 30.00

B. Laurie Metheny
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Joellen Drive
 City State Zip Code
 Rochester NY 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care VP
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.29482
 Amount of Each Receipt this Period
 50.00

C. Laurie Metheny
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Joellen Drive
 City State Zip Code
 Rochester NY 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care VP
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.29483
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.29484

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Peter Molloy

Mailing Address 84 York Ave.

City Saratoga Spgs. State NY Zip Code 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Dir. Of Strategic Accounts

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.29485

Amount of Each Receipt this Period
10.00

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

Mailing Address 84 York Ave.

City Saratoga Spgs. State NY Zip Code 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Dir. Of Strategic Accounts

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.29486

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Peter Molloy

Mailing Address 84 York Ave.

City State Zip Code
Saratoga Spgs. NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MVP Health Care Dir. Of Strategic Accounts

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.29487

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code
Voorheesville NY 12186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MVP Director of Finance

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.29500

Amount of Each Receipt this Period
10.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code
Voorheesville NY 12186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MVP Director of Finance

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SA11AI.29501

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Richard Odorizzi
Full Name (Last, First, Middle Initial)

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Director of Finance

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : SA11AI.29502

Amount of Each Receipt this Period
 10.00

B. Everett Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 1 Summit Ct., Ste 200

City Fishkill State NY Zip Code 12524

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Dir. Of Sales-East Region

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : SA11AI.29503

Amount of Each Receipt this Period
 10.00

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

Mailing Address 1 Summit Ct., Ste 200

City Fishkill State NY Zip Code 12524

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Dir. Of Sales-East Region

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : SA11AI.29504

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Everett Patterson			Date of Receipt
Mailing Address 1 Summit Ct., Ste 200			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.29505
Fishkill	NY	12524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
MVP Health Care	Dir. Of Sales-East Region		
Receipt For: 2014	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher Reiss			Date of Receipt
Mailing Address 5 Rockwood Drive			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.29509
Newburgh	NY	12550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
MVP Health Care	Account Manager		
Receipt For: 2014	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Christopher Reiss			Date of Receipt
Mailing Address 5 Rockwood Drive			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.29510
Newburgh	NY	12550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
MVP Health Care	Account Manager		
Receipt For: 2014	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Christopher Reiss
Full Name (Last, First, Middle Initial)

Mailing Address 5 Rockwood Drive

City Newburgh State NY Zip Code 12550

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Account Manager

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : SA11AI.29511

Amount of Each Receipt this Period
10.00

B. Daniel Sauer
Full Name (Last, First, Middle Initial)

Mailing Address 160 Fifth Avenue

City Saratoga Springs State NY Zip Code 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : SA11AI.29527

Amount of Each Receipt this Period
30.00

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

Mailing Address 160 Fifth Avenue

City Saratoga Springs State NY Zip Code 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : SA11AI.29528

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : SA11AI.29529

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. David Stitt

Mailing Address 684 Macelroy Road

City State Zip Code
 Ballston Spa NY 12019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Pharmacy Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : SA11AI.29545

Amount of Each Receipt this Period
 10.00

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

Mailing Address 684 Macelroy Road

City State Zip Code
 Ballston Spa NY 12019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MVP Pharmacy Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 26 / 2014
Transaction ID : SA11AI.29546

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. David Stitt
Full Name (Last, First, Middle Initial)
Mailing Address 684 Macelroy Road
City Ballston Spa State NY Zip Code 12019
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Pharmacy Director
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 26 / 2014
Transaction ID : SA11AI.29547
Amount of Each Receipt this Period
10.00

B. Emily Titsworth
Full Name (Last, First, Middle Initial)
Mailing Address 1394 Dean Street
City Niskayuna State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Associate Counsel
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 26 / 2014
Transaction ID : SA11AI.29548
Amount of Each Receipt this Period
10.00

C. Emily Titsworth
Full Name (Last, First, Middle Initial)
Mailing Address 1394 Dean Street
City Niskayuna State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Associate Counsel
Receipt For: 2014
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 26 / 2014
Transaction ID : SA11AI.29549
Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Emily Titworth		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014
Mailing Address 1394 Dean Street		Transaction ID : SA11AI.29550
City Niskayuna	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MVP Health Care	Occupation Associate Counsel	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Rico Viscusi		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014
Mailing Address 234 Autumn Run		Transaction ID : SA11AI.29557
City Schenectady	State NY	Zip Code 12306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MVP Health Care	Occupation Dir. Internal Audit	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Rico Viscusi		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014
Mailing Address 234 Autumn Run		Transaction ID : SA11AI.29558
City Schenectady	State NY	Zip Code 12306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MVP Health Care	Occupation Dir. Internal Audit	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Rico Viscusi
Full Name (Last, First, Middle Initial)

Mailing Address 234 Autumn Run

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Dir. Internal Audit
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Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

Transaction ID : SA11AI.29559

Amount of Each Receipt this Period

10.00

B. Matthew Walkuski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Sales Manager- East Region
---	--

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

Transaction ID : SA11AI.29560

Amount of Each Receipt this Period

10.00

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

Mailing Address 11 Lillian Drive

City Scotia	State NY	Zip Code 12302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Sales Manager- East Region
---	--

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2014

Transaction ID : SA11AI.29561

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Matthew Walkuski

Mailing Address 11 Lillian Drive

City	State	Zip Code
Scotia	NY	12302

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MVP Health Care, Inc.	Sales Manager- East Region

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		26		2014

Transaction ID : SA11AI.29562

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Joseph Wild

Mailing Address 2040 Mill Road

City	State	Zip Code
West Falls	NY	14170

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MVP Health Care	Sales Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		26		2014

Transaction ID : SA11AI.29563

Amount of Each Receipt this Period
10.00

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

Mailing Address 2040 Mill Road

City	State	Zip Code
West Falls	NY	14170

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MVP Health Care	Sales Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		26		2014

Transaction ID : SA11AI.29564

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 31 OF 32
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Joseph Wild
Full Name (Last, First, Middle Initial)

Mailing Address 2040 Mill Road

City West Falls State NY Zip Code 14170

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Sales Director

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 26 / 2014

Transaction ID : SA11AI.29565

Amount of Each Receipt this Period
 10.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	1930.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 32
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks	Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572	
City State Zip Code Cincinnati OH 45274	

Outstanding Balance Beginning This Period 145.00	Transaction ID : SD10.4163	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 145.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done	Nature of Debt (Purpose): Advertising
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 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 338.00

C. Full Name (Last, First, Middle Initial) of Debtor 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 line of Summary Page (last page only) ▶	483.00