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Image# 201604229015039245

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Au	uthorized Commit	itee		Office Use Only	
1. NAME OF <b>1</b> COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typover the lines.	oing, type	12FE4M5		
MVP Health Care Inc. F	ederal PAC					
ADDRESS (number and street)	625 State Street					
Check if different than previously reported. (ACC)	Schenectady			NY	12305	
2. FEC IDENTIFICATION NUI	MBER ▼ C	CITY A		STATE A	ZIP CODE ▲	
C C00431429	3.	IS THIS REPORT	NEW (N) <b>OR</b>	× AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	Report Due On:  M  (c) 12-Day PRE-Election Report for the:  (d) 30-Day POST-Election Report for the:	eb 20 (M2) ar 20 (M3) pr 20 (M4) Primary (12 Convention tion on General (3)	(12C)	Sep 2	(Non-E Year O 20 (M9) Dec (Non-E Year O 20 (M10) Jan 3 12G) Runof 12S) in the State of	Only) 20 (M12) Election
5. Covering Period 01	01 2016		03	31_	2016	
certify that I have examined this	•	of my knowledge and	I belief it is tru	e, correct and	complete.	
Type or Print Name of Treasurer	Jordan Estey					
Signature of Treasurer Jordan	Estey	[Electronica	lly Filed] D	oate 04	22 / 201	6
NOTE: Submission of false, erroned	ous, or incomplete informat	ion may subject the pe	erson signing th	nis Report to th	e penalties of 2 U.S.C.	§437g.
Office Use Only					FEC FORM 3 Rev. 12/2004	x I

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MVP Health Care Inc. Federal PAC 01 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 54886.34 January 1, 2016 (b) Cash on Hand at 54886.34 Beginning of Reporting Period..... 6624.00 6624.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 61510.34 61510.34 6(a) and 6(c) for Column B)..... 7000.00 7000.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 54510.34 54510.34 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 483.00 Schedule C and/or Schedule D) ..... 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal F	P Health	Care	inc.	rederai	PAC
--------------------------------	----------	------	------	---------	-----

	0.01.115	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4500.00	
(i) Itemized (use Schedule A)	1560.00	1560.00
(ii) Uniternized	5064.00	5064.00
(ii) Unitemized(iii) TOTAL (add	300 1100	0004.00
Lines 11(a)(i) and (ii)	6624.00	6624.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	6624.00	6624.00
Totals to Line 33, page 5)	0024.00	0024.00
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
7. III 200. II 1000 1100 1100 1100 1100 1100 110	7	7
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(A) T. (.   T. (.		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	6624.00	6624.00
12, 10, 17, 10, 10, 17, and 10(0)/	0024.00	5524.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	6624.00	6624.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period			
	perating Expenditures:  Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
(b	. 11				
	Expenditures	0.00	0.00		
(C	e) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
2. Tı	ransfers to Affiliated/Other Party	0.00			
Ç	ommittees	0.00	0.00		
F	ontributions to ederal Candidates/Committees nd Other Political Committees	7000.00	7000.00		
	dependent Expenditures	0.00	0.00		
25. C	se Schedule E)oordinated Party Expenditures	0.00	0.00		
(2	P. U.S.C. §441a(d)) see Schedule F)	0.00	0.00		
)	oon Pongyments Made	0.00	0.00		
. L	pan Repayments Made	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
	oans Madeefunds of Contributions To:	0.00	0.00		
	Individuals/Persons Other     Than Political Committees	0.00	0.00		
(b	í	0.00	0.00		
(c	c) Other Political Committees (such as PACs)	0.00	0.00		
(c	Total Contribution Refunds				
(0	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
20 0	they Dishuya monte	0.00	0.00		
29. O	ther Disbursements	0.00	0.00		
	ederal Election Activity (2 U.S.C. §431(20))				
(a	Allocated Federal Election Activity     (from Schedule H6)				
	(i) Federal Share	0.00	0.00		
	i	0.00	0.00		
<b>/</b> h	(ii) "Levin" Share	0.00	0.00		
(L	) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(0	• • •	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	otal Disbursements (add Lines 21(c), 22,				
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	7000.00	7000.00		
32. To	otal Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii)	7000 00			
tro	om Line 31)	7000.00	7000.00		

