

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		54886.34
(b) Cash on Hand at Beginning of Reporting Period.....	56870.34	
(c) Total Receipts (from Line 19)	3793.00	26777.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60663.34	81663.34
7. Total Disbursements (from Line 31).....	5000.00	26000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55663.34	55663.34
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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2790.00	16210.00
(ii) Unitemized	1003.00	10567.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3793.00	26777.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3793.00	26777.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3793.00	26777.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3793.00	26777.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	26000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	26000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	26000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3793.00	26777.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3793.00	26777.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 A. Austen, Karla, , ,		Date of Receipt MM / DD / YYYY 10 / 28 / 2016
Mailing Address 25 Carriage House La.		Transaction ID : SA11AI.35391
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP, Network Management	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , ,		Date of Receipt MM / DD / YYYY 11 / 10 / 2016
Mailing Address 25 Carriage House La.		Transaction ID : SA11AI.35392
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP, Network Management	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Austen, Karla, , ,		Date of Receipt MM / DD / YYYY 11 / 25 / 2016
Mailing Address 25 Carriage House La.		Transaction ID : SA11AI.35393
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP, Network Management	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bizzarro, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Devonshire Way
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35397
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Bizzarro, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Devonshire Way
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35398
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Bizzarro, Dominick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Devonshire Way
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35399
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cameron, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) VP Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35403
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Cameron, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) VP Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35404
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Cameron, Carl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) VP Medical Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35405
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Clancy, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Julia Ct
 City Mahopac State NY Zip Code 10541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35406
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Clancy, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Julia Ct
 City Mahopac State NY Zip Code 10541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35407
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Clancy, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Julia Ct
 City Mahopac State NY Zip Code 10541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35408
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Colin, Wendy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016
Mailing Address 985 Victor Road		Transaction ID : SA11AI.35412
City Macedon	State NY	Zip Code 14502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colin, Wendy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2016
Mailing Address 985 Victor Road		Transaction ID : SA11AI.35413
City Macedon	State NY	Zip Code 14502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Colin, Wendy, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2016
Mailing Address 985 Victor Road		Transaction ID : SA11AI.35414
City Macedon	State NY	Zip Code 14502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Deferio, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7723 Majestic Drive
 City Liverpool State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Regional Network Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35418
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Deferio, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7723 Majestic Drive
 City Liverpool State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Regional Network Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35419
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Deferio, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7723 Majestic Drive
 City Liverpool State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Regional Network Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35420
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Del Vecchio, Christopher, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2016 Transaction ID : SA11AI.35421		
Mailing Address 2854 W. Old State Rd			Amount of Each Receipt this Period 60.00		
City Schenectady	State NY	Zip Code 12303	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) EVP	Aggregate Year-to-Date ▼ 1320.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Del Vecchio, Christopher, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2016 Transaction ID : SA11AI.35422		
Mailing Address 2854 W. Old State Rd			Amount of Each Receipt this Period 60.00		
City Schenectady	State NY	Zip Code 12303	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) EVP	Aggregate Year-to-Date ▼ 1380.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Del Vecchio, Christopher, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2016 Transaction ID : SA11AI.35423		
Mailing Address 2854 W. Old State Rd			Amount of Each Receipt this Period 60.00		
City Schenectady	State NY	Zip Code 12303	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) EVP	Aggregate Year-to-Date ▼ 1440.00		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gauci, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Mohawk Ave
Apt 4

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

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Associate Director
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : SA11AI.35450

Amount of Each Receipt this Period
10.00

Memo Item

B. Gauci, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Mohawk Ave
Apt 4

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

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Associate Director
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : SA11AI.35451

Amount of Each Receipt this Period
10.00

Memo Item

C. Gauci, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 Mohawk Ave
Apt 4

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

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Associate Director
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2016

