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FEC FORM 3X

# 01/26/2017 13 : 00

PAGE 1 / 27

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼		ile: If typin ie lines.	g, type	12FE4M	5	
MVP Health Care Inc. Fe	ederal PAC						
ADDRESS (number and street)	625 State Street						
Check if different than previously reported. (ACC)	Schenectady				NY	12305	  - <u> </u>
2. FEC IDENTIFICATION NUM	BER <b>V</b>	CITY <b>▲</b>		S		ZIP C	ODE 🔺
C C00431429		3. IS THIS REPORT	<b>x</b> (N	EW J) <b>OR</b>	(A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	Ν	1ay 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	J	ul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day <b>PRE</b> -Electio		mary (12P)		General	(12G)	Runoff (12R)
Quarterly Report (Q2) October 15 Quarterly Report (Q3)	Report for t	he: Co	nvention (1	2C)	Special (	12S)	
January 31 Year-End Report (YE)	E	Election on	M M /	D D /	Y Y Y Y Y	in the State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect		eneral (30G	)	Runoff (3	30R)	Special (30S)
Termination Report (TER)	Report for t		M = M /	D D /	Y Y Y Y Y	in the State	
5. Covering Period		016	through	M M 12	/ D D / 31	Y Y Y Y 2016	]
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the be Estey, Jordan, , ,	est of my knowle	dge and b	elief it is true	e, correct and	d complete.	
Signature of Treasurer	rdan, , ,	[El	lectronically	Filed] Da	ate 01	/ D D / 26	2017
NOTE: Submission of false, erroneous	s, or incomplete infor	mation may subje	ct the pers	on signing thi	s Report to th		
Office Use Only						FEC FO Rev. 05	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
	MVP Health Care Inc. Federal PA	C	
F	Report Covering the Period: From:	11 / D D / Y Y Y Y 29 / 2016 To:	M M / D D / Y Y Y Y 12 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		54886.34
	(b) Cash on Hand at Beginning of Reporting Period	55663.34	
	(c) Total Receipts (from Line 19)	2504.00	29281.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	58167.34	84167.34
7.	Total Disbursements (from Line 31)	0.00	26000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58167.34	58167.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

## MVP Health Care Inc. Federal PAC

Report Covering the Period: From: 11	29 2016 To	: 12 / 31 / 2016 COLUMN B				
I. Receipts	ceipts COLUMN A Total This Period					
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	1900.00	10110.00				
(i) Itemized (use Schedule A)	1900.00	18110.00				
(ii) Unitemized	604.00	11171.00				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)	2504.00	29281.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2504.00	29281.00				
2. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
B. All Loans Received	0.00	0.00				
. Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00					
(Carry Totals to Line 37, page 5)	0.00	0.00				
<ul> <li>Refunds of Contributions Made to Federal Candidates and Other</li> </ul>						
Political Committees	0.00	0.00				
7. Other Federal Receipts	45 45 45					
(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				
1						
(b) Levin Funds (from Schedule H5)	0.00	0.00				
	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	2504.00	29281.00				

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......▶



Page 3

I

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	26000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))				
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)				
(d) Total Contribution Refunds	0.00	0.0		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	20))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	26000.00		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	0.00	26000.00		

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

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#### III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36) .....

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		-7			-7-		
							0.00
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		-7			-7		2504.00
		-7			-7		0.00
		-7-			-7		0.00
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		-7-			-7-		

						20204 00
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						0.00
-		-7				
						29281.00
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						0.00
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						0.00
		-7			-7	
						0.00
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COLUMN B

Calendar Year-to-Date



SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use sepa for each o Detailed S
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and	

