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Image# 201604229015039173

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Au	ithorized Committe	e	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	g, type 12FE4M	5
MVP Health Care Inc. I	Federal PAC			
ADDRESS (number and street)	625 State Street			
Check if different				
than previously reported. (ACC)	Schenectady		NY NY	12305
2. FEC IDENTIFICATION NU	MBER ▼C	CITY 🛦	STATE ▲	ZIP CODE ▲
C C00431429	3.	IS THIS REPORT (N		MENDED A)
4. TYPE OF REPORT (Choose One)	Report Due On:			g 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	H .	or 00 (M4)		(Non-Election Year Only)
April 15 Quarterly Report (Q		or 20 (M4) J	ul 20 (M7) Oct	t 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q:	PRE-Election	Primary (12P)	H	
October 15 Quarterly Report (Q:	Report for the:	Convention (1	2C) Special	(125)
X January 31 Year-End Report (YI	Elec	tion on	D D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G) Runoff	(30R) Special (30S)
Termination Report (TER)	Elec	tion on	D D / Y Y Y Y Y	in the State of
5. Covering Period 07	01 2015		12 31	2015
I certify that I have examined thi	s Report and to the best	of my knowledge and b	elief it is true, correct ar	nd complete.
Type or Print Name of Treasurer	Jordan Estey			
Signature of Treasurer Jordan	n Estey	[Electronically	Filed] Date 04	M / 22 / 2016
NOTE: Submission of false, errone	ous, or incomplete information	ion may subject the pers	on signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004
l Only l	ı	ı l	1	1

SUMMARY PAGE

OI FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		<u> </u>
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From: 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		56741.34
(b) Cash on Hand at Beginning of Reporting Period	53007.34	
(c) Total Receipts (from Line 19)	14379.00	29645.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67386.34	86386.34
7. Total Disbursements (from Line 31)	12500.00	31500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54886.34	54886.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multican	adidate committee. (see FEC FORM 1M)	
F	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal F

I. Receipts		ots COLUMN A Total This Period			
1. Co	ontributions (other than loans) From:				
(a	Individuals/Persons Other				
	Than Political Committees				
	(i) Itemized (use Schedule A)	8410.00	13560.00		
	(ii) Unitemized	5969.00	13085.00		
	(iii) TOTAL (add				
	Lines 11(a)(i) and (ii)▶	14379.00	26645.00		
(b	Political Party Committees	0.00	0.00		
(C)					
(5)	(such as PACs)	0.00	0.00		
(d					
	11(a)(iii), (b), and (c)) (Carry				
	Totals to Line 33, page 5)▶	14379.00	26645.00		
	ansfers From Affiliated/Other		222		
Pa	rty Committees	0.00	0.00		
. Al	Loans Received	0.00	0.00		
Lo	an Repayments Received	0.00	0.00		
	fsets To Operating Expenditures	7	7		
	efunds, Rebates, etc.)				
	arry Totals to Line 37, page 5)	0.00	0.00		
	funds of Contributions Made	7	7		
to	Federal Candidates and Other				
Po	litical Committees	0.00	3000.00		
. O	her Federal Receipts				
	ividends, Interest, etc.)	0.00	0.00		
	ansfers from Non-Federal and Levin Funds				
(a	Non-Federal Account	0.00	200		
	(from Schedule H3)	0.00	0.00		
(h	Levin Funds (from Schedule H5)	0.00	0.00		
(2)					
(c)	Total Transfers (add 18(a) and 18(b))	0.00	0.00		

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		
 Operating Expenditures: - (a) Allocated Federal/Non-Federal 	2.00 9.19.9			
Activity (from Schedule H4)	0.00	0.00		
(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		
Transfers to Affiliated/Other Party	, , ,			
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	10500.00	31500.00		
and Other Political Committees	12500.00	31300.00		
. Independent Expenditures (use Schedule E)	0.00	0.00		
. Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
. Loans Made	0.00	0.00		
. Refunds of Contributions To: (a) Individuals/Persons Other	7 7			
Than Political Committees	0.00	0.00		
(1) P. 177 - 1 P. 1 O	0.00	0.00		
(b) Political Party Committees (c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(I) T. (O) (II II D) (I				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00		
(add Lines 20(a), (b), and (c))		, , , ,		
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		
Ï	2.22	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		
Total Dichurcomente (add Lines 21/a) 22				
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12500.00	31500.00		
	12500.00	31300.00		
. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	12500.00	31500.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14379.00	26645.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14379.00	26645.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 2015 08 21 City Zip Code State Transaction ID: SA11AI.33088 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution MVP Health Care** EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 09 04 2015 City State Zip Code Transaction ID: SA11AI.33089 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care **PAC Contribution** EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 09 18 2015 City State Zip Code Transaction ID: SA11AI.33090 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Memo Item Name of Employer Occupation PAC Contribution MVP Health Care EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: **PAGE** 8 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 2015 11 City Zip Code State Transaction ID: SA11AI.33094 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution MVP Health Care** EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 11 27 2015 City State Zip Code Transaction ID: SA11AI.33095 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care **PAC Contribution** EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 660,00 Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. M = M 12 11 2015 City State Zip Code Transaction ID: SA11AI.33096 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Memo Item Name of Employer Occupation PAC Contribution MVP Health Care EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 9 OF 72 Use separate schedule(s) (check only one)

