Image# 15950037128				_		PAGE 1 / 32		
FEC FORM 3X	AND	DISBUR	RECEIPT SEMENT	S				
1. NAME OF	TYPE OF		Example: If typ	ing type		Office Use Only		
COMMITTEE (in full)		· · · · · · · · · · · · · · · · · · ·	over the lines.	ing, type	12FE4M5			
MVP Health Care	Inc. Federa							
ADDRESS (number and stre		ate Street						
Check if different								
than previously reported. (ACC)	Schen	ectady			NY	12305		
2. FEC IDENTIFICATIO			ΓΥ 🔺	ç				
		·						
C C00431429			S THIS REPORT	NEW (N) <b>OR</b>	(A)	ENDED		
<ul> <li>4. TYPE OF REPOR (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Reports:</li> <li>July 15 Quarterly Reports:</li> <li>October 15 Quarterly Reports:</li> <li>October 15 Quarterly Reports:</li> <li>January 31 Year-End Report (Non-Year Only) (Non-Year On</li></ul>	port (Q1) (c) port (Q2) port (Q3) port (YE) Year election MY) (d)	Peport Je On: Mar 12-Day PRE-Election Report for the: Election	General (30	(12C) (12C) (12C)	Sep 2	2S) in the State of		
5. Covering Period 11 25 2014 through 12 31 2014								
Type or Print Name of Treasurer     Jordan T Estey       Signature of Treasurer     Jordan T Estey       [Electronically Filed]     Date								
	erroneous, or ir	complete informatio	n may subject the pe	rson signing thi	is Report to the	penalties of 2 U.S.C. §437g.		
Office Use Only						FEC FORM 3X Rev. 12/2004		

### 01/15/2015 16 : 05

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
V	Vrite or Type Committee Name		
	MVP Health Care Inc. Federal PA	AC	
F	Report Covering the Period: From:	11 25 / Y Y Y Y 2014	To: 12 / D D / Y Y Y Y Y 31 2014
		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	54271.34	
	(c) Total Receipts (from Line 19)	2470.00	25443.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)</li> </ul>	56741.34	100261.34
7.	Total Disbursements (from Line 31)	0.00	43520.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56741.34	56741.34
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 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	
10	FEC Form 3X (Rev. 06/2004) /rite or Type Committee Name		Page 3
	IVP Health Care Inc. Federal PA		
		40	
R	eport Covering the Period: From:	11 / 25 / YYYY 11 To	: 12 / D D / Y Y Y Y 31 / 2014
	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
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	<ul><li>(such as PACs)</li><li>(d) Total Contributions (add Lines</li></ul>	0.00	0.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fun		0.00
	(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

FE6AN026

Image# 15950037130

### DETAILED SUMMARY PAGE

Operating Expenditures:       (a) Allocated Federal/Non-Federal Activity (from Schedule H4)       (i) Federal Share       (ii) Non-Federal Share         (ii) Non-Federal Share       (ii) Non-Federal Share       (iii) Non-Federal Share         (b) Other Federal Operating Expenditures       (ad 21(a)(i), (a)(ii), and (b))       (ad 21(a)(i), (a)(ii), and (b))         (c) Total Operating Expenditures       (ad 21(a)(i), (a)(ii), and (b))       (b) Transfers to Affiliated/Other Party         Committees       (ad 21(a)(ii), committees       (ad 21(a)(ii), (a)(iii), and (b))       (ad 21(a)(ii), (a)(iii), and (b))         2       7       (ad 21(a)(i), (a)(iii), and (b))       (ad 21(a)(ii), (a)(iii), and (b))         2       7       (ad 21(a)(i), (a)(iii), and (b))       (ad 21(a)(i), (a)(iii), and (b))       (ad 21(a)(i), (a)(iii), and (b))         2       7       (ad 21(a)(i), (a)(iii), and (b))       (ad 21(a)(i), (a)(iii), and (b))       (ad 21(a)(i), (a)(iii), and (b))       (ad 21(a)(i), (a)(ii), and (b))       (ad 21(a)(i), (a)(ii), and (b))       (ad 21(a)(i), (a)(ii), (a)(ii), and (b))       (ad 21(a)(i), (a)(ii), (a)(i	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Calendar Year-to-Date
<ul> <li>(i) Federal Share</li></ul>	0.00 0.00 0.00 0.00 0.00 0.00 0.00	
<ul> <li>(b) Other Federal Operating Expenditures</li> <li>(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))</li> <li>Transfers to Affiliated/Other Party Committees</li> <li>Contributions to Federal Candidates/Committees and Other Political Committees</li> <li>Independent Expenditures (use Schedule E)</li> <li>Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)</li> <li>Loan Repayments Made</li> </ul>	0.00 0.00 0.00 0.00 0.00 0.00	
Expenditures	0.00 0.00 0.00 0.00 0.00	
<ul> <li>(c) Total Operating Expenditures <ul> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul> </li> <li>Transfers to Affiliated/Other Party</li> <li>Committees</li></ul>	0.00 0.00 0.00 0.00 0.00	
(add 21(a)(i), (a)(ii), and (b))       ►         Transfers to Affiliated/Other Party         Committees.         Contributions to         Federal Candidates/Committees         and Other Political Committees         Independent Expenditures         (use Schedule E)         Coordinated Party Expenditures         (2 U.S.C. §441a(d))         (use Schedule F)         Loan Repayments Made	0.00 0.00 0.00 0.00 0.00	
CommitteesContributions to Federal Candidates/Committees and Other Political Committees Independent Expenditures (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) Loan Repayments Made	0.00 0.00 0.00 0.00	
Contributions to Federal Candidates/Committees and Other Political Committees Independent Expenditures (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) Loan Repayments Made	0.00 0.00 0.00 0.00	
Independent Expenditures         (use Schedule E)         Coordinated Party Expenditures         (2 U.S.C. §441a(d))         (use Schedule F)         Loan Repayments Made	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loone Made	0.00	0.00
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
		1 1 1
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	20.00
Other Disbursements	0.00	0.00
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	0.0
<ul> <li>(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶</li> </ul>	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	43520.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	43520.00

FE6AN026

L

### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	2470.00	25443.00
4. Total Contribution Refunds (from Line 28(d))	0.00	20.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	2470.00	25423.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	0.00	0.00
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	0.00	0.00