arate schedule(s) category of the

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PAGE 6 OF

27

	D RECEILITS		Detailed Summary Page	×	11a	<u> </u>	11b	11c		12	
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	F COMMITTEE (In Full)										
	Health Care Inc. Federal	PAC									
	e of Individual (Last, First, Middle Ir , Karla, , ,	nitial) or Full O	rganization Name		Date of	f Rec	eipt				
Mailing A	ddress 25 Carriage House La.				<sup>M</sup> <sup>M</sup> 12	/	D D D 09	/ Y	Y 2(	016	Y
City		State	Zip Code		Trans	actio	on ID :	SA11AL	356:	29	
Saratoga	a Spgs.	NY	12866		Amount	t of E	Each R	eceipt th	is P	'eriod	
	number of contributing olitical committee.	С						-	_	60.0	00
Name of MVP Hea	Employer (for Individual)		upation (for Individual)		M	emo	ltem				
	=or: 2016	I	Year-to-Date ▼								
	mary <b>X</b> General	Aggregate									
Oth	ner (specify) ▼	L	1500.00	4							
	e of Individual (Last, First, Middle Ir n, Karla, , ,	nitial) or Full O	rganization Name		Date of	f Rec	eipt				
	ddress 25 Carriage House La.				M M 12		23	/ Y	2(	)16	Y
City		State	Zip Code	_							
Saratoga	a Spas.	NY	12866					SA11AL: eceipt th			
FEC ID I	number of contributing olitical committee.	С								60.0	00
Name of MVP Hea	Employer (for Individual) Ith Care		upation (for Individual) 9, Network Management		M	emo	ltem				
Receipt I	<sup>=</sup> or: 2016	Aggregate	Year-to-Date ▼								
	mary 🛛 🗶 General ner (specify) ▼		1560.00								
	e of Individual (Last, First, Middle Ir rro, Dominick, , ,	hitial) or Full O	rganization Name		Date of	f Rec	oint				
	address 32 Devonshire Way				12 N		09	/ Y		)16	Y
City		State	Zip Code		Trans	actic	on ID :	SA11AI.	356	33	
Clifton P	ark	NY	12065		Amount	t of E	Each R	eceipt th	is P	'eriod	
	number of contributing olitical committee.	С				. ,	,	, , , , , , , , , , , , , , , , , , ,	_	40.0	00
	Employer (for Individual)		pation (for Individual)		М	emo	Item				
MVP Health Care EVF Receipt For: 2016				_							
Receipt i	Year-to-Date ▼										
	mary 🗶 General ner (specify)		1000.00	]							
SUBTOTA	L of Receipts This Page (optional)	ı <u> </u>							_	160.0	00
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TOTAL This Period (last page this line number only)......

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

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TIEMIZED RECEIPTS				for each category of the Detailed Summary Page		- 1	1a 3		11b 14	11c	12 16	17			
Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to															
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC														
Α.	Full Name of Individual (Last, First, Middle Initial Bizzarro, Dominick, , ,	) or Full C	Drgar	nization Name		Date of Receipt									
	Mailing Address 32 Devonshire Way						12 <sup>M</sup>	/	23		2016	Y			
	City Clifton Park	State NY		Zip Code 12065		Transaction ID : SA11AI.35634 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С									40	0.00			
	Name of Employer (for Individual) MVP Health Care	Occ EVF	•	tion (for Individual)			Μ	emo	Item						
	Receipt For:     2016       Primary     ✗       Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1040.00											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B.       Cameron, Carl, , ,															
	Mailing Address 285 Willowcrest Drive			M	12 <sup>™</sup>	1	09	D / Y	2016	Y					
	City Rochester	State NY		Zip Code 14618					-	<b>: SA11AI</b> Receipt t		d			
FEC ID number of contributing federal political committee.				C					30.00						
	Name of Employer (for Individual) MVP	Occupation (for Individual) VP Medical Director					Memo Item								
	Receipt For:     2016       Primary     x       General       Other (specify) ▼	Aggregate	ggregate Year-to-Date ▼ 750.00												
с.	Full Name of Individual (Last, First, Middle Initial Cameron, Carl, , ,	) or Full C	Drgar	nization Name		Dat	te of	f Re	ceipt						
	Mailing Address 285 Willowcrest Drive						12 <sup>M</sup>	/	D 23		2016	Y			
	City Rochester	State NY		Zip Code 14618						: SA11AI Receipt t		d			
FEC ID number of contributing federal political committee.						Ē			,	9	30	0.00			
MVP			•	tion (for Individual) lical Director	Memo Item										
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 780.00											
s	UBTOTAL of Receipts This Page (optional)			•					, .	9	100	.00			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC												
A.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	Date of Receipt												
	Mailing Address 19 Julia Ct				M M / D D / Y Y Y Y 12 09 2016									
	City Mahopac	State NY	Zip Code 10541		Transaction ID : SA11AI.35639									
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period									
	Name of Employer (for Individual) MVP Health Care	Occ	upation (for Individual)			Mei	mo	Item						
	Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 480.00											
<u> </u>	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,		Date	of	Rec	ceipt								
	Mailing Address 19 Julia Ct				M 1		/	23		y 201	ү 6	Y		
	City Mahopac	State NY	Zip Code 10541	_					<b>SA11AI</b> Receipt t					
	FEC ID number of contributing federal political committee.	C						<u>,                                     </u>			40.0	0		
	Name of Employer (for Individual) MVP Health Care	Occ EVI		Memo Item										
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate												
<u>с</u> .	Full Name of Individual (Last, First, Middle In Colin, Wendy, , ,	itial) or Full C	rganization Name		Date	of	Rec	ceipt						
	Mailing Address 985 Victor Road				M 1		1	D 09		201	ү 6	Y		
	City Macedon	State NY	Zip Code 14502						: SA11AI					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual) MVP Health Care	Occ Dire		Memo Item										
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12				
Any information copied from such Reports	and Statements me	w not be sold or used by any a		13		14	15 soliciting		16 htribut	17 tions			
or for commercial purposes, other than us	ing the name and ac	ddress of any political committee	e to so	licit co	ntrib	utions f	from suc	h cor	mmitte	ee.			
NAME OF COMMITTEE (In Full)	_												
ightarrow MVP Health Care Inc. Fede	ral PAC												
Full Name of Individual (Last, First, Mid A. Colin, Wendy, , ,	dle Initial) or Full Or	ganization Name		Date o	f Re	eceipt							
Mailing Address 985 Victor Road				Date of Receipt									
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FEC ID number of contributing federal political committee.	C					7		_	10.0	)0			
Name of Employer (for Individual)	Occu	pation (for Individual)		М	emc	ltem							
MVP Health Care	Direc	ctor											
Receipt For: 2016	Aggregate	Year-to-Date 🔻											
Primary 🗶 General	33 - 3		11.										
Other (specify) <b>v</b>		260.00	4										
Full Name of Individual (Last, First, Mid B. Deferio, Patricia, , ,	dle Initial) or Full Or	ganization Name		Data a	f Do	agint							
Mailing Address 7723 Majestic Drive				Date o						14			
			12 <sup>M</sup>	/	09		20	16	Y				
City	State	Zip Code		Transaction ID : SA11AI.35647									
Liverpool		13090	/	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			40.00									
Name of Employer (for Individual) MVP		pation (for Individual)		Memo Item									
Receipt For: 2016		ional Network Director											
Primary General	Aggregate	Year-to-Date <b>V</b>	_										
Other (specify) V		1000.00											
Full Name of Individual (Last, First, Mid C. Deferio, Patricia, , ,	dle Initial) or Full Or	ganization Name		Date o	f Re								
Mailing Address 7723 Majestic Drive				M M M		23		20 <sup>-</sup>	16	Y			
City	State	Zip Code	- 1		sact	a second s	SA11AL		1				
Liverpool	NY	13090					Receipt th						
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federal political committee.	S ( -						y	_	40.0	)0			
Name of Employer (for Individual)	Occu	Occupation (for Individual)											
MVP	Regi	onal Network Director											
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SUBTOTAL of Receipts This Page (option	nal)				÷	,		+	90.0	JU			