TEMIZED RE	CEIP15		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial pu	urposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
MVP Health	MITTEE (In Full) Care Inc. Federal	PAC		
Karla Austen	First, Middle Initial) 25 Carriage House La.	State NY	Zip Code 12866	Date of Receipt 12 25 2015 Transaction ID : SA11AI.33097 Amount of Each Receipt this Period
FEC ID number of federal political converse of Employee MVP Health Care Receipt For: 201 Primary Other (specific federal political converse federal political	ommittee. er General		ork Management Year-to-Date ▼ 780.00	Memo Item PAC Contribution
B. Dominick Biz	22 Devonshire Way of contributing ommittee. er 6 General	State NY C Occupation EVP Aggregate	Zip Code 12065 Year-to-Date ▼	Date of Receipt 08 14 2015 Transaction ID: SA11AI.33114 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
c. Dominick Bi	32 Devonshire Way of contributing ommittee. er 16 General	State NY C Occupation EVP Aggregate	Zip Code 12065 Year-to-Date ▼	Date of Receipt 08 28 2015 Transaction ID: SA11AI.33115 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
SUBTOTAL of Rec	eipts This Page (optional))	140.00
TOTAL This Period	(last page this line number	only))	

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FOR LINE NUMBER: (check only one) PAGE 11 OF 72 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stator for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC .	
MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation EVP Aggregate Year-to-Date ▼	Date of Receipt 10 23 2015 Transaction ID: SA11AI.33119 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
MVP Health Care	State Zip Code NY 12065 C Occupation EVP Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 06 2015 Transaction ID: SA11AI.33120 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
MVP Health Care	State Zip Code NY 12065 C Occupation EVP Aggregate Year-to-Date ▼	Date of Receipt 11 20 2015 Transaction ID: SA11Al.33121 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)	·	120.00

		FOR LINE NUMBER:					PAGE	_ 1	12 0	F	72
Use separate schedule(s)		he	ck only	or	ne)						
for each category of the Detailed Summary Page		X	11a		11b		11c		12		
., .,			13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Dominick Bizzarro Mailing Address 32 Devonshire Way		Date of Receipt 12 Date of Receipt 12 12 13 14 15 16 17 18 19 19 10 10 10 10 10 10 10 10
City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 ☐ Primary ☐ General Other (specify) ▼	State Zip Code NY 12065 C Occupation EVP Aggregate Year-to-Date ▼ 560.00	Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Dominick Bizzarro Mailing Address 32 Devonshire Way City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) Other (specify)	State Zip Code NY 12065 C Occupation EVP Aggregate Year-to-Date ▼ 600,00	Date of Receipt 12 18 2015 Transaction ID: SA11AI.33123 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Catherine Buhler Clancy Mailing Address 19 Julia Ct City Mahopac FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 10541 C Occupation EVP Aggregate Year-to-Date ▼ 320.00	Date of Receipt 07 10 2015 Transaction ID: SA11AI.33146 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 13 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
	If Statements may not be sold or used by any pathe name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I PAC	
Full Name (Last, First, Middle Initial) Catherine Buhler Clancy Mailing Address 19 Julia Ct City Mahopac FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 10541 C Occupation EVP Aggregate Year-to-Date ▼ 600.00	Date of Receipt 10 16 2015 Transaction ID: SA11AI.33140 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Catherine Buhler Clancy Mailing Address 19 Julia Ct City Mahopac FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 10541 C Occupation EVP Aggregate Year-to-Date ▼ 640.00	Date of Receipt 10 30 2015 Transaction ID: SA11AI.33141 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) C. Catherine Buhler Clancy Mailing Address 19 Julia Ct City Mahopac FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 10541 C Occupation EVP Aggregate Year-to-Date ▼ 680.00	Date of Receipt 11 13 2015 Transaction ID: SA11AI.33142 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional).		120.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 16 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: (check only one) PAGE 17 OF 72 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 02 2015 Transaction ID: SA11AI.33156 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary Other (specify) Other (specify)	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼	Date of Receipt 10 16 2015 Transaction ID: SA11AI.33157 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 270.00	Date of Receipt 10 30 2015 Transaction ID: SA11AI.33158 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number of	only)	

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FOR LINE NUMBER: PAGE 19 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt 10 16 2015
City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼ 320.00	Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
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: 2016 Primary Other (specify) Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date 360.00	Date of Receipt 10 30 2015 Transaction ID: SA11AI.33223 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
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: 2016 Primary Other (specify) Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date 400.00	Date of Receipt 11 13 2015 Transaction ID : SA11AI.33224 Amount of Each Receipt this Period 40.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

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Receipt For: 2016

General

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page		X	11a		11b		11c		12		
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Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Christopher Del Vecchio		Date of Receipt
Mailing Address 2854 W. Old State Rd City	State Zip Code	10 02 2015 Transaction ID : SA11Al.33230
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	Memo Item
MVP Health Care	EVP	PAC Contribution
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
UDTOTAL of Describe This Description (autism)		180.00