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

32

TTEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	I ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial)         A.         Nancy Arena         Mailing Address 126 Woodgreen Drive         City         Pittsford         FEC ID number of contributing federal political committee.	State NY C	Zip Code 14534	Date of Receipt
Name of Employer MVP Health Care Receipt For: 2014 Primary X General Other (specify)		Agmt. & Broker Admin. Year-to-Date ▼ 240.00	]
B. Full Name (Last, First, Middle Initial) Mailing Address 25 Carriage House La.	State	Zip Code	Date of Receipt
Saratoga Spgs. FEC ID number of contributing federal political committee.	NY C	12866	Amount of Each Receipt this Period
Name of Employer MVP Health Care Receipt For: 2014 Primary X General Other (specify)		ork Management Year-to-Date ▼ 1440.00	]
C. Full Name (Last, First, Middle Initial) Mailing Address 25 Carriage House La.	State	Zip Code	Date of Receipt
Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary X General		ork Management Year-to-Date ▼	Amount of Each Receipt this Period 60.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).		1500.00	130.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE

7 OF

32

City       State       Zip Code         Saratoga Spgs.       NY       12866         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         WY Health Care       EVP, Network Management         Receipt For: 2014       Aggregate Year-to-Date ▼         Other (specify) ▼       1560.00         Full Name (Last, First, Middle Initial)       Date of Receipt         B. Carl Cameron       Mailing Address 285 Willowcrest Drive         City       State       Zip Code         Name of Employer       Occupation         PEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         WVP       VP Medical Director         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Occupation         WVP       VP Medical Director         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Table of Receipt         Court Carneron       Mailing Address 285 Willowcrest Drive	nmittee.								
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.       Image: Committee Committe	14 2 eriod								
A.       Karla Austen       Date of Receipt         Mailing Address 25 Carriage House La.       Image: Constraint of Contributing State Zip Code       Transaction ID : SA11AL293         A.       Mailing Address 25 Carriage House La.       Image: Constraint of Contributing State Zip Code       Transaction ID : SA11AL293         A.       Mailing Address 25 Carriage House La.       Image: Constraint of Contributing State Zip Code       Image: Constraint of Co	14 2 eriod								
City       State       Zip Code       Transaction ID : SA11AL293         Saratoga Spgs.       NY       12866       Amount of Each Receipt this F         FEC ID number of contributing       C       Amount of Each Receipt this F         MVP Health Care       EVP, Network Management       Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       C General       Other (specify) ▼       Date of Receipt         Mailing Address 285 Willowcrest Drive       C       Transaction ID : SA11AL293         Rochester       NY       14618       Date of Receipt         FEC ID number of contributing       C       Transaction ID : SA11AL293         Mailing Address 285 Willowcrest Drive       C       Transaction ID : SA11AL293         Rochester       NY       14618       Transaction ID : SA11AL293         MVP       VP Medical Director       Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General       Occupation       720.00         Full Name (Last, First, Middle Initial)       C       Date of Receipt         City       State       Zip Code       Transaction ID : SA11AL293         Multing Address 285 Willowcrest Drive       720.00       Transaction ID : SA11AL293         City       State       Zip Code       Tran	14 2 eriod								
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       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       1560.00         B. Carl Cameron       Date of Receipt         Mailing Address 2g5 Willowcrest Drive       11         City       State       Zip Code         Rechester       NY       14618         FEC ID number of contributing federal political committee.       C         Name of Employer MVP       Occupation         VP Medical Director       Receipt For: 2014         Primary       General         Other (specify) ▼       Occupation         VP Medical Director       720,00         Full Name (Last, First, Middle Initial)       C         Coreupation       720,00         Full Name (Last, First, Middle Initial)       C         Coreupation       720,00         Full Name (Last, First, Middle Initial)       C         Coreupation       720,00         Full Name (Last, First, Middle Initial)       C         Coreupation <td>eriod</td>	eriod								
FEC ID number of contributing federal political committee.       C       Andulh of Edch Receipt for: 2014         Name of Employer       Occupation       EVP, Network Management         Receipt For: 2014       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 285 Willowcrest Drive       Image: Comparison of the formation	_								
federal political committee.       Occupation         Name of Employer       Occupation         MVP Health Care       EVP, Network Management         Receipt For: 2014       Aggregate Year-to-Date ▼         Other (specify) ▼       Intervention         B. Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Intervention         City       State       Zip Code         Receipt For: 2014       Occupation       Intervention         FEC ID number of contributing federal political committee.       Occupation       VP Medical Director         Name of Employer       Occupation       VP Medical Director         MVP       VP Medical Director       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       C       Carl Cameron         Mailing Address 285 Willowcrest Drive       Intervector       Date of Receipt         Full Name (Last, First, Middle Initial)       C       Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Intervector       Intervector       Intervector         City       State       Zip Code       Intervector       Intervector         Mailing Address 285 Willowcrest Drive       Intervector       Intervector       Intervector	60.00								
MVP Health Care       EVP, Network Management         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Is60.00         Full Name (Last, First, Middle Initial)       Date of Receipt         B. Carl Carmeron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Image: Clip Code         City       State       Zip Code         Rochester       NY       14618         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         VP       Wedical Director         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       C         C. Carl Carmeron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Date of Receipt         City       State       Zip Code									
Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       Y         General       Other (specify) ▼         Full Name (Last, First, Middle Initial)       B.         Carl Cameron       Mailing Address 285 Willowcrest Drive         City       State       Zip Code         Name of Employer       Occupation         VP       VP Medical Director         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Occupation         VP       VP Medical Director         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Transaction ID : SA11AL293         Adgregate Year-to-Date ▼       Transaction ID : SA11AL293         Aggregate Year-to-Date ▼       Transaction ID : SA12         Primary       General       Aggregate Year-to-Date ▼         Other (specify) ▼       Toto Date of Receipt         Mailing Address 285 Willowcrest Drive       Toto Date of Receipt         Mailing Address 285 Willowcrest Drive       Mailing Address 285 Willowcrest Drive									
Primary       X General Other (specify) ▼       Aggregate real to Date ▼         Full Name (Last, First, Middle Initial)       Date of Receipt         B. Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Transaction ID : SA11AL293         City       State       Zip Code         Rochester       NY       14618         FEC ID number of contributing federal political committee.       C         Name of Employer MVP       Occupation VP Medical Director       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       C       Carl Cameron         Mailing Address 285 Willowcrest Drive       Transaction ID : SA11AL293         Mailing Address 285 Willowcrest Drive       NY       14010									
Other (specify)       1560.00         Full Name (Last, First, Middle Initial)       Date of Receipt         B. Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       11         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       Aggregate Year-to-Date ▼         Primary       C         Cother (specify)       Tansaction ID: SA11AL293         Address 285 Willowcrest Drive       Occupation         Wailing Address 285 Willowcrest Drive       Date of Receipt         City       State       Zip Code         Mailing Address 285 Willowcrest Drive       Date of Receipt         City       State       Zip Code         Date of Receipt       11       28         City       State       Zip Code         Date of Receipt       11       28									
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         WVP       VP Medical Director         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       T22.00         Full Name (Last, First, Middle Initial)       C         C. Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Zip Code         Mailing Address 285 Willowcrest Drive       Date of Receipt         City       State       Zip Code         Date of Receipt       Zip Code         Mailing Address 285 Willowcrest Drive       Date of Receipt									
B. Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       11       28       20         City       State       Zip Code       Transaction ID : SA11AL293         Rochester       NY       14618       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this F         Name of Employer       Occupation       VP Medical Director         Receipt For:       2014       Aggregate Year-to-Date ▼         Primary       General       720.00       Date of Receipt         Full Name (Last, First, Middle Initial)       C       Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Zip Code       Transaction ID : SA11AL293         Mailing Address 285 Willowcrest Drive       Date of Receipt       11       28         City       State       Zip Code       Transaction ID : SA11AL293									
City       State       Zip Code       Transaction ID : SA11AL293         Rochester       NY       14618       Amount of Each Receipt this F         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this F         Name of Employer       Occupation       VP Medical Director         MVP       VP Medical Director       Aggregate Year-to-Date ▼         Primary       General       720.00         Other (specify) ▼       Transaction ID : SA11AL293         Mailing Address 285 Willowcrest Drive       Transaction ID : SA11AL293         City       State       Zip Code         Date of Receipt       11       28         City       State       Zip Code         NY       14649       11       28									
Rochester     NY     14618       FEC ID number of contributing federal political committee.     C       Name of Employer MVP     Occupation VP Medical Director       Receipt For: 2014 Other (specify) ▼     Aggregate Year-to-Date ▼       Primary Other (specify) ▼     Aggregate Year-to-Date ▼       Full Name (Last, First, Middle Initial)     T20.00       C. Carl Cameron Mailing Address 285 Willowcrest Drive     Date of Receipt       City     State     Zip Code       Dynamic City     NY     110/28	Y Y 14								
FEC ID number of contributing federal political committee.       C       Image: Committee in the contributing federal political committee.         Name of Employer MVP       Occupation VP Medical Director       Occupation VP Medical Director         Receipt For: 2014       Aggregate Year-to-Date ▼       720.00         Primary       General Other (specify) ▼       T20.00         C.       Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       Numerical Zip Code       Transaction ID : SA11AL293	Transaction ID : SA11AI.29389								
federal political committee.       Occupation         Name of Employer       Occupation         MVP       VP Medical Director         Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       720.00         Full Name (Last, First, Middle Initial)       720.00         C. Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       11         City       State       Zip Code         Date of ID : SA11AL293       NV	əriod								
MVP     VP Medical Director       Receipt For: 2014     Aggregate Year-to-Date ▼       Primary     General       Other (specify)     720.00         Full Name (Last, First, Middle Initial)       C.     Carl Cameron       Mailing Address 285 Willowcrest Drive     Date of Receipt       City     State     Zip Code       Date of Destactor     NV     44040	30.00								
Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       720.00         Full Name (Last, First, Middle Initial)       720.00         C.       Carl Cameron         Mailing Address 285 Willowcrest Drive       11         City       State       Zip Code         Date of Receipt       11         20       Transaction ID : SA11AL293									
Primary       General         Other (specify)       T20.00         Full Name (Last, First, Middle Initial)       T20.00         C.       Carl Cameron         Mailing Address 285 Willowcrest Drive       Date of Receipt         City       State       Zip Code         Date of ID : SA11AL293       Transaction ID : SA11AL293									
C.       Carl Cameron       Date of Receipt         Mailing Address 285 Willowcrest Drive       11 / 28 / 20         City       State       Zip Code         Date of Receipt       11 / 28 / 20         Transaction ID : SA11AL293									
Mailing Address       285 Willowcrest Drive       M       /       28       20         City       State       Zip Code       Transaction ID : SA11AI.293									
Rochester NY 14618 Amount of Each Receipt this E	Y Y 14								
	14								
FEC ID number of contributing federal political committee.	14 0								
Name of Employer Occupation	14 0								
MVP VP Medical Director	14 00 eriod								
Receipt For: 2014 Aggregate Year-to-Date ▼	14 00 eriod								
Primary X General	14 00 eriod								
Other (specify)  750.00	14 00 eriod								
SUBTOTAL of Receipts This Page (optional)	14 00 eriod								