### **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)	6624.00	6624.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6624.00	6624.00		
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		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

FOR LINE NUMBER: **PAGE** 6 OF 17 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. 2016 City Zip Code State Transaction ID: SA11AI.34007 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 **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. 03 04 2016 City State Zip Code Transaction ID: SA11AI.34008 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 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. M = M 03 18 2016 City State Zip Code Transaction ID: SA11AI.34009 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 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)..... 9

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PA	AC	
	State Zip Code NY 12065  C  Occupation  EVP  Aggregate Year-to-Date ▼	Date of Receipt  03 18 2016  Transaction ID : SA11AI.34021  Amount of Each Receipt this Period  40.00  Memo Item
MVD	State Zip Code NY 13090  C  Occupation  Regional Network Director  Aggregate Year-to-Date ▼	Date of Receipt  03 18 2016  Transaction ID: SA11AI.34070  Amount of Each Receipt this Period  40.00  Memo Item
, ,	State Zip Code NY 12303  C Occupation EVP Aggregate Year-to-Date ▼	Date of Receipt  02 19 2016  Transaction ID: SA11AI.34074  Amount of Each Receipt this Period  60.00  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number or	·	140.00

FOR LINE NUMBER: **PAGE** 8 OF 17 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) Christopher Del Vecchio Date of Receipt Mailing Address 2854 W. Old State Rd 04 2016 03 City Zip Code State Transaction ID: SA11AI.34075 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer Occupation **MVP Health Care** EVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Del Vecchio Date of Receipt Mailing Address 2854 W. Old State Rd 03 18 2016 City State Zip Code Transaction ID: SA11AI.34076 NY Schenectady 12303 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 **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 360,00 Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 05 2016 City Zip Code State Transaction ID: SA11AI.34121 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing С 80.00 federal political committee. Memo Item Name of Employer Occupation VP, Medicare Products MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S 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 F	PAC	
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)   City Rode First Middle Initial)	State Zip Code NY 14610  C  Occupation VP, Medicare Products  Aggregate Year-to-Date ▼  320.00	Date of Receipt  O2 19 2016  Transaction ID : SA11AI.34122  Amount of Each Receipt this Period  80.00  Memo Item
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)  Other (specify)	State Zip Code NY 14610  C  Occupation VP, Medicare Products  Aggregate Year-to-Date ▼  400.00	Date of Receipt  03 04 2016  Transaction ID: SA11AI.34123  Amount of Each Receipt this Period  80.00  Memo Item
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  Other (specify)   General	State Zip Code NY 14610  C  Occupation VP, Medicare Products  Aggregate Year-to-Date ▼  480.00	Date of Receipt  03
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number	only)	

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 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) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 2016 City Zip Code State Transaction ID: SA11AI.34127 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 **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 02 19 2016 City State Zip Code Transaction ID: SA11AI.34128 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. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 320,00 Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 03 04 2016 City State Zip Code Transaction ID: SA11AI.34129 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 **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

	F	FOR LINE NUMBER: PAGE 11 OF								=	17
Use separate schedule(s) for each category of the	(c	he	ck only	or	ne)						
Detailed Summary Page		×	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) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2016 03 18 City Zip Code State Transaction ID: SA11AI.34130 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 **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 03 04 2016 City State Zip Code Transaction ID: SA11AI.34171 NY Albany 12208 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 VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 03 18 2016 City Zip Code State Transaction ID: SA11AI.34172 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer Occupation VP of Legal Affairs MVP Health Care

300.00

Aggregate Year-to-Date ▼

Receipt For: 2016

Primary

Other (specify)

General

	FOR LINE NUMBER:						PAGE	. 1	12 OF		17
Use separate schedule(s) for each category of the Detailed Summary Page		(check only one)									
		X	11a		11b		11c		12		
			13		14		15		16		17
not be sold or used by any pe							_				