Aggregate Year-to-Date ▼

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Christopher Del Vecchio Mailing Address 2854 W. Old State Rd City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP Aggregate Year-to-Date ▼ 600.00	Date of Receipt 10 16 2015 Transaction ID: SA11AI.33231 Amount of Each Receipt this Period 60.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Christopher Del Vecchio Mailing Address 2854 W. Old State Rd City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary Other (specify)	State Zip Code NY 12303 C Occupation EVP Aggregate Year-to-Date ▼ 660,00	Date of Receipt 10 30 2015 Transaction ID: SA11AI.33232 Amount of Each Receipt this Period 60.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Christopher Del Vecchio Mailing Address 2854 W. Old State Rd City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP Aggregate Year-to-Date ▼ 720.00	Date of Receipt 11 13 2015 Transaction ID: SA11AI.33233 Amount of Each Receipt this Period 60.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional))	180.00
TOTAL This Period (last page this line number	only)	

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

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

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Page 1	AC	
Receipt For: 2016 ☐ Primary ☐ General Other (specify) ▼	State Zip Code NY 12203 C Occupation Government Affairs Aggregate Year-to-Date ▼ 300.00	Date of Receipt 9 18 2015 Transaction ID: SA11AI.33284 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Jordan Estey Mailing Address 6211 Hathaway House Apt. 5 City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) Other (specify)	State Zip Code NY 12203 C Occupation Government Affairs Aggregate Year-to-Date ▼ 330.00	Date of Receipt 10 02 2015 Transaction ID: SA11AI.33285 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Jordan Estey Mailing Address 6211 Hathaway House Apt. 5 City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary Other (specify) General Other (specify)	State Zip Code NY 12203 C Occupation Government Affairs Aggregate Year-to-Date ▼ 360.00	Date of Receipt 10 16 2015 Transaction ID: SA11AI.33286 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)	·	90.00
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	the name and address of any political committee	
NAME OF COMMITTEE (In Full)	1.04.0	
MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) A. Jordan Estey		Date of Receipt
Mailing Address 6211 Hathaway House		M = M / D = D / Y = Y = Y
Apt. 5	7. 0. 1	10 30 2015
City	State Zip Code NY 12203	Transaction ID : SA11AI.33287
Albany	141 12203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
MVP Health Care	Government Affairs	PAC Contribution
Receipt For: 2016	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) 3. Jordan Estey		Date of Receipt
Mailing Address 6211 Hathaway House		M = M / D = D / Y = Y = Y
Apt. 5	Ohaha Zin Onda	11 13 2015
City	State Zip Code	Transaction ID : SA11AI.33288
Albany	NY 12203	Amount of Each Receipt this Period
FEC ID number of contributing	С	30.00
federal political committee.		
Name of Employer	Occupation	Memo Item
MVP Health Care	Government Affairs	PAC Contribution
Receipt For: 2016	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) C. Jordan Estey		Date of Receipt
Mailing Address 6211 Hathaway House		M = M / D = D / Y = Y = Y
Apt. 5		11 27 2015
City	State Zip Code	Transaction ID : SA11AI.33289
Albany	NY 12203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	- Memo Item
MVP Health Care	Government Affairs	PAC Contribution
Receipt For: 2016	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC	
MVP Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 320.00	Date of Receipt 08 21 2015 Transaction ID: SA11AI.33334 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
MVP	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 400.00	Date of Receipt 09 04 2015 Transaction ID: SA11AI.33335 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
MVP	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 480.00	Date of Receipt 18 2015 Transaction ID: SA11AI.33336 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number on	ly)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 ✓ Primary Other (specify) ▼ Name of Employer Occ VP, Agg		Date of Receipt 10 02 2015 Transaction ID: SA11AI.33337 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Personal Environment Note		Date of Receipt 10 16 2015 Transaction ID: SA11AI.33338 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2046	ate Zip Code IY 14610 upation Medicare Products uregate Year-to-Date ▼ 720.00	Date of Receipt 10 30 2015 Transaction ID : SA11AI.33339 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)	>	240.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Page 1	AC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼	Date of Receipt 11 13 2015 Transaction ID: SA11AI.33340 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
B. Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼	Date of Receipt 11 27 2015 Transaction ID: SA11AI.33341 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) C. Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary General Other (specify) Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 960.00	Date of Receipt 12 11 2015 Transaction ID: SA11AI.33342 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)		240.00
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	Statements may not be sold or used by any per he name and address of any political committee			
MVP Health Care Inc. Federal	PAC			
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt		
	Charles 7 in Coada	12 25 2015		
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.33343 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	80.00 Memo Item PAC Contribution		
Name of Employer	Occupation			
MVP Receipt For: 2016 ✓ Primary General Other (specify) ▼	VP, Medicare Products Aggregate Year-to-Date ▼ 1040.00			
Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt			
Mailing Address 803 Via Marchella		08 07 2015		
City Schenectady	State Zip Code NY 12303			
FEC ID number of contributing federal political committee.	С	Memo Item PAC Contribution		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer			
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00			
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt		
Mailing Address 803 Via Marchella		08 21 _ 2015 _		
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.33347 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	80.00		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	PAC Contribution		
Receipt For: 2016 Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00			
SUBTOTAL of Receipts This Page (optional)	>	240.00		
FOTAL This Period (last page this line number	er only)			

FOR LINE NUMBER: PAGE 34 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 2015 09 City Zip Code State Transaction ID: SA11AI.33348 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 09 18 2015 City State Zip Code Transaction ID: SA11AI.33349 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care, Inc. **PAC Contribution EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 480,00 Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella M = M 10 02 2015 City State Zip Code Transaction ID: SA11AI.33350 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 80.00 federal political committee. Memo Item Name of Employer Occupation PAC Contribution **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOR LINE	PAGE	35 OF	OF 72					
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not be sold or used by any person for the purpose of soliciting contributions									