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

32

TIEMIZED RECEIPTS			Detailed Summary Page		11a		11b 14	11c		12 16	17
Any info or for co	rmation copied from such Reports a mmercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	person	for the	e pui ontril	rpose o	of soliciting	g cor h coi	ntributi	ions
	E OF COMMITTEE (In Full) P Health Care Inc. Feder	al PAC									
A. Car	Name (Last, First, Middle Initial) I Cameron ng Address 285 Willowcrest Drive	State	Zip Code		Date of 11	VI J	28		20	)14 91	Y
FEC feder	nester ID number of contributing al political committee.	C	14618		Amou	nt of	Each	Receipt th	his P	eriod 30.0	00
MVP	e of Employer ipt For: 2014 Primary X General Other (specify) ▼	Occupation VP Medical Aggregate		]							
B. Jus	Jame (Last, First, Middle Initial) tin Carangelo ng Address 2022 Fairlawn Pkwy				Date of 11		eceipt		20	Y 14	Y
FEC feder Name MVP	ayuna ID number of contributing al political committee. e of Employer	State NY C Occupation Sr. Association Aggregate						: SA11AI. Receipt tl	.2939	2	00
C. Jus	Primary General Other (specify) ▼ 240.00 Full Name (Last, First, Middle Initial) S. Justin Carangelo					e of Receipt					
City Nisk FEC feder Name MVP	ayuna ID number of contributing al political committee. e of Employer ipt For: 2014 Primary X General	State NY C Occupation Sr. Associa Aggregate				sac			20 . <b>293</b> 9		
SUBTO	Other (specify) ▼ TAL of Receipts This Page (optional)	I)	<u></u>		Γ.					50.0	00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