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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page	×	11a		11	b	11c		12		
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	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
$\rangle$	MVP Health Care Inc. Federal F	PAC											
١.	Full Name of Individual (Last, First, Middle Init Del Vecchio, Christopher, , ,	tial) or Full Or	ganization Name	[	Date of	f Re	ecei	ipt					
	Mailing Address 2854 W. Old State Rd				<sup>M</sup> M	1		09	1 ′ Г		016	Y	
	City	State	Zip Code		Transaction ID : SA11AI.35649								
	Schenectady	NY	12303	/	Amount	t of	Ea	ch Re	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С					- -				60.0		
	Name of Employer (for Individual)	Occu	pation (for Individual)		M	emo	o Ite	em					
	MVP Health Care	EVP											
	Receipt For: 2016	Aggregate	Year-to-Date 🔻										
	Primary X General												
	Other (specify) ▼		1500.00	1									
3.	Full Name of Individual (Last, First, Middle Init Del Vecchio, Christopher, , ,	ganization Name	[	Date of	f Re	ecei	ipt						
	Mailing Address 2854 W. Old State Rd				<sup>M</sup> 12	1	Γ	23			) 16	Y	
	City	State	Zip Code		Trans	act	ion	ID : 5	SA11A	.356	50		
	Schenectady	NY	12303	/	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			60.00								
	Name of Employer (for Individual) MVP Health Care	Occu EVP		Memo Item									
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 1560.00										
<u> </u>	Full Name of Individual (Last, First, Middle Init Gauci, Michael, , ,	tial) or Full Or	rganization Name		Date of	f Re	ecei	ipt					
	Mailing Address 329 Mohawk Ave Apt 4				<sup>M</sup> 12	1		09	/ [		) 16	Y	
	City	State	Zip Code		Trans	act	tion	1D : \$	SA11A	1.356	67		
	Scotia	NY	12302		Amount	t of	Ea	ch Re	eceipt t	his F	Period		
	FEC ID number of contributing federal political committee.	С				,		9		10.0	00		
			pation (for Individual) ciate Director		M	em	o Ite	em					
	Receipt For: 2016 Primary X General Other (specify)	Year-to-Date ▼ 250.00	7										