Any information copied from such Reports and Statements may

r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC.	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) 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: 2016 Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 640.00	Date of Receipt 10 16 2015 Transaction ID: SA11AI.33351 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) 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: 2016 Primary General Other (specify) Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 720.00	Date of Receipt 10 30 2015 Transaction ID: SA11AI.33352 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) 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: 2016 Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 800.00	Date of Receipt 11 13 2015 Transaction ID: SA11AI.33353 Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional)	<u>·</u>	240.00

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC			
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		Date of Receipt		
City Schenectady	State Zip Code NY 12303	11 27 2015 Transaction ID : SA11AI.33354		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.00 Memo Item PAC Contribution		
Name of Employer MVP Health Care, Inc. Receipt For: 2016	Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	880.00			
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 200 Vis Marshalls	·	Date of Receipt		
Mailing Address 803 Via Marchella City	State Zip Code	12 11 2015 Transaction ID : SA11AI.33355		
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 80.00		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	Memo Item PAC Contribution		
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00			
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt		
Mailing Address 803 Via Marchella		12 25 2015		
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.33356 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ě			
Name of Employer MVP Health Care, Inc. Receipt For: 2016	Occupation EVP & Chief Legal Officer	PAC Contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00			
SUBTOTAL of Receipts This Page (optional)	240.00		
TOTAL This Period (last page this line num	por only)			

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Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 10 02 2015 City State Zip Code Transaction ID: SA11AI.33389 NY 12306 Schenectady Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution** MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 10 16 2015 City State Zip Code Transaction ID: SA11AI.33390 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation MVP **PAC Contribution** Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name (Last, First, Middle Initial) c. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 30 10 2015 City Zip Code State Transaction ID: SA11AI.33391 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00

Other (specify) ▼	270.00									
SUBTOTAL of Receipts This Page (optional)	·····	Ξ	7	I	_	7		90	.00	
TOTAL This Period (last page this line number	only)		 7	_	_	7	_			

Occupation

Administrative

Aggregate Year-to-Date ▼

federal political committee.

General

Name of Employer

Receipt For: 2016

Primary

MVP

Memo Item

PAC Contribution

FOR LINE NUMBER: PAGE 38 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 2015 11 City Zip Code State Transaction ID: SA11AI.33392 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution** MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 11 27 2015 City State Zip Code Transaction ID: SA11AI.33393 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation MVP **PAC Contribution** Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 330,00 Full Name (Last, First, Middle Initial) c. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive M = M 12 11 2015 City Zip Code State Transaction ID: SA11AI.33394 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation PAC Contribution Administrative MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 39 OF 72 Use separate schedule(s) (check only one)

TEMIZED RE	ECEIPTS		for each category of the Detailed Summary Page	
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	MITTEE (In Full) h Care Inc. Federal F	PAC		
A. Rosemarie H Mailing Address City Schenectady FEC ID number federal political of the p	45 Crestwood Drive of contributing committee. yer 016 General ecify)	State NY C Occupation Administrati Aggregate		Date of Receipt 12 25 2015 Transaction ID: SA11AI.33395 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
B. Kevin Huste	38 Fox Hill Drive of contributing committee. yer 116 General		Zip Code 14450 ion Technology Year-to-Date ▼ 210,00	Date of Receipt 10 02 2015 Transaction ID: SA11AI.33415 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
c. Kevin Husto	38 Fox Hill Drive of contributing committee. yer 016 General		Zip Code 14450 tion Technology Year-to-Date ▼ 240.00	Date of Receipt 10 16 2015 Transaction ID: SA11AI.33416 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
SUBTOTAL of Re	ceipts This Page (optional)			90.00
TOTAL This Perio	d (last page this line number of	only)		

FOR LINE NUMBER: PAGE 40 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 41 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 42 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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				erson for the purpose of soliciting contributions to solicit contributions from such committee.
\	COMMITTEE (In Full) ealth Care Inc. Federal P	AC		
A. Dawn Ja Mailing Ad City Albany FEC ID nu federal pol Name of E MVP Healt Receipt Fo Prim Othe	imber of contributing itical committee. Employer h Care or: 2016 ary General r (specify)	State NY C Occupation VP of Legal Aggregate		Date of Receipt M
City Albany FEC ID nu federal pol Name of E MVP Healt! Receipt Fo	dress 213 Hansen Ave	State NY C Occupation VP of Legal Aggregate		Date of Receipt 12 25 2015 Transaction ID: SA11AI.33447 Amount of Each Receipt this Period 50.00 Memo Item PAC Contribution
City Niskayuna FEC ID nu federal pol Name of E MVP Healt Receipt Fc	imber of contributing itical committee. Employer th Care or: 2016	State NY C Occupation VP Aggregate	Zip Code 12309 Year-to-Date ▼	Date of Receipt 07 03 2015 Transaction ID: SA11AI.33500 Amount of Each Receipt this Period 70.00 Memo Item PAC Contribution
SUBTOTAL	of Receipts This Page (optional)		>	170.00
TOTAL This	Period (last page this line number of	only)		