32

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c	12		17		
	ny information copied from such Reports and for commercial purposes, other than using the				for the		rpose o	of soliciting	g contri	buti	ons		
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal												
Α.	Full Name (Last, First, Middle Initial) Justin Carangelo Mailing Address 2022 Fairlawn Pkwy City	State	Zip Code		Date o	1	28		2014		Ŷ		
	Niskayuna           FEC ID number of contributing federal political committee.	NY C	12309					Receipt th	his Peri	od 10.(	00		
	Name of Employer MVP Receipt For: 2014 Primary X General Other (specify) ▼	Occupation Sr. Associa Aggregate		]									
В.	Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road			_	Date o	of Re	eceipt		2014		Ŷ		
	City Macedon FEC ID number of contributing federal political committee.	State NY	Zip Code 14502	Transaction ID : SA11AI.29401         Amount of Each Receipt this Period         10.00							00		
	Name of Employer MVP Health Care Receipt For: 2014 Primary X General Other (specify) ▼	]											
c.	Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road					of Re	eceipt		2044		Ŷ		
	City Macedon	State NY	Zip Code 14502		11     28     2014       Transaction ID : SA11AI.29402       Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		10.00									
	Name of Employer MVP Health Care Receipt For: 2014 Primary X General Other (specify) ▼	Occupation Director of Aggregate		]									
5	UBTOTAL of Receipts This Page (optional)						, ,		;	30.0	00		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

32

TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and s or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)         Wendy Colin         Mailing Address 985 Victor Road         City         Macedon         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼	State       Zip Code         NY       14502         C       Occupation         Director of Pharmacy       Aggregate Year-to-Date ▼         260.00       260.00	Date of Receipt 11 28 2014 Transaction ID : SA11AI.29403 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial)         Patricia Deferio         Mailing Address 7723 Majestic Drive         City         Liverpool         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For: 2014         Primary       General         Other (specify) ▼	State       Zip Code         NY       13090         C       Occupation         Regional Network Director         Aggregate Year-to-Date ▼         960.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Patricia Deferio         Mailing Address         7723 Majestic Drive         City         Liverpool         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:       2014         Primary       ✓ General         Other (specify)       ▼	State       Zip Code         NY       13090         C       Occupation         Regional Network Director         Aggregate Year-to-Date ▼         1000.00	Date of Receipt 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)......

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

32

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC						
5		Address 7723 Majestic Drive State Zip Code					
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2014 ☐ Primary X General Other (specify) ▼		etwork Director Year-to-Date ▼ 1040.00	40.00				
Full Name (Last, First, Middle Initial)         Mailing Address 329 Mohawk Ave         Apt 4         City         Scotia         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       General         Other (specify) ▼	State NY C Occupation Associate D Aggregate		Date of Receipt				
Full Name (Last, First, Middle Initial)         C.       Michael Gauci         Mailing Address 329 Mohawk Ave         Apt 4         City         Scotia         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ∑ General         Other (specify) ▼	State NY C Occupation Associate I Aggregate		Date of Receipt          MIM       / D D / YIYYY         11       28         Z014       Transaction ID : SA11AI.29420         Amount of Each Receipt this Period         10.00				
SUBTOTAL of Receipts This Page (optional	al)		60.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

32

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Full Name (Last, First, Middle Initial)         A.         Michael Gauci         Mailing Address         Apt 4		7.0.1	Date of Receipt
City Scotia FEC ID number of contributing federal political committee.	State NY	Zip Code 12302	Transaction ID : SA11AI.29421         Amount of Each Receipt this Period         10.00
Name of Employer MVP Health Care Receipt For: 2014 Primary ∑ General Other (specify) ▼	Occupation Associate D Aggregate		
Full Name (Last, First, Middle Initial)         B.       Patrick Glavey         Mailing Address       165 Windemere Road			Date of Receipt
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14610	Transaction ID : SA11AI.29425         Amount of Each Receipt this Period         80.00
Name of Employer MVP Receipt For: 2014 Primary ∑ General Other (specify) ▼	Occupation VP, Medica Aggregate		
C. Patrick Glavey Mailing Address 165 Windemere Road			Date of Receipt
City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.29426       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer MVP Receipt For: 2014 Primary X General Other (specify)		re Products Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)			170.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

32

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and ad	v not be sold or used by any p dress of any political committee	erson for	the p it cont	14 ourpose o tributions	15 of soliciting from suc	d contribut h committ	tions tiee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC							
A. Full Name (Last, First, Middle Initial) Mailing Address 165 Windemere Road				ate of	Receipt		2014	Y
City Rochester	State NY	Zip Code 14610		ransa	ction ID	: <b>SA11AI</b> . Receipt th	29427	
FEC ID number of contributing federal political committee.	С						80	.00
Name of Employer MVP Receipt For: 2014 Primary X General Other (specify)	Occupation VP, Medicare Aggregate Y	e Products /ear-to-Date ▼ 2080.00	]					
Full Name (Last, First, Middle Initial)         Denise Gonick         Mailing Address 803 Via Marchella			Da	1 - M	Receipt		Y Y	Y
City	State	Zip Code 12303	- L	11 <b>ransa</b>	20 ction ID	8 : SA11AI.	2014 <b>29428</b>	
Schenectady FEC ID number of contributing federal political committee.	C	An	iount	of Each	Receipt th		.00	
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief	Legal Officer						
Receipt For: 2014 Primary X General Other (specify) ▼	y X General							
Full Name (Last, First, Middle Initial) C. Denise Gonick			Da	ate of	Receipt			
Mailing Address 803 Via Marchella						D / Y 8	y y 2014	Y
City Schenectady	State NY	Zip Code 12303				: SA11AI Receipt th		_
FEC ID number of contributing federal political committee.	°							0.00
Name of Employer MVP Health Care, Inc. Receipt For: 2014 Primary X General Other (specify)	]							
SUBTOTAL of Receipts This Page (optional	l)				-		240.	.00