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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11	ITEMIZED RECEIPTS			ch category of the ed Summary Page		<b>X</b> 11a 13		11b 14	11c	$\square$	12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)														
	MVP Health Care Inc. Federal P														
Α.	Full Name of Individual (Last, First, Middle Initi Gauci, Michael, , ,	al) or Full O	rganizatio	n Name		Date of	Re	eceipt							
	Mailing Address 329 Mohawk Ave Apt 4					12 23 2016									
	City Scotia	State NY	Zip ( 123					ion ID : Each R							
	FEC ID number of contributing federal political committee.	С				<u> </u>			· ·		10.0	0			
	Name of Employer (for Individual) MVP Health Care		upation (fe	or Individual) ector		M	emo	tem							
	Receipt For: 2016 Primary ¥ General Other (specify) ▼	Aggregate	Year-to-D	ate ▼ 260.00											
B R	Full Name of Individual (Last, First, Middle Initi Glavey, Patrick, , ,	al) or Full O	rganizatio	n Name		Date of	Re	ceint							
υ.	Mailing Address 165 Windemere Road					12	/	09	/ Y	20	ү 16	Y			
	City	State NY	Zip (		_			ion ID :	-		-				
	Rochester		146	10	_	Amount	tof	Each R	eceipt t	his P	eriod	_			
	FEC ID number of contributing federal political committee.	С		80.00											
	Name of Employer (for Individual) MVP		Occupation (for Individual) VP, Medicare Products					Memo Item							
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	egate Year-to-Date ▼ 2000.00												
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Glavey, Patrick, , ,	al) or Full O	rganizatio	n Name		Date of	Re	eceipt							
	Mailing Address 165 Windemere Road	1	1			<sup>M</sup> 12	1	23		20	16 <sup>°</sup>	Y			
	City Rochester	State NY	Zip ( 146			Trans Amount		ion ID : Fach B							
	FEC ID number of contributing federal political committee.	С						,	J		80.0	0			
Name of Employer (for Individual) MVP			Occupation (for Individual) VP, Medicare Products				Memo Item								
Receipt For:       2016       Aggregate         Primary       X       General         Other (specify)       Image: Control of the second sec				ate ▼ 2080.00											
s	UBTOTAL of Receipts This Page (optional)			••••••	•			, .			170.0	0			
Т	OTAL This Period (last page this line number o	nly)		••••••	•			-			1				

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		X         11a         11b         11c         12           13         14         15         16         1							
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC										
Full Name of Individual (Last, First, Middle Initial) or Full         Gonick, Denise, , ,         Mailing Address 803 Via Marchella				nization Name		Date of Receipt						
	City	State		Zip Code	_	12 09 2016						
	Schenectady	NY		12303		Transaction ID : SA11AI.35671 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C				80.00						
Name of Employer (for Individual)Occupation (for IndMVP Health Care, Inc.EVP & Chief Legal				· · · · ·		Memo Item						
	Receipt For: 2016 Primary	Aggregate	Yea	ar-to-Date ▼ 2000.00	1							
B.	Full Name of Individual (Last, First, Middle Initi Gonick, Denise, , ,	al) or Full O	Drga	nization Name		Date of Receipt						
	Mailing Address 803 Via Marchella		12 23 2016									
	City	State		Zip Code		Transaction ID : SA11AI.35672						
	Schenectady	NY	_	12303		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	_			80.00						
	Name of Employer (for Individual) MVP Health Care, Inc.		•	tion (for Individual) Chief Legal Officer		Memo Item						
	Poppint For: an in			ar-to-Date ▼ 2080.00	1							
с.	Full Name of Individual (Last, First, Middle Initi Harding, Daniel, , ,	al) or Full O	Drga	nization Name		Date of Receipt						
	Mailing Address 310 Reserve Court					12 / D D / Y Y Y Y 2016						
	City Glenville	State NY		Zip Code 12302		Transaction ID : SA11AI.35673 Amount of Each Receipt this Period						
						10.00						
			•	tion (for Individual) nsation Manager		Memo Item						
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)			•••••	•	170.00						

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC		
Α.	Mailing Address 310 Reserve Court	_	- 	Date of Receipt
	City Glenville	State NY	Zip Code 12302	Transaction ID : SA11AI.35674           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) mpensation Manager	Memo Item
	Receipt For: 2016 Primary	Aggregate	e Year-to-Date ▼ 260.00	
в.	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , , Mailing Address 45 Crestwood Drive	al) or Full O	Drganization Name	Date of Receipt
	City	State	Zip Code	12 09 2016
	Schenectady	NY	12306	Transaction ID : SA11AI.35677 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) MVP		cupation (for Individual) ministrative	Memo Item
	Receipt For: 2016 Primary	Aggregate	• Year-to-Date ▼ 750.00	
с.	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 45 Crestwood Drive	12 / D D / Y Y Y Y 23 2016		
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.35678           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	30.00		
	Name of Employer (for Individual) MVP		cupation (for Individual) ninistrative	Memo Item
	Receipt For: 2016 Primary Seneral Other (specify)	Aggregate	e Year-to-Date ▼ 780.00	
s	UBTOTAL of Receipts This Page (optional)			▶ 70.00