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	C	
Name of Employer MVP Health Care Receipt For: 2016 ✓ Primary Other (specify) ▼	State Zip Code NY 12309 C Decupation //P Aggregate Year-to-Date ▼ 280.00	Date of Receipt O7 17 2015 Transaction ID: SA11AI.33501 Amount of Each Receipt this Period 70.00 Memo Item PAC Contribution
Name of Employer MVP Health Care V	State Zip Code NY 12309 C Deccupation YP Aggregate Year-to-Date ▼ 350.00	Date of Receipt O7 31 2015 Transaction ID : SA11AI.33502 Amount of Each Receipt this Period 70.00 Memo Item PAC Contribution
Name of Employer MVP Health Care Page int English Control of the	State Zip Code NY 12309 C Decupation /P Aggregate Year-to-Date ▼ 420.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		210.00

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or for commercial purposes, other than usi	and Statements may not be sold or used by any ing the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC	
Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane City Niskayuna FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 12309 C Occupation VP Aggregate Year-to-Date ▼ 490.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane City Niskayuna FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary Other (specify) General	State Zip Code NY 12309 C Occupation VP Aggregate Year-to-Date ▼ 560.00	Date of Receipt 09 11 2015 Transaction ID: SA11AI.33505 Amount of Each Receipt this Period 70.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane City Niskayuna FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary Other (specify) General	State Zip Code NY 12309 C Occupation VP Aggregate Year-to-Date ▼ 630.00	Date of Receipt 09 25 2015 Transaction ID : SA11Al.33506 Amount of Each Receipt this Period 70.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (option	nal)	210.00
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FOR LINE NUMBER: PAGE 48 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and Statements may not be sold or used by any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 2015 11 27 City Zip Code State Transaction ID: SA11AI.33562 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution** VP of Network Operations MVP Service Corp. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 12 2015 11 City State Zip Code Transaction ID: SA11AI.33563 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer Occupation MVP Service Corp. **PAC Contribution** VP of Network Operations Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name (Last, First, Middle Initial) c. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 12 25 2015 City Zip Code State Transaction ID: SA11AI.33564 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00

Other (specify)	200.00								
SUBTOTAL of Receipts This Page (optional)	·····	Ξ	Ι	7	Ξ	Ξ	7	60.00	
TOTAL This Period (last page this line number	only)	_	_	7	_		7		

260.00

Occupation

VP of Network Operations

Aggregate Year-to-Date ▼

federal political committee.

General

Name of Employer

MVP Service Corp. Receipt For: 2016

Primary

Memo Item

PAC Contribution

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for each category of the Detailed Summary Page	×	11a		11b		11c		12			
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not be sold or used by any person for the purpose of soliciting contributions											

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
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: 2016 Primary Other (specify)	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 02 2015 Transaction ID : SA11AI.33571 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
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: 2016 Primary General Other (specify) Other (specify)	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 240.00	Date of Receipt 10 16 2015 Transaction ID: SA11AI.33572 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
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: 2016 Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼	Date of Receipt 10 30 2015 Transaction ID: SA11AI.33573 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
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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. Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave		Date of Receipt
		11 13 2015
City	State Zip Code	Transaction ID : SA11AI.33574
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
MVP Health Care	VP Marketing	PAC Contribution
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457.0	•	Date of Receipt
Mailing Address 457 Crescent Ave		11 27 2015
City	State Zip Code	Transaction ID : SA11AI.33575
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
MVP Health Care	VP Marketing	PAC Contribution
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial)		
C. Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave City	State Zip Code	12 11 2015
Saratoga	NY 12866	Transaction ID : SA11AI.33576
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	- Memo Item
MVP Health Care	VP Marketing	PAC Contribution
Receipt For: 2016	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	360.00	
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NAME OF COMMITTEE (In Full)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing	State Zip Code NY 12866	Date of Receipt 12 25 2015 Transaction ID : SA11AI.33577 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	Occupation VP Marketing Aggregate Year-to-Date ▼ 390.00	Memo Item PAC Contribution
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: 2016 Primary General Other (specify)	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt 07 10 2015 Transaction ID: SA11AI.33591 Amount of Each Receipt this Period 50.00 Memo Item PAC Contribution
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: 2016 Primary General Other (specify)	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ 750.00	Date of Receipt O7 24 2015 Transaction ID: SA11AI.33592 Amount of Each Receipt this Period 50.00 Memo Item PAC Contribution
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) Other	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ 800.00	Transaction ID : SA11AI.33593 Amount of Each Receipt this Period 50.00 Memo Item PAC Contribution
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: 2016 Primary General Other (specify) Other (specify)	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ 850.00	Date of Receipt 08 21 2015 Transaction ID: SA11AI.33594 Amount of Each Receipt this Period 50.00 Memo Item PAC Contribution
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: 2016 Primary Other (specify) Other (specify)	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ 900.00	Date of Receipt 09 04 2015 Transaction ID : SA11AI.33595 Amount of Each Receipt this Period 50.00 Memo Item PAC Contribution
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2015 09 City Zip Code State Transaction ID: SA11AI.33596 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution MVP Health Care** VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 10 02 2015 City State Zip Code Transaction ID: SA11AI.33597 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care **PAC Contribution** VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive M M / 10 16 2015 City Zip Code State Transaction ID: SA11AI.33598 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer Occupation PAC Contribution VΡ MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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$\left. \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC													
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny					Date of	Receipt								
	Mailing Address 21 Joellen Drive					10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City Rochester	State NY	Zip Code 14626			Transaction ID : SA11AI.33599 Amount of Each Receipt this Period									
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	Name of Employer MVP Health Care	Occupation VP			P	_	no Item ntribution								
	Receipt For: 2016 ✓ Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼	1100.00											
В.	Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive						Receipt		V	V					
	City		11 13 2015 Transaction ID : SA11AI.33600												
	Rochester	State NY	Zip Code 14626					Receipt thi							
	FEC ID number of contributing federal political committee.	С				50.00 Memo Item									
	Name of Employer MVP Health Care	Occupation VP			P.	_	tribution								
	Receipt For: 2016 ✓ Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼	1150.00											
 С.	Full Name (Last, First, Middle Initial) Laurie Metheny					Date of	Receipt								
	Mailing Address 21 Joellen Drive					м = м 11	/ D 27		2015	Y					
	City Rochester	State NY	Zip Code 14626					: SA11AI.3 Receipt thi							
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	Name of Employer MVP Health Care	Occupation VP			P		no Item ntribution								
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Carole Montepare Mailing Address 100 McLain Court		Date of Receipt
		10 23 2015
City	State Zip Code	Transaction ID : SA11AI.33624
Williamstown	MA 01267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
MVP Health Care	VP	PAC Contribution
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Carole Montepare Mailing Address 100 McLain Court		Date of Receipt
City	State Zip Code	11 06 2015 Transaction ID : \$A11A1 33635
Williamstown	MA 01267	Transaction ID : SA11AI.33625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation VP	PAC Contribution
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Carole Montepare		Date of Receipt
Mailing Address 100 McLain Court		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Williamstown	State Zip Code MA 01267	Transaction ID : SA11AI.33626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	Memo Item
MVP Health Care	VP	PAC Contribution
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
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c. Susan Montgomery Date of Receipt Mailing Address 84 York Ave 10 23 2015 City Zip Code State Transaction ID: SA11AI.33637 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer Occupation PAC Contribution VΡ MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify)