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

\_\_\_\_

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

32

TIEMIZED RECEIPTS		etailed Summary Page	X	11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us	and Statements may not ing the name and addres	t be sold or used by any p is of any political committe	erson fo e to soli	or the	purpose o	of soliciting	g contribu	tions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC							
Full Name (Last, First, Middle Initial)         A.       Denise Gonick         Mailing Address 803 Via Marchella         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For: 2014         Primary       X         General         Other (specify)				M M 11 Transa			nis Period	
Full Name (Last, First, Middle Initial)         Daniel Harding         Mailing Address 310 Reserve Court         City	State	Zip Code		™M 1_1	2	8 3 3 SA11AI.	2014 20431	Y
Glenville         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ∑ General         Other (specify) ▼		12302 anager				Receipt th	nis Period	.00
Full Name (Last, First, Middle Initial)         C.       Daniel Harding         Mailing Address 310 Reserve Court         City         Glenville         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify)				M M 11 Trans			nis Period	
SUBTOTAL of Receipts This Page (option	nal)						100.	.00

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

\_\_\_\_

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

32

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC							
Α.	Full Name (Last, First, Middle Initial) Daniel Harding Mailing Address 310 Reserve Court City	State	Zip Code	Date of Receipt					
	Glenville FEC ID number of contributing	NY	12302	Transaction ID : SA11AI.29433           Amount of Each Receipt this Period					
	federal political committee.	С		10.00					
	Name of Employer	Occupation							
	MVP Health Care	Compensat	ion Manager						
	Receipt For: 2014	Aggregate	Year-to-Date ▼ 260.00						
	Other (specify)		7						
в.	Full Name (Last, First, Middle Initial) Rosemarie Hogan			Date of Receipt					
	Mailing Address 45 Crestwood Drive	11 28 2014							
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.29440					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer MVP	Occupation Administrati		_					
	Poppint For: and d		Year-to-Date ▼ 720.00						
с.	Full Name (Last, First, Middle Initial) Rosemarie Hogan			Date of Receipt					
	Mailing Address 45 Crestwood Drive			11 28 / Y Y Y Y Y 2014					
	City	State NY	Zip Code	Transaction ID : SA11AI.29441					
	Schenectady		12306	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			30.00					
	Name of Employer	Occupation							
MVP Administ		Administrat	ive						
	Receipt For: 2014 Primary X General Other (specify) ▼	Primary X General General							
s	<b>UBTOTAL</b> of Receipts This Page (optional)			70.00					

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

FEC Schedule A (Form 3X) Rev. 02/2003

100

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

32

TTEMIZED RECEIPTS			Detailed Summary Page		-		11b	11c	12	<b>—</b>
Ai	ny information copied from such Reports an for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committe	person e to so	13 for the licit co	purp	14 ose o utions	15 f soliciting from suc	g contribu h commit	Itions tee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC								
Α.	Mailing Address 45 Crestwood Drive	01-14	7. 0. 1.		Date o	/	28	3	y y 2014	Y
	City Schenectady	State NY	Zip Code 12306					: SA11AI.		
	FEC ID number of contributing federal political committee.	С			Amoun		ach i	Receipt th		).00
	Name of Employer	Occupation	1							
	MVP	Administrat	ive							
	Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       X       General         Other (specify)       ▼									
в.	Full Name (Last, First, Middle Initial) Kevin Husted				Date o	f Red	ceipt			
	Mailing Address 38 Fox Hill Drive					/	D 12		ү ү 2014	Y
	City	State					SA11AI.			
	Fairport	NY	14450		Amoun	it of E	Each I	Receipt th	nis Period	1
	FEC ID number of contributing federal political committee.	С					,		30	0.00
	Name of Employer	Occupation								
	MVP	VP Informat	VP Information Technology							
	Receipt For: 2014       Aggregate Year-to-Date ▼         Primary       X       General         Other (specify) ▼       720.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) Kevin Husted				Date o	f Red	ceipt			
Mailing Address 38 Fox Hill Drive					<sup>M</sup> M	/	D 12		ү ү 2014	Y
	City Fairport	State NY	Zip Code 14450					: SA11AI		
FEC ID number of contributing federal political committee.		С					7		30	0.00
	Name of Employer	Occupation	l							
	MVP	VP Informa	tion Technology							
	Receipt For: 2014	Aggregate	Year-to-Date ▼							
	Other (specify)	750.00								
ę	SUBTOTAL of Receipts This Page (optional)	)					,		90	.00

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

\_\_\_\_

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

32

	Detailed Summary Page				
	ation copied from such Reports and Statements may not be sold or used by any person mercial purposes, other than using the name and address of any political committee to				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa					
Full Name (Last, First, Middle Initial)         Kevin Husted         Mailing Address 38 Fox Hill Drive         City         Fairport         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For: 2014         Primary       ✓ General         Other (specify)	State     Zip Code       NY     14450       C       Occupation       VP Information Technology       Aggregate Year-to-Date ▼       780.00	Date of Receipt  T2 12 2014  Transaction ID : SA11AI.29448  Amount of Each Receipt this Period  30.00			
Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       General         Other (specify)	State     Zip Code       NY     12208       C       Occupation       VP of Legal Affairs       Aggregate Year-to-Date ▼       720.00	Date of Receipt 12 2014 Transaction ID : SA11AI.29452 Amount of Each Receipt this Period 30.00			
Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify)	State     Zip Code       NY     12208       C       Occupation       VP of Legal Affairs       Aggregate Year-to-Date ▼       750.00	Date of Receipt        Date of Receipt       12       12       12       12       2014       Transaction ID : SA11AI.29453       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 REC	EIPTS	;	

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

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

32

TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and	Statements may not be sold or used by an	y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼	State       Zip Code         NY       12208         C       Occupation         VP of Legal Affairs         Aggregate Year-to-Date ▼         780.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Mr. Matthew J. Mackinnon         Mailing Address 1330 Park Avenue         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Service Corp.         Receipt For: 2014         Primary       General         Other (specify)	State       Zip Code         NY       14610         C       Occupation         VP of Network Operations       Aggregate Year-to-Date ▼         480.00       480.00	Date of Receipt           12       12       2014         Transaction ID : SA11AI.29473       Amount of Each Receipt this Period         20.00       20.00
Full Name (Last, First, Middle Initial)         Mr. Matthew J. Mackinnon         Mailing Address 1330 Park Avenue         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Service Corp.         Receipt For: 2014         Primary       X         General         Other (specify)	State       Zip Code         NY       14610         C       Occupation         VP of Network Operations       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).		70.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