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ITEMIZED REC	EIPTS		

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗     11a     11b     11c     12       13     14     15     16     17			
	d Statements may not be sold or used by any pe the name and address of any political committee	erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC				
A. Husted, Kevin, , , Mailing Address 38 Fox Hill Drive	Initial) or Full Organization Name	Date of Receipt			
City Fairport	State Zip Code NY 14450	12 09 2016 Transaction ID : SA11AI.35681			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer (for Individual) MVP	Occupation (for Individual) VP Information Technology	Memo Item			
Receipt For: 2016 Primary ✗ General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
B. Husted, Kevin, , , Mailing Address 38 Fox Hill Drive	Initial) or Full Organization Name	Date of Receipt			
City Fairport	State Zip Code NY 14450	Transaction ID : SA11AI.35682 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	30.00			
Name of Employer (for Individual) MVP	Occupation (for Individual) VP Information Technology	Memo Item			
Receipt For: 2016 Primary ★ General Other (specify) ★	Aggregate Year-to-Date ▼ 780.00				
Full Name of Individual (Last, First, Middle C. Jablonski, Dawn, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 213 Hansen Ave		12 / D D / Y Y Y Y 12 09 / 2016			
City Albany	StateZip CodeNY12208	Transaction ID : SA11AI.35685           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP of Legal Affairs	Memo Item			
Receipt For: 2016 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 1250.00				
SUBTOTAL of Receipts This Page (optional)	) ►	110.00			

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

**X** 11a 11b 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 of Individual (Last, First, Middle Initial) or Full Organization Name Jablonski, Dawn, , , Α. Date of Receipt Mailing Address 213 Hansen Ave 2016 12 23 City Zip Code State Transaction ID : SA11AI.35686 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 (for Individual) Occupation (for Individual) **MVP Health Care** VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General 1300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 12 2016 09 City State Zip Code Transaction ID : SA11AI.35694 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing С 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP Receipt For: 2016 Aggregate Year-to-Date ▼ x General Primarv Other (specify) 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane MM 12 23 2016 City Zip Code State Transaction ID : SA11AI.35695 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing С 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General 1820.00 Other (specify) 190.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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**X** 11a 11b 11c 12 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Α. Date of Receipt Mailing Address 1330 Park Avenue 12 09 2016 City Zip Code State Transaction ID : SA11AI.35704 NY 14610 Rochester Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP of Network Operations MVP Service Corp. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary 🗴 General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1330 Park Avenue 12 2016 23 City State Zip Code Transaction ID : SA11AI.35705 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Service Corp. VP of Network Operations Receipt For: 2016 Aggregate Year-to-Date ▼ x General Primarv Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road MM 12 23 2016 City Zip Code State Transaction ID : SA11AI.35707 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional).....

<b>TOTAL</b> This Period (last page this line number only)				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TEMIZED RECEIPTS		Detailed Summary Page	<b>X</b> 11a	a 🗌	11b	11c	12			
<b></b>			13		14	15	16	17		
Any information copied from such Reports or for commercial purposes, other than usi										
NAME OF COMMITTEE (In Full)										
MVP Health Care Inc. Fede	eral PAC									
Full Name of Individual (Last, First, Mid A. Martin, Augusta, , ,	dle Initial) or Full O	ganization Name	Date	of R	eceipt					
Mailing Address 457 Crescent Ave	Mailing Address 457 Crescent Ave					M M / D D / Y Y Y Y Y Y 12 09 2016				
City	State	Zip Code	Tra	insac	tion ID	: SA11AI	.35708			
Saratoga	NY	12866	Amo	unt of	Each I	Receipt th	nis Perio	b		
FEC ID number of contributing federal political committee.	С						30	.00		
Name of Employer (for Individual)	Occi	pation (for Individual)	- П	Mem	o Item					
MVP Health Care		/arketing								
Receipt For: 2016		Year-to-Date V								
Primary <b>X</b> General	Aggregate									
Other (specify) <b>v</b>		750.00								
Full Name of Individual (Last, First, Mid B. Martin, Augusta, , ,	dle Initial) or Full O	ganization Name	Dete	of D	oppint					
					eceipt					
Mailing Address 457 Crescent Ave	State	Zip Code	1	2	23	3	2016	Y		
Saratoga	NY	12866				: SA11AI.		-		
<b>*</b>		12000	Amo	unt of	Each	Receipt th	iis Perio			
FEC ID number of contributing federal political committee.	C			30.00				.00		
Name of Employer (for Individual) MVP Health Care		ipation (for Individual) Marketing		Mem	o Item					
Receipt For: 2016	Aggregate	Aggregate Year-to-Date ▼ 780.00								
Primary 🖌 General										
Other (specify)										
Full Name of Individual (Last, First, Mid C. Metheny, Laurie, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , ,									
Mailing Address 21 Joellen Drive			1	2 <sup>M</sup>	09		2016	Y		
City	State	Zip Code	Tra	insac	tion ID	: SA11AI	.35715			
Rochester	NY	14626	Amo	unt of	Each	Receipt th	nis Perio	b		
FEC ID number of contributing federal political committee.	C				y	. ,	50	.00		
Name of Employer (for Individual)	Occupation (for Individual)			Mem	o Item					
MVP Health Care Receipt For: 2016	VP									
Primary X General	Aggregate	Year-to-Date ▼	_							
Other (specify)		1250.00								
SUBTOTAL of Receipts This Page (option	nal)				, , ,		110	.00		