	Statements may not be sold or used by any person 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)  Margaret Leonard  Mailing Address 70 Benjamin Lane		Date of Receipt
		02 05 2016
City Niskayuna	State Zip Code NY 12309	Transaction ID : SA11AI.34199  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer  MVP Health Care  Receipt For: 2016  Primary General  Other (specify) ▼	Occupation VP  Aggregate Year-to-Date ▼  210.00	Memo Item
Full Name (Last, First, Middle Initial)  Margaret Leonard  Mailing Address 70 Benjamin Lane		Date of Receipt
City Niskayuna  FEC ID number of contributing federal political committee.	State Zip Code NY 12309	02 19 2016  Transaction ID : SA11AI.34200  Amount of Each Receipt this Period  70.00
Name of Employer MVP Health Care  Receipt For: 2016  Primary General Other (specify) ▼	Occupation VP Aggregate Year-to-Date ▼ 280.00	Memo Item
Full Name (Last, First, Middle Initial)  C. Margaret Leonard  Mailing Address 70 Benjamin Lane  City	State Zip Code	Date of Receipt  03 04 2016  Transaction ID: SA11AI.34201
Niskayuna  FEC ID number of contributing federal political committee.	NY 12309	Amount of Each Receipt this Period 70.00
Name of Employer  MVP Health Care  Receipt For: 2016   ✓ Primary General  Other (specify) ▼	Occupation VP  Aggregate Year-to-Date ▼  350.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		210.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 13 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Margaret Leonard Date of Receipt Mailing Address 70 Benjamin Lane 2016 03 18 City Zip Code State Transaction ID: SA11AI.34202 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer Occupation **MVP Health Care** VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 03 04 2016 City State Zip Code Transaction ID: SA11AI.34243 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 MVP Health Care VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive M M / 03 18 2016 City Zip Code State Transaction ID: SA11AI.34244 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 VΡ MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... 1560.00 TOTAL This Period (last page this line number only).....