32

TEMIZED RECEIPTS	Detailed Sum			-		11b	11c	12	Г		
Any information copied from such Reports and S or for commercial purposes, other than using the									butio		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC										
Full Name (Last, First, Middle Initial)         Mr. Matthew J. Mackinnon         Mailing Address 1330 Park Avenue         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Service Corp.         Receipt For: 2014         Primary       General         Other (specify)	520.00	Date of Receipt  Date of Receipt  12 2014 Transaction ID : SA11Al.29475 Amount of Each Receipt this Period  20.00									
Full Name (Last, First, Middle Initial)         Augusta Martin         Mailing Address 457 Crescent Ave         City         Saratoga         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       General         Other (specify) ▼	State     Zip Code       NY     12866       C       Occupation       VP Marketing       Aggregate Year-to-Date ▼	720.00			/ acti	12 00 ID	SA11AI. Seceipt th	nis Perio		0	
Full Name (Last, First, Middle Initial)         Augusta Martin         Mailing Address 457 Crescent Ave         City         Saratoga         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary         Other (specify)	State NY       Zip Code         NY       12866         C       Occupation         VP Marketing       Aggregate Year-to-Date ▼	750.00			/ sacti	12 ion ID		nis Perio			
SUBTOTAL of Receipts This Page (optional)		•••••				,	- 7	5	80.00	0	

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

.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 20 OF

32

TEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by an be name and address of any political comm	13     14     15     16     17       ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		
Full Name (Last, First, Middle Initial)         Augusta Martin         Mailing Address 457 Crescent Ave         City         Saratoga         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼	State     Zip Code       NY     12866       C       Occupation       VP Marketing       Aggregate Year-to-Date ▼       780.00	Date of Receipt 12 12 2014 Transaction ID : SA11AI.29478 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester	State Zip Code NY 14626	Date of Receipt          M M       /       P D       /       Y Y Y Y Y         12       12       2014         Transaction ID : SA11AI.29482         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 ☐ Primary	C Occupation VP Aggregate Year-to-Date ▼ 1200.00	50.00
Full Name (Last, First, Middle Initial)         Laurie Metheny         Mailing Address 21 Joellen Drive         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ 1250.00	Date of Receipt        M     M     J     J     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 REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 21 OF

32

		Detailed Summary			11a		11b	11c		12		
Any information copied from such Reports and S or for commercial purposes, other than using the									ions	17		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC											
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester	State NY	Zip Code 14626				/ acti	12 on ID :		2948		Y	
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014	C Occupation VP Aggregate	Year-to-Date ▼ 1	300.00	50.0								]
Full Name (Last, First, Middle Initial) Peter Molloy Mailing Address 84 York Ave. City	State	Zip Code			Date of 12 Trans	/	12			)14 35	Y	
Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	NY C Occupation Dir. Of Strat	12866 egic Accounts			Amount	: of	Each F	Receipt th	iis P	Period 10.4	00	]
Receipt For: 2014 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼	240.00	]								
Full Name (Last, First, Middle Initial)         Peter Molloy         Mailing Address 84 York Ave.         City         Saratoga Spgs.         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼		Zip Code 12866 egic Accounts Year-to-Date ▼	250.00			/ acti	12 on ID		20 . <b>294</b>		00	]
SUBTOTAL of Receipts This Page (optional)				•			7	7		70.0	00	]

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

32

ITEMIZED RECEIPTS		Detailed Summary Page		X 11a		11b 14		1c	12 16		17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any p ddress of any political committed	erson e to s	for the	pur	pose o	f solic	citing co	ontribut	tions	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC										
Full Name (Last, First, Middle Initial)         Peter Molloy         Mailing Address 84 York Ave.         City         Saratoga Spgs.         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify)		Zip Code 12866 tegic Accounts Year-to-Date ▼ 260.00			sact	12 ion ID	2 : SA1		Period	Y .00	
Full Name (Last, First, Middle Initial)         Richard Odorizzi         Mailing Address 71 East Claremond Drive         City         Voorheesville         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For: 2014         Primary       ✓ General         Other (specify)	State NY C Occupation Director of F Aggregate				sacti	12 ion ID	2 : SA1			ч 00	
Full Name (Last, First, Middle Initial)         Richard Odorizzi         Mailing Address       71 East Claremond Drive         City         Voorheesville         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:       2014         Primary       ✓ General Other (specify) ▼	State NY C Occupation Director of Aggregate				sact	ion ID	2 : SA1		Period	Y.00	
SUBTOTAL of Receipts This Page (optional	)		•		i.	,			30.	00	

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

9 9 9

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE

23 OF

32

X 11a 11b 11c 12 **Detailed Summary Page** 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) Richard Odorizzi Α. Date of Receipt Mailing Address 71 East Claremond Drive M M / 2014 12 12 City Zip Code State Transaction ID : SA11AI.29502 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: 2014 Aggregate Year-to-Date ▼ Primary K General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Everett Patterson Date of Receipt Mailing Address 1 Summit Ct., Ste 200 Μ M 12 12 2014 City State Zip Code Transaction ID : SA11AI.29503 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation **MVP Health Care** Dir. Of Sales-East Region Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Everett Patterson Date of Receipt Mailing Address 1 Summit Ct., Ste 200 M M / D D 12 12 2014 City State Zip Code Transaction ID : SA11AI.29504 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **MVP Health Care** Dir. Of Sales-East Region Receipt For: 2014 Aggregate Year-to-Date **v** Primary 🗙 General Other (specify) 250.00 30.00 SUBTOTAL of Receipts This Page (optional).....

10.

.

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE

24 OF

32

X 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) Α. Everett Patterson Date of Receipt Mailing Address 1 Summit Ct., Ste 200 M M / 2014 12 12 City Zip Code State Transaction ID : SA11AI.29505 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation **MVP Health Care** Dir. Of Sales-East Region Receipt For: 2014 Aggregate Year-to-Date ▼ Primary K General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Reiss Date of Receipt Mailing Address 5 Rockwood Drive М M 12 12 2014 City State Zip Code Transaction ID : SA11AI.29509 NY Newburgh 12550 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation **MVP Health Care** Account Manager Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Reiss Date of Receipt Mailing Address 5 Rockwood Drive M M / D D 12 12 2014 City State Zip Code Transaction ID : SA11AI.29510 NY Newburgh 12550 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **MVP Health Care** Account Manager Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.00 30.00 SUBTOTAL of Receipts This Page (optional).....