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         18         OF           (check only one)
			erson for the purpose of soliciting contribution e to solicit contributions from such committee.
MVP Health Care Inc. Feder			
Full Name of Individual (Last, First, Middle Metheny, Laurie, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 21 Joellen Drive			12 23 2016
City	State	Zip Code	Transaction ID : SA11AI.35716
Rochester	NY	14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	]
Full Name of Individual (Last, First, Middle B. Molloy, Peter, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 84 York Ave.			12 09 2016
City Saratoga Spgs.	State NY	Zip Code 12866	Transaction ID : SA11AI.35717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) MVP Health Care		upation (for Individual) Of Strategic Accounts	Memo Item
Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
Full Name of Individual (Last, First, Middle Molloy, Peter, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 84 York Ave.			12 23 2016
City Saratoga Spgs.	State NY	Zip Code 12866	Transaction ID : SA11AI.35718 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00

FEC ID number of contributing federal political committee.	С	10.00				
Name of Employer (for Individual) MVP Health Care Receipt For: 2016 Primary X General Other (specify)	Occupation (for Individual)         Dir. Of Strategic Accounts         Aggregate Year-to-Date ▼         260.00	Memo Item				
UBTOTAL of Receipts This Page (optional)						

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
Α.	Full Name of Individual (Last, First, Middle Ini Montepare, Carole, , ,	tial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 100 McLain Court	M M / D D / Y Y Y Y Y 12 09 2016						
	City	State	Zip Code	Transaction ID : SA11AI.35719				
	Williamstown	MA	01267	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item				
	Receipt For: 2016	Angregate	Year-to-Date ▼	_				
	Other (specify) ▼		750.00	]				
В.	Full Name of Individual (Last, First, Middle Ini Montepare, Carole, , ,	itial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 100 McLain Court	12 23 2016						
	City	State	Zip Code	Transaction ID : SA11AI.35720				
	Williamstown	MA	01267	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item				
	Receipt For: 2016	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		780.00					
c.	Full Name of Individual (Last, First, Middle Ini Montgomery, Susan, , ,	Date of Receipt						
	Mailing Address 84 York Ave	12 09 2016						
	City	State	Zip Code	Transaction ID : SA11AI.35721				
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		20.00				
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item				
	Receipt For: 2016	Aggregate	Year-to-Date ▼					
	Other (specify)		500.00					
s	UBTOTAL of Receipts This Page (optional)		····· •	80.00				

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name of Individual (Last, First, Middle Montgomery, Susan, , ,         Mailing Address 84 York Ave         City         Saratoga Springs         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2016         Primary       ✗ General         Other (specify) ▼	State NY C Occu VP	Zip Code 12866 upation (for Individual) Year-to-Date ▼ 520.00	Date of Receipt
Full Name of Individual (Last, First, Middle         B.       Odorizzi, Richard, , ,         Mailing Address 71 East Claremond Drive         City         Voorheesville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP         Receipt For: 2016         Primary       ✓ General         Other (specify) ▼	State NY C Occ Dire Aggregate	Zip Code 12186 upation (for Individual) ector of Finance Year-to-Date ▼ 250.00	Date of Receipt          12       09       2016         Transaction ID : SA11AI.35723         Amount of Each Receipt this Period         10.00         Memo Item
Full Name of Individual (Last, First, Middle         Odorizzi, Richard, , ,         Mailing Address 71 East Claremond Drive         City         Voorheesville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP         Receipt For: 2016         Primary       X         General         Other (specify)	State NY C Occu Dire	Zip Code 12186 upation (for Individual) ctor of Finance Year-to-Date ▼ 260.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			40.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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**X** 11a