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	ne and address of any political	by any perso committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. COLLINS FOR CONGRESS  Mailing Address PO BOX 386			Date of Disbursement  Date of Disbursement  02 08 2016
City CLARENCE Purpose of Disbursement	State Zip Code NY 14031	011	Transaction ID : SB23.34401  Amount of Each Disbursement this Period
	ment For: 2016  Primary General  Other (specify) ▼	Category/ Type	1000.00  Memo Item
Full Name (Last, First, Middle Initial)  3. COLLINS FOR CONGRESS  Mailing Address PO BOX 386			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CLARENCE Purpose of Disbursement  Candidate Name CHRISTOPHER C COLLINS	State Zip Code NY 14031	011 Category/ Type	Transaction ID : SB23.34402  Amount of Each Disbursement this Period  1000.00
Office Sought:   House   Disburser	nent For: 2016 Primary General Other (specify)	1,1,00	Memo Item
Office Sought:  House Senate President  Disburser	Primary General	1,750	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought:  House Senate President State: NY District: 27  Full Name (Last, First, Middle Initial)  ELISE FOR CONGRESS  Mailing Address PO BOX 500  City GLENS FALLS Purpose of Disbursement  Candidate Name ELISE M STEFANIK	Primary General Other (specify) ▼  State Zip Code NY 12801	011 Category/ Type	Date of Disbursement
Office Sought:  House Senate President State: NY District: 27  Full Name (Last, First, Middle Initial)  FLISE FOR CONGRESS  Mailing Address PO BOX 500  City GLENS FALLS Purpose of Disbursement  Candidate Name ELISE M STEFANIK  Office Sought:  House Senate President  Disburser	Other (specify)   State Zip Code NY 12801  ment For: 2016 Primary General Other (specify)   Other (specify)	011 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 15 OF 17
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	The and address of any point	ai committee to	Solicit contributions from Such committee.
MVP Health Care Inc. Federal PA	C		
/ MIVP Health Care Inc. Federal PA	C		
Full Name (Last, First, Middle Initial)			
A. KATKO FOR CONGRESS			Date of Disbursement
A4 27 A 1 1			M M / D D / Y Y Y Y
Mailing Address 5407 ANVIL DRIVE			02 08 2016
City	State Zip Code		
CAMILLUS	NY 13031		Transaction ID: SB23.34399
Purpose of Disbursement			
Condidata Nama		011	Amount of Each Disbursement this Period
Candidate Name JOHN M KATKO		Category/	1000.00
	ement For: 2016	Туре	
Senate Sought.	Primary General		Memo Item
President	Other (specify)		
State: NY District: 24			
Full Name (Last, First, Middle Initial)			
B. PAUL TONKO FOR CONGRESS			Date of Disbursement
Matter Address			M M / D D / Y Y Y Y
Mailing Address 911 CENTRAL AVENUE PO BOX 221			03 08 2016
City ALBANY	State Zip Code NY 12206		Transaction ID: SB23.34403
Purpose of Disbursement	NY 12206		
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
PAUL DAVID TONKO		Type	1000.00
	ment For: 2016		Memo Item
	Primary General		
President State: NY District: 21	Other (specify)		
State: NY District: 21  Full Name (Last, First, Middle Initial)			
C. SEAN PATRICK MALONEY FOR	CONGRESS		Date of Disbursement
- SEANT ATMONIVIALONET FOR	CONTINUE		M M / D D / Y Y Y Y
Mailing Address PO BOX 270			02 08 2016
	<u> </u>		
City NEWBURGH	State Zip Code NY 12550		Transaction ID: SB23.34400
Purpose of Disbursement	NY 12550		
•		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
SEAN PATRICK MALONEY FOR		Type	1000.00
	ment For: 2016		Memo Item
Senate	Primary General		_
President  State: NV District: 40	Other (specify) ▼		
State: NY District: 18			
SUBTOTAL of Disbursements This Page (optional).			3000.00
- Dispulsements This rage (optional).		······	
TOTAL This Period (last page this line number only	r)		
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to reach category of the Discoursement page   21b   22   28   28   24   25   3   3   3   3   3   3   3   3   3	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	•
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 Pul)  MVP Health Care Inc. Federal PAC  Full Name (Last, First, Middle Initial)  TOM REED FOR CONGRESS  Mailing Address 99 W FIRST ST  City  Coroning  NY  14830  Purpose of Disbursement  Candidate Name  THOMAS W II REED  Office Sought:  Full Name (Last, First, Middle Initial)  State: NY  District: 29  President  Candidate Name  Candidate Name  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  State:  City  State  Zip Code  Other (specify) ▼  Amount of Each Disbursement this Period  Category  Type  Memo Item  Amount of Each Disbursement this Period  Category  Type  Memo Item  Amount of Each Disbursement this Period  Category  Type  Memo Item  Date of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  State:  District:  State:  Zip Code  Purpose of Disbursement  Candidate Name  Category  Type  Memo Item  Amount of Each Disbursement this Period  Category  Type  Memo Item  State:  State:  District:  State:  District:  State:  District:  Category  Type  Memo Item  Amount of Each Disbursement this Period  Category  Type  Memo Item  State:  State:  State:  District:  State:  District:  State:  District:  State:  District:  Amount of Each Disbursement this Period  Category  Type  Memo Item  Memo Item  State:  State:  State:  State:  District:  State:  District:  State:  District:  State:  District:  Amount of Each Disbursement this Period  Memo Item  Memo Item	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗙 23 🗆 24 🗆 25 🖂 26
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A. TOM REED FOR CONGRESS  Mailing Address 99 W FIRST ST  City State Zip Code NY 14830  Purpose of Disbursement  Candidate Name  THOMAS W II REED  Office Sought: President State: NY District: 29  Full Name (Last, First, Middle Initial)  State: Disbursement  Category/ Type  Office Sought: House Senate President State: Disbursement For: State Senate President State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period Category/ Type  Memo Item  Date of Disbursement this Period Category/ Type  Memo Item  Date of Disbursement this Period Category/ Type  Memo Item  Date of Disbursement Ithis Period Category/ Type  Date of Disbursement Ithis Period Category/ Typ	NAME OF COMMITTEE (In Full)			
Mailing Address  City Corning NY 14830  Purpose of Disbursement  Candidate Name  City Corning THOMAS W II REED  Office Sought: NY District: President State: Disbursement  Candidate Name  Category' Type  Office Sought: Sanata President State: District:  Sanata President Candidate Name  Category' Type  Office Sought: Sanata President Candidate Name  Category' Type  Office Sought: Sanata President Candidate Name  Category' Type  Office Sought: Sanata President Category' Type  Office Sought: Sanata President Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Category' Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Date of Disbursement  Candidate Name  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Date of Disbursement  Candidate Name  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item				Data of Bishamana
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TOTAL This Period (last page this line number only)				7000.00

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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17 OF

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)