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

100

9

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

FOR LINE NUMBER:

(check only one)

PAGE

11c

25 OF

12

32

X 11a 11b 14 13 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) Christopher Reiss Α. Date of Receipt Mailing Address 5 Rockwood Drive M M / 2014 12 26 City Zip Code State Transaction ID : SA11AI.29511 NY Newburgh 12550 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation **MVP Health Care** Account Manager Receipt For: 2014 Aggregate Year-to-Date ▼ Primary K General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue М M 12 26 2014 City State Zip Code Transaction ID : SA11AI.29527 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation **MVP Health Care** VP Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue M M / D 12 26 2014 City Zip Code State Transaction ID : SA11AI.29528 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 VP **MVP Health Care** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 750.00 70.00 SUBTOTAL of Receipts This Page (optional).....

100

.

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 26 OF

32

			Detailed Summary Page	X	11a 13	$\vdash$	11b 14	11c	12	
Any or fo	information copied from such Reports an or commercial purposes, other than using	d Statements ma the name and a	y not be sold or used by any p ddress of any political committee	person for e to sol	or the	purp	ose o	15 f soliciting from suc	g contribu h commit	itions tee.
	IAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC								
<b>A</b> .	ull Name (Last, First, Middle Initial) Daniel Sauer failing Address 160 Fifth Avenue				Date of	f Rec	ceipt 26		2014	Ŷ
C	lity	State	Zip Code			actio		: SA11AI.		
5	Saratoga Springs	NY	12866	A	mount	t of E	Each F	Receipt th	nis Period	l
	EC ID number of contributing ederal political committee.	С					,		30	0.00
N	lame of Employer	Occupation								
N	IVP Health Care	VP								
F	eceipt For: 2014	Aggregate	Year-to-Date ▼							
	Primary X General			11						
	Other (specify)		780.00							
	ull Name (Last, First, Middle Initial) David Stitt				Date of	Rec	ceipt			
N	lailing Address 684 Macelroy Road				м м 12	/	26		2014	Y
C	Sity	State	Zip Code		Trans	actic	on ID :	: SA11AI.	29545	
E	Ballston Spa	NY	12019	A	mount	t of E	Each F	Receipt th	nis Period	l
	EC ID number of contributing ederal political committee.	С					,		10	0.00
	lame of Employer	Occupation								
	IVP	Pharmacy D	irector							
R	Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]						
	ull Name (Last, First, Middle Initial) David Stitt				Date of	Rec	ceipt			
N	lailing Address 684 Macelroy Road				м м 12	/	D 26		2014	Y
	lity	State	Zip Code		Trans	actio	on ID	: SA11AI	.29546	
-	Ballston Spa	NY	12019	A	mount	t of E	Each F	Receipt th	nis Period	l
	EC ID number of contributing ederal political committee.	С					,		1(	0.00
N	lame of Employer	Occupation								
Ν	<i>I</i> VP	Pharmacy [	Director							
F	Receipt For: 2014 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1						
SU	BTOTAL of Receipts This Page (optional		7 7 7	-   L	_		,		50	.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

32

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	111		11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usin				or the	purpos		soliciting	contribu	itions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC								
Full Name (Last, First, Middle Initial)         A.       David Stitt         Mailing Address       684 Macelroy Road         City       Ballston Spa         FEC ID number of contributing	State NY	Zip Code 12019		12 Trans	saction	26 ID : S	/ Y SA11AI.2 ceipt thi	2014 <b>29547</b> is Period	
federal political committee. Name of Employer MVP Receipt For: 2014 Primary X General Other (specify) ▼	Occupation Pharmacy I						7		
Full Name (Last, First, Middle Initial)         B. Emily Titsworth         Mailing Address 1394 Dean Street				Date o	f Receip		/ Y	2014	Ŷ
City Niskayuna FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary General	State NY C Occupation Associate C Aggregate	Counsel Year-to-Date ▼					A11AI.2	is Period	0.00
C. Emily Titsworth Mailing Address 1394 Dean Street City Niskayuna FEC ID number of contributing federal political committee.	State NY C	240.00 Zip Code 12309		12 Trans	saction	26 ID : S	/ Y SA11AL.2	2014 <b>29549</b> is Period	I D.00
Name of Employer MVP Health Care Receipt For: 2014 Primary X General Other (specify)	Occupation Associate C Aggregate		]						
SUBTOTAL of Receipts This Page (optiona	al)				7			30	.00

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

10

\_\_\_\_\_\_

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

32

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13     14     15     16     17       ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		
Full Name (Last, First, Middle Initial)         Emily Titsworth         Mailing Address 1394 Dean Street         City         Niskayuna         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Other (specify) ▼	State     Zip Code       NY     12309       C       Occupation       Associate Counsel       Aggregate Year-to-Date ▼       260.00	Date of Receipt  Date of Receipt  12 26 2014 Transaction ID : SA11Al.29550 Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)         Rico Viscusi         Mailing Address 234 Autumn Run         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼	State     Zip Code       NY     12306       C       Occupation       Dir. Internal Audit       Aggregate Year-to-Date ▼       240.00	Date of Receipt  Date of Receipt  12 26 2014 Transaction ID : SA11AI.29557 Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial)         Rico Viscusi         Mailing Address 234 Autumn Run         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       X         General         Other (specify) ▼	State NY       Zip Code         NY       12306         C       Occupation         Dir. Internal Audit       Aggregate Year-to-Date ▼         250.00       250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).		) 30.00