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NAME OF COMMITTEE (In Full)

MVP Health Care Inc. Federal PAC

V									
Α.	Full Name (Last, First, Middle Initial) Susan Montgomery		Date of Receipt						
	Mailing Address 84 York Ave		1,1 06 2015 _						
	City	State Zip Code	Transaction ID : SA11AI.33638						
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	20.00						
	Name of Employer	Occupation	Memo Item						
	MVP Health Care	VP	PAC Contribution						
	Receipt For: 2016	Aggregate Year-to-Date ▼	-						
	Primary General Other (specify) ▼	240.00							
- B	Full Name (Last, First, Middle Initial) Susan Montgomery								
٥.	Mailing Address 84 York Ave		Date of Receipt 1,1 20 2015						
	City	State Zip Code	Transaction ID : SA11AI.33639						
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	20.00						
	Name of Employer MVP Health Care	Occupation VP	PAC Contribution						
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00							
<u>С</u> .	Full Name (Last, First, Middle Initial) Susan Montgomery		Date of Receipt						
	Mailing Address 84 York Ave		12 04 2015 _						
	City	State Zip Code	Transaction ID : SA11AI.33640						
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	20.00						
	Name of Employer	Occupation	Memo Item						
	MVP Health Care	VP	PAC Contribution						
	Receipt For: 2016 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00							
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Page 1	AC	
Receipt For: 2016 ☐ Primary ☐ General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Aggregate Year-to-Date ▼ 300.00	Date of Receipt 12 18 2015 Transaction ID: SA11AI.33641 Amount of Each Receipt this Period 20.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) James Poole Mailing Address 96 Spar Road City Willington FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) Other (specify)	State Zip Code CT 06279 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt 9 04 2015 Transaction ID: SA11AI.33676 Amount of Each Receipt this Period 20.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) James Poole Mailing Address 96 Spar Road City Willington FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code CT 06279 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt 09 18 2015 Transaction ID: SA11Al.33677 Amount of Each Receipt this Period 20.00 Memo Item PAC Contribution
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	MVP Health Care Receipt For: 2016 ✓ Primary Other (specify) ▼	State CT C Occupation /P Aggregate	Zip Code 06279 Year-to-Date ▼	Date of Receipt 11 13 2015 Transaction ID: SA11AI.33681 Amount of Each Receipt this Period 20.00 Memo Item PAC Contribution
	MVP Health Care	State CT C Occupation /P Aggregate	Zip Code 06279 Year-to-Date ▼	Date of Receipt 11 27 2015 Transaction ID: SA11AI.33682 Amount of Each Receipt this Period 20.00 Memo Item PAC Contribution
	MVP Health Care	State CT C Occupation /P Aggregate	Zip Code 06279 Year-to-Date ▼	Date of Receipt 12 11 2015 Transaction ID: SA11AI.33683 Amount of Each Receipt this Period 20.00 Memo Item PAC Contribution
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federal political committee.