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 of Individual (Last, First, Middle Initial) or Full Organization Name Poole III, James, , , Α. Date of Receipt Mailing Address 96 Spar Road M M 1 12 09 2016 City Zip Code State Transaction ID : SA11AI.35725 Willington CT 06279 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP and CIO **MVP Health Care** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 12 2016 23 City State Zip Code Transaction ID : SA11AI.35726 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP and CIO Receipt For: 2016 Aggregate Year-to-Date ▼ x General Primarv Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Retajczyk, Lynne, , , Date of Receipt Mailing Address 3039 Williamsburg Dr. MM 12 09 2016 City State Zip Code Transaction ID : SA11AI.35728 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Senior Underwriter Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General 250.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 13 14	PAGE 22 OF 27
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	e name and a		person for the purpose of s	
A.	Full Name of Individual (Last, First, Middle In Retajczyk, Lynne, , ,	itial) or Full O	Organization Name	Date of Receipt	
	Mailing Address 3039 Williamsburg Dr.	State	Zip Code	12 / 23 Transaction ID : S	2016 A11AI.35729
	Schenectady FEC ID number of contributing federal political committee.	C	12303	Amount of Each Re	ceipt this Period 10.00
	Name of Employer (for Individual) MVP Health Care Receipt For: 2016	Sen	upation (for Individual) nor Underwriter Year-to-Date ▼	Memo Item	
	Primary X General Other (specify) ▼		260.00	]	
В.	Full Name of Individual (Last, First, Middle In Sauer, Daniel, , , Mailing Address 160 Fifth Avenue	itial) or Full O	Drganization Name	Date of Receipt	2016
	Saratoga Springs FEC ID number of contributing federal political committee.	NY	12866	Amount of Each Re	
	Name of Employer (for Individual) MVP Health Care Receipt For: 2016	VP	upation (for Individual) Year-to-Date ▼	Memo Item	
	Primary x General Other (specify) ▼		750.00	]	
C.	Full Name of Individual (Last, First, Middle In Sauer, Daniel, , , Mailing Address 160 Fifth Avenue	itial) or Full O	organization Name	Date of Receipt	/
	City Saratoga Springs	State NY	Zip Code 12866	12 23 Transaction ID : S	
	FEC ID number of contributing federal political committee.	С		Amount of Each Re	30.00
	Name of Employer (for Individual) MVP Health Care Receipt For: 2016	VP	upation (for Individual) Year-to-Date <b>V</b>	Memo Item	
	Other (specify)		780.00	]	

	E.				_			-	٦
SUBTOTAL of Receipts This Page (optional)	L		9		9		0.00		J
	E						-	-	1
TOTAL This Period (last page this line number only)	L	 	-	 		 	-		1

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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				Detailed Summary Page	×	11a		11b	11c	1:	2					
								14	15	1	6	17				
	y information copied from such Reports and S for commercial purposes, other than using the															
$\setminus$	NAME OF COMMITTEE (In Full)															
	MVP Health Care Inc. Federal F	PAC														
Α.	Full Name of Individual (Last, First, Middle Ini Stitt, David, , ,	tial) or Full C	Drga	nization Name		Date of Receipt										
	Mailing Address 684 Macelroy Road				12 09 2016											
	City	State		Zip Code		Transaction ID : SA11AI.35749										
	Ballston Spa	NY		12019		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			10.00											
	Name of Employer (for Individual) MVP		•	tion (for Individual) acy Director	Memo Item											
	Receipt For: 2016	Aggregate	Ye	ar-to-Date 🔻												
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	Full Name of Individual (Last, First, Middle Ini Stitt, David, , ,		Date o	f R	eceipt											
	Mailing Address 684 Macelroy Road		12 / D D / Y Y Y Y 23 2016													
	City	State		Zip Code	Transaction ID : SA11AI.35750											
	Ballston Spa	NY		12019		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			10.00											
	Name of Employer (for Individual) MVP		ation (for Individual) acy Director		Memo Item											
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	Primary 🖌 General	Aggregate	10		. I											
	Other (specify) ▼	L	,	260.00	4											
с.	Full Name of Individual (Last, First, Middle Ini Titsworth, Emily, , ,	tial) or Full C	Drga	nization Name		Date o	f R	eceipt								
	Mailing Address 1394 Dean Street					<sup>M</sup> 12	]	/ D D D 09	/ Y	201		Y				
	City	State		Zip Code		Trans	sac	tion ID :	SA11AL	35751	1					
	Niskayuna	NY		12309		Amoun	t of	Each R	eceipt thi	s Per	riod					
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	Name of Employer (for Individual)		•	tion (for Individual)		N	lem	o Item								
	MVP Health Care	Ass	ocia	ate Counsel												
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)	Use s
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FOR LINE NUMBER:

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11			Detailed Summary Page		<b>×</b> 11a		_	11b	11c		12	<b>—</b> 1-			
	ny information copied from such Reports an for commercial purposes, other than using						urpc	ose of							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC													
<u>к</u>	Full Name of Individual (Last, First, Middle Titsworth, Emily, , ,	Initial) or Full Or	ganization Name	Date of Receipt											
	Mailing Address 1394 Dean Street			12 / D / Y Y Y Y 23 / 2016											
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	Name of Employer (for Individual)	Occu	pation (for Individual)		п.	Merr	no I	ltem							
	MVP Health Care	Asso	bciate Counsel												
	Receipt For: 2016	Aggrogato	Year-to-Date 🔻												
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в.	Full Name of Individual (Last, First, Middle Viscusi, Rico, , ,		Date	of F	Rece	eipt									
	Mailing Address 234 Autumn Run				<sup>™</sup> 12		/	D D 09	) / Y		016	Y			
	City	State	Zip Code		Transaction ID : SA11AI.35757										
	Schenectady	NY	12306		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			10.00										
	Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) Dir. Internal Audit					Memo Item							
	Receipt For: 2016	Aggregate `	Year-to-Date 🔻												
	Primary 🖌 General	7.99109410		11											
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с.	Full Name of Individual (Last, First, Middle Viscusi, Rico, , ,	Initial) or Full Or	ganization Name		Date	of F	Rece	eipt							
	Mailing Address 234 Autumn Run				<sup>™</sup> 12		/	23			016	Y			
	City	State	Zip Code		Tra	nsad	ctio	n ID :	SA11A	.357	'58				
	Schenectady	NY	12306		Amou	nt o	of E	ach F	Receipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual) MVP Health Care		pation (for Individual) nternal Audit		Ц	Men	no I	ltem							
	Receipt For: 2016 Primary X General	Aggregate	Year-to-Date ▼												
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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27

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NAME OF COMMITTEE (In Full)														
> MVP Health Care Inc. Federa	al PAC													
Full Name of Individual (Last, First, Middle Walkuski, Matthew, , ,	e Initial) or Full Orga	anization Name	Date of Receipt											
Mailing Address 11 Lillian Drive			12 09 / Y Y Y Y Y 2016											
City	State	Zip Code		Transaction ID : SA11AI.35759										
Scotia	NY	12302	/	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		10.00											
Name of Employer (for Individual)	Occup	ation (for Individual)		M	emo	Item								
MVP Health Care, Inc.		Manager- East Region												
Receipt For: 2016														
Primary <b>X</b> General	Aggregate Ye	ar-to-Date V												
Other (specify)		250.00	0											
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Mailing Address 11 Lillian Drive				M M	/	D D	) / Y	YY	Y					
		12		23		2016								
City	State	Zip Code		Trans	acti	on ID :	SA11AL	35760						
Scotia	NY	12302	/	Amount	of	Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C			10.00										
Name of Employer (for Individual) MVP Health Care, Inc.		Occupation (for Individual) Sales Manager- East Region					Memo Item							
Receipt For: 2016	Aggregate Ye		_											
Primary K General	Aggregate re													
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Full Name of Individual (Last, First, Middle Wild, Joseph, , ,	e Initial) or Full Orga	anization Name		Date of	Re	ceipt								
Mailing Address 2040 Mill Road				<sup>M</sup> 12	1	09		2016	Y					
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	35761						
West Falls	NY	14170	/	Amount	of	Each R	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C					y	. ,	10	00					
Name of Employer (for Individual)	e of Employer (for Individual) Occupation (for Individual)													
MVP Health Care	-	Director												
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	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Wild, Joseph, , ,	tial) or Full O	Orgar	ization Name	Date of Receipt										
	Mailing Address 2040 Mill Road					12 23 2016									
	City West Falls	State NY		Zip Code 14170		Trans Amount	action I of Eacl	-							
	FEC ID number of contributing federal political committee.	С							-		10.00	_			
	Name of Employer (for Individual) MVP Health Care		•	ion (for Individual) irector		Me	emo Iter	n							
	Receipt For: 2016 Primary	Aggregate	Yea	r-to-Date ▼ 260.00											
в.	Full Name of Individual (Last, First, Middle Ini Zdunczyk, Gale, , ,	tial) or Full O	Orgar	ization Name		Date of	Receip	t							
	Mailing Address 7 Cypress St					<sup>M</sup> 12		09	/ Y	2016		]			
	City Albany	State NY		Zip Code 12205		Transa Amount	action II of Eacl								
	FEC ID number of contributing federal political committee.	С	10.00												
	Name of Employer (for Individual) MVP Health Care		•	ion (for Individual) r Prospective Review		Memo Item									
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 250.00											
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	Mailing Address 7 Cypress St					<sup>M</sup> 12		23	- L	201	6	]			
	City Albany	State NY		Zip Code 12205			action I of Eacl								
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DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
-				<b>X</b> 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	;			
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of D	ebt (Purpose):
Deluxe Business Checks			Check Prin	ting
Mailing Address P.O. Box 742572				
City	State	Zip Code		
Cincinnati	ОН	45274		
Outstanding Balance Beginning This Period	1		Transacti	on ID : SD10.4163
145.00				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	145.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):
Media Well Done			Advertising	
Mailing Address 96 Jay Street				
City	State	Zip Code		
Schenectady	NY	12305		
Concileotady				
Outstanding Balance Beginning This Period	I	·	Transact	ion ID : SD10.4165
Outstanding Balance Beginning This Period	I		Transact	ion ID : SD10.4165
Outstanding Balance Beginning This Period 338.00				
Outstanding Balance Beginning This Period	Pa	yment This Period		ion ID : SD10.4165 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00	Pay			
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