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

7 7 7 7

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 29 OF

32

			Detailed Summary Page		✓ 11a 13	1	_	11b 14		11c 15		12 16		17
	y information copied from such Reports and St for commercial purposes, other than using the									liciting				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC												
Α.	Full Name (Last, First, Middle Initial)				Date	of F	Rec	eipt						
	Mailing Address 234 Autumn Run				M 1.		/	26		/ Y	2	ү 014	Y	
	City	State	Zip Code		Tra	nsa	ctio	n ID :	: SA	A11AI.	.295	59		
	Schenectady	NY	12306	_	Amo	unt d	of E	ach F	Rec	eipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	7		10	0.00	
	Name of Employer	Occupation	1	-										
	MVP Health Care	Dir. Internal	Audit											
	Receipt For: 2014	Aggregate	Year-to-Date ▼											
	Primary 🗙 General	riggiogato												
	Other (specify)	L	260.00											
B.	Full Name (Last, First, Middle Initial) Matthew Walkuski				Date	of F	Rec	eipt						
	Mailing Address 11 Lillian Drive				<sup>™</sup>		/	26		/ Y	2(	) 14	Y	
	City	State	Zip Code		Tra	nsad	ctio	n ID :	: SA	11AI.	.295	60	_	
	Scotia	NY	12302		Amo	unt d	of E	ach F	Rec	eipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	7	_	10	.00	
	Name of Employer	Occupation												
	MVP Health Care, Inc.	Sales Mana	ger- East Region											
	Receipt For: 2014	Aggregate	Year-to-Date ▼											
	Primary X General Other (specify) ▼		240.00											
с.	Full Name (Last, First, Middle Initial) Matthew Walkuski				Date	of F	Rec	eipt						
	Mailing Address 11 Lillian Drive				M 1		/	D 26		/ Y	2(	) 14	Y	
	City	State	Zip Code		Tra	nsa	ctic	n ID	: S/	A11AI	.295	61		
	Scotia	NY	12302		Amo	unt c	of E	ach F	Rec	eipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	7		10	0.00	
	Name of Employer	Occupation												
	MVP Health Care, Inc.	Sales Mana	ager- East Region											
	Receipt For:       2014         Primary       X         General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
s	UBTOTAL of Receipts This Page (optional)		•	 			,			7		30	.00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 30 OF

32

TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		13         14         15         16         17           / person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         Matthew Walkuski         Mailing Address 11 Lillian Drive         City         Scotia         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For: 2014         Primary         Other (specify)	State       Zip Code         NY       12302         C       Occupation         Sales Manager- East Region         Aggregate Year-to-Date ▼         260.00	Date of Receipt           Date of Receipt         12       26         26       2014         Transaction ID : SA11AI.29562         Amount of Each Receipt this Period         10.00
Full Name (Last, First, Middle Initial)         Joseph Wild         Mailing Address 2040 Mill Road         City         West Falls         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       General         Other (specify) ▼	State     Zip Code       NY     14170       C       Occupation       Sales Director       Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial)         Joseph Wild         Mailing Address 2040 Mill Road         City         West Falls         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For: 2014         Primary       ✓ General         Other (specify) ▼	State NY       Zip Code 14170         C       Occupation         Sales Director       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       250.00	Date of Receipt        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)......

9 9 9

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

32

			Detailed Summary Page		11a		11b	11c		12	<u> </u>
Ar	y information copied from such Reports and St	atements ma	y not be sold or used by any pe	erson f	13 for the	pur	14 pose o	15 f soliciting	 3 CO	16 ntribut	17 ions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit coi	ntrib	outions	from suc	n co	mmitte	e.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P										
	MVP Health Care Inc. Federal P	AC									
Α.	Full Name (Last, First, Middle Initial) Joseph Wild				Date of	f Re	eceipt				
	Mailing Address 2040 Mill Road				м м 12	/	26			014	Y
	City	State	Zip Code			act		: SA11AI.			
	West Falls	NY	14170					Receipt th			
	FEC ID number of contributing federal political committee.	С					7		_	10.	00
	Name of Employer	Occupation									
	MVP Health Care	Sales Direc	tor								
	Receipt For: 2014	Aggregate	Year-to-Date ▼								
	Primary X General										
	Other (specify)		260.00								
	Full Name (Last, First, Middle Initial)										
Β.					Date of	f Re	eceipt				
	Mailing Address				M M	/	D	D / Y	Y	Y	Y
	City	State	Zip Code		Amoun	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,		Ì		
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General										
	Other (specify)		<u></u>								
c.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt				
	Mailing Address				M M	/	D	D / Y	Y	Y	Y
	City	State	Zip Code		Δτουρ	t of	Each I	Receipt th	nie F	Period	
	FEC ID number of contributing			-  '	anoun				13 F	chou	_
	federal political committee.	С					7		-		
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)	L									
						-			-	10.0	00
s	UBTOTAL of Receipts This Page (optional)			•		÷	7		+		

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

.

3

1930.00

Image# 15950037159			
SCHEDULE D (FEC Form 3X)			PAGE 32 OF 32
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			X 10
MVP Health Care Inc. Federal PAC			
	an an Ossalitan		
A. Full Name (Last, First, Middle Initial) of Debt	or or Greditor	Check Pr	Debt (Purpose): inting
Deluxe Business Checks			
Mailing Address P.O. Box 742572			
City State	Zip Code		
Cincinnati	OH 45274		
Outstanding Balance Beginning This Period		Transac	tion ID : SD10.4163
145.00			
Amount Insurred This Deried	Doumont This Dou	iad Outstan	ting Delense at Class of This Deviad
Amount Incurred This Period	Payment This Per		ding Balance at Close of This Period
0.00		0.00	145.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of	Debt (Purpose):
Media Well Done		Advertisir	
Mailing Address 96 Jay Street			
City State	Zip Code		
Schenectady	NY 12305		
Outstanding Balance Beginning This Period		Transa	ction ID : SD10.4165
338.00			
	Payment This Par	iod Outstan	ting Balance at Close of This Period
Amount Incurred This Period	Payment This Per		ding Balance at Close of This Period
	Payment This Per	iod Outstan	ding Balance at Close of This Period 338.00
Amount Incurred This Period		0.00	338.00
Amount Incurred This Period 0.00		0.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt		0.00	338.00
Amount Incurred This Period 0.00		0.00	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt		0.00	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address	or or Creditor	0.00	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address	or or Creditor	0.00	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	or or Creditor	0.00	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor       State     Zip Code	0.00 Nature of	338.00 Debt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	or or Creditor	0.00 Nature of	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor       State     Zip Code	0.00 Nature of	338.00 Debt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor       State     Zip Code	0.00 Nature of	338.00 Debt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor          State       Zip Code         Payment This Per	0.00 Nature of	338.00 Debt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	or or Creditor           State         Zip Code           Payment This Per	0.00 Nature of	338.00 Debt (Purpose): ding Balance at Close of This Period 483.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	or or Creditor           State         Zip Code           Payment This Per	0.00 Nature of	338.00 Debt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	or or Creditor          State       Zip Code         Payment This Per         r only)	0.00 Nature of	338.00 Debt (Purpose): ding Balance at Close of This Period 483.00
Amount Incurred This Period O.00 C. Full Name (Last, First, Middle Initial) of Debte Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	or or Creditor          State       Zip Code         Payment This Per         r only)         C (last page only)	0.00 Nature of	338.00 Debt (Purpose): ding Balance at Close of This Period 483.00 483.00