Other (specify)

Name of Employer

MVP Health Care Receipt For: 2016

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Aggregate Year-to-Date ▼

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A .	Full Name (Last, First, Middle Initial) James Poole Mailing Address 96 Spar Road				Date of		D = D	/ Y	7 Y	Y	
	City Willington	State CT	Zip Code 06279					SA11AI.: eceipt th	2015 33684 is Period		
	FEC ID number of contributing federal political committee.	С			_	no Ite	am.	-	20.0	00	
	Name of Employer MVP Health Care	Occupation VP		P	AC Con						
	Receipt For: 2016 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.00								
В.	Full Name (Last, First, Middle Initial) Daniel Sauer				Date of	Rec	eipt				
	Mailing Address 160 Fifth Avenue				м = м 07	/	10	/ Y	2015	Υ	
	City Saratoga Springs	State NY	Zip Code 12866	<u> </u>				A11AI.3			
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	Name of Employer MVP Health Care	Occupation VP		PA	Mer AC Con	mo Ite itribut					
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00								
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	Mailing Address 160 Fifth Avenue				M M M	/	24	/ Y	2015	Y	
	City Saratoga Springs	State NY	Zip Code 12866					SA11AL.	33747 is Period		

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PAC Contribution

FOR LINE NUMBER: PAGE 64 OF 72 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 07 2015 City Zip Code State Transaction ID: SA11AI.33748 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer Occupation **PAC Contribution MVP Health Care** VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 08 21 2015 City State Zip Code Transaction ID: SA11AI.33749 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care **PAC Contribution** VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 09 04 2015 Zip Code State Transaction ID: SA11AI.33750 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer Occupation PAC Contribution VΡ MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	С	
Name of Employer MVP Health Care Receipt For: 2016 ✓ Primary Other (specify) ▼	State Zip Code NY 12866 C ccupation P ggregate Year-to-Date ▼ 570.00	Date of Receipt 9 18 2015 Transaction ID: SA11AI.33751 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Name of Employer MVP Health Care Page int Early 2016	State Zip Code NY 12866 C ccupation p ggregate Year-to-Date ▼ 600.00	Date of Receipt 10 02 2015 Transaction ID : SA11AI.33752 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Name of Employer MVP Health Care Page int Form 2010	State Zip Code NY 12866 C ccupation P cggregate Year-to-Date ▼ 630.00	Date of Receipt 10 16 2015 Transaction ID : SA11AI.33753 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Aggregate Year-to-Date ▼ 660.00	Transaction ID: SA11AI.33754 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) Other (specify)	State Zip Code NY 12866 C Occupation VP Aggregate Year-to-Date ▼ 690.00	Date of Receipt 11 13 2015 Transaction ID: SA11AI.33755 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt 11 27 2015 Transaction ID: SA11AI.33756 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
SUBTOTAL of Receipts This Page (optional).	>	90.00

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Δ.	Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Peoplet Form 1994	State Zip Code NY 12866 cupation gregate Year-to-Date ▼ 750.00	Date of Receipt 12 11 2015 Transaction ID: SA11AI.33757 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
	Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Page int Farman Annual Care VP	State Zip Code NY 12866 Cupation gregate Year-to-Date ▼ 780.00	Date of Receipt 12 25 2015 Transaction ID : SA11AI.33758 Amount of Each Receipt this Period 30.00 Memo Item PAC Contribution
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. AME OF COMMITTEE (in Put) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) ABOEHNER FOR SPEAKER Mailing Address 320 FIRST ST., SE City WASHINGTON DC 20003 Purpose of Disbursement Candidate Name JOHN A. BOEHNER Office Sought: State: OH District: 08 Full Name (Last, First, Middle Initial) CALRENCE NY 14031 Transaction ID: SB23.33962 Amount of Each Disbursement this Perio Category' Type Memo Item Transaction ID: SB23.33962 Amount of Each Disbursement Other (specify) Amount of Each Disbursement Other (specify) Category' CLARENCE NY 14031 Transaction ID: SB23.33962 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33985 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33985 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33985 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33985 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33985 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33985 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33985 Amount of Each Disbursement Other (specify) Transaction ID: SB23.33988 Amount of Each Disbursement this Perio Amount of Each Disbursement Other (specify) Transaction ID: SB23.33988 Amount of Each Disbursement this Perio Amount of Each Disbursement this				
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Candidate Name ELISE M. STEFANIK Office Sought:	•	·		Transaction ID: SB23.33958
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SCHEDULE B (FEC Form 3X)	Haramana L. D. C.	FOR LINE	NE NUMBER: PAGE 69 OF 72			
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NAME OF COMMITTEE (In Full)	· ·					
MVP Health Care Inc. Federal PAC	;					
Full Name (Last, First, Middle Initial)						
LISE FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 338	<u>-</u>		10 28 2015			
,	State Zip Code NY 12996		Transaction ID : SB23.33978			
Purpose of Disbursement	NY 12996					
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Candidate Name		Category/	4000.00			
ELISE M. STEFANIK		Type	1000.00			
	nent For: 2016		Memo Item			
	Primary General Other (specify) ▼					
State: NY District: 21	Curior (Specify)					
Full Name (Last, First, Middle Initial)						
3. KATKO FOR CONGRESS			Date of Disbursement			
Mailing Address 228 S WASHINGTON ST STE 115			08 17 2015			
•	State Zip Code VA 22314		Transaction ID : SB23.33966			
Purpose of Disbursement	22314					
		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
JOHN M KATKO Office Sought: M House Disburger	pont For: 0040	Туре				
	nent For: 2016 Primary General		Memo Item			
	Other (specify)					
State: NY District: 24						
Full Name (Last, First, Middle Initial)						
C. KATKO FOR CONGRESS			Date of Disbursement			
Mailing Address 5407 ANVIL DRIVE			10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code		Turney day In Open cores			
CAMILLUS	NY 13031		Transaction ID : SB23.33982			
Purpose of Disbursement						
Candidate Name		011	Amount of Each Disbursement this Period			
JOHN M KATKO		Category/ Type	1000.00			
	nent For: 2016	Туро	Memo Item			
	Primary General		Memo item			
	Other (specify) ▼					
State: NY District: 24						
			3000.00			
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 70 OF 72				
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		27	28a 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC	;						
Full Name (Last, First, Middle Initial)							
A. PAUL TONKO FOR CONGRESS			Date of Disbursement				
Mailing Address 911 CENTRAL AVENUE PO BOX 221			10 28 2015				
	State Zip Code NY 12206		Transaction ID: SB23.33980				
ALBANY Purpose of Disbursement	NY 12206						
·		011	Amount of Each Disbursement this Period				
Candidate Name PAUL DAVID TONKO		Category/	1000.00				
	nent For: 2016	Туре	Manus Issue				
Senate	Primary General Other (specify) ▼		Memo Item				
State: NY District: 20							
Full Name (Last, First, Middle Initial) 3. RICHARD HANNA FOR CONGRE			Date of Disbursement				
	33 COMMITTEE		M M / D D / Y Y Y Y				
Mailing Address PO BOX 118			07 24 2015				
,	State Zip Code NY 13503		Transaction ID : SB23.33954				
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/					
RICHARD L. HANNA		Type	1000.00				
Senate	nent For: 2016 Primary General Other (specify)		Memo Item				
State: NY District: 22							
Full Name (Last, First, Middle Initial) RICHARD HANNA FOR CONGRE	SS COMMITTEE		Date of Disbursement				
	OO OOMMITTEE		M M / D D / Y Y Y Y				
Mailing Address PO BOX 118			10 28 2015				
,	State Zip Code NY 13503		Transaction ID : SB23.34404				
Purpose of Disbursement Voided Contribution		011					
Candidate Name			Amount of Each Disbursement this Period				
RICHARD L. HANNA		Category/ Type	0.00				
	nent For: 2016	71	Memo Item				
	Primary General Other (specify) ▼		I Mellio Itelii				
State: NY District: 22							
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only)							

,		FOR LINE I	E NUMBER: PAGE 71 OF 72			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b			
Any information copied from such Reports and Staten	nents may not be sold or us					
or for commercial purposes, other than using the name	ne and address of any politi	cal 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. SEAN PATRICK MALONEY FOR (CONGRESS		Date of Disbursement			
Mailing Address PO BOX 270			08 17 2015			
City S NEWBURGH	State Zip Code NY 12550		Transaction ID: SB23.33970			
Purpose of Disbursement	12000					
,		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
SEAN PATRICK MALONEY Office Sought: House Disburser	nent Ferr 2010	Type				
	nent For: 2016 Primary General		Memo Item			
President	Other (specify)					
State: NY District: 18						
Full Name (Last, First, Middle Initial)						
3. TOM REED FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 10847			08 17 2015			
City S ROCHESTER	State Zip Code NY 14610		Transaction ID: SB23.33974			
Purpose of Disbursement						
		011	Amount of Each Disbursement this Period			
		0-1/	1000.00			
Candidate Name		Category/	1000.00			
THOMAS W II REED	nent For: 2016	Type				
THOMAS W II REED Office Sought: House Disburser	nent For: 2016 Primary General		Memo Item			
THOMAS W II REED Office Sought: House Disburser						
THOMAS W II REED Office Sought: House Senate President State: NY District: 23	Primary General					
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial)	Primary General		Memo Item			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23	Primary General		Memo Item Date of Disbursement			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial)	Primary General		Memo Item			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847	Primary General Other (specify) ▼		Date of Disbursement			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847	Primary General		Date of Disbursement			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847 City Senate Purpose of Disbursement	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			
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THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847 City Senate Purpose of Disbursement Candidate Name THOMAS W II REED	Primary General Other (specify) ▼ State Zip Code	Type 011 Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847 City Senate President Senate Preside	Primary General Other (specify) ▼ State Zip Code NY 14610 ment For: 2016	Type 011 Category/	Date of Disbursement M M Z8 Z015 Transaction ID : SB23.33984 Amount of Each Disbursement this Period 1000.00			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847 City Senate Purpose of Disbursement Candidate Name THOMAS W II REED Office Sought: House Senate Disburser	Primary General Other (specify) ▼ State Zip Code NY 14610 ment For: 2016 Primary General	Type 011 Category/	Date of Disbursement M M Z8 Z015 Transaction ID: SB23.33984 Amount of Each Disbursement this Period 1000.00			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23 Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address PO BOX 10847 City ROCHESTER Purpose of Disbursement Candidate Name THOMAS W II REED Office Sought: House Senate President State: NY District: 23	Other (specify) State Zip Code NY 14610 ment For: 2016 Primary General Other (specify) Other (specify)	O11 Category/ Type	Date of Disbursement M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			
THOMAS W II REED Office Sought: House Senate President State: NY District: 23	Other (specify) State Zip Code NY 14610 ment For: 2016 Primary General Other (specify) Other (specify)	O11 Category/ Type	Date of Disbursement Man / Date / Yara Yara Yara Yara Yara Yara Yara Ya			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 72
FOR LINE NUMBER: (check only one)

	9
X	10

OF

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