Transaction ID : SA11AI.35452

Amount of Each Receipt this Period
10.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A. Glavey, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Windemere Road
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) VP, Medicare Products
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35453
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Glavey, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Windemere Road
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) VP, Medicare Products
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35454
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. Glavey, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Windemere Road
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) VP, Medicare Products
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35455
 Amount of Each Receipt this Period
 80.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Gonick, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Via Marchella
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) EVP & Chief Legal Officer
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35456
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. Gonick, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Via Marchella
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) EVP & Chief Legal Officer
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35457
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. Gonick, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Via Marchella
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) EVP & Chief Legal Officer
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35458
 Amount of Each Receipt this Period
 80.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Harding, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Reserve Court
 City: Glenville, State: NY, Zip Code: 12302
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): MVP Health Care, Occupation (for Individual): Compensation Manager
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 28 / 2016
Transaction ID : SA11AI.35459
 Amount of Each Receipt this Period: 10.00
 Memo Item

B. Harding, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Reserve Court
 City: Glenville, State: NY, Zip Code: 12302
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): MVP Health Care, Occupation (for Individual): Compensation Manager
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 10 / 2016
Transaction ID : SA11AI.35460
 Amount of Each Receipt this Period: 10.00
 Memo Item

C. Harding, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Reserve Court
 City: Glenville, State: NY, Zip Code: 12302
 FEC ID number of contributing federal political committee: **C**
 Name of Employer (for Individual): MVP Health Care, Occupation (for Individual): Compensation Manager
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 25 / 2016
Transaction ID : SA11AI.35461
 Amount of Each Receipt this Period: 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hogan, Rosemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Crestwood Drive
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Administrative
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35465
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Hogan, Rosemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Crestwood Drive
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Administrative
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35466
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Hogan, Rosemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Crestwood Drive
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Administrative
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35467
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Husted, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Fox Hill Drive

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

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

Name of Employer (for Individual) MVP	Occupation (for Individual) VP Information Technology
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016

Transaction ID : SA11AI.35471

Amount of Each Receipt this Period
 30.00

Memo Item

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

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

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

Name of Employer (for Individual) MVP	Occupation (for Individual) VP Information Technology
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016

Transaction ID : SA11AI.35472

Amount of Each Receipt this Period
 30.00

Memo Item

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

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

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

Name of Employer (for Individual) MVP	Occupation (for Individual) VP Information Technology
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016

Transaction ID : SA11AI.35473

Amount of Each Receipt this Period
 30.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jablonski, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Hansen Ave
 City Albany State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP of Legal Affairs
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35477
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Jablonski, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Hansen Ave
 City Albany State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP of Legal Affairs
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35478
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Jablonski, Dawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Hansen Ave
 City Albany State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP of Legal Affairs
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35479
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Leonard, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Benjamin Lane
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1540.00

Date of Receipt
 10 / 28 / 2016
Transaction ID : SA11AI.35492
 Amount of Each Receipt this Period
 70.00
 Memo Item

B. Leonard, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Benjamin Lane
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1610.00

Date of Receipt
 11 / 10 / 2016
Transaction ID : SA11AI.35493
 Amount of Each Receipt this Period
 70.00
 Memo Item

C. Leonard, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Benjamin Lane
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1680.00

Date of Receipt
 11 / 25 / 2016
Transaction ID : SA11AI.35494
 Amount of Each Receipt this Period
 70.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mackinnon, Matthew, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Park Avenue

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

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

Name of Employer (for Individual) MVP Service Corp.	Occupation (for Individual) VP of Network Operations
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

Transaction ID : SA11AI.35507

Amount of Each Receipt this Period
20.00

Memo Item

B. Mackinnon, Matthew, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Park Avenue

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

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

Name of Employer (for Individual) MVP Service Corp.	Occupation (for Individual) VP of Network Operations
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : SA11AI.35508

Amount of Each Receipt this Period
20.00

Memo Item

C. Mackinnon, Matthew, J., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Park Avenue

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

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

Name of Employer (for Individual) MVP Service Corp.	Occupation (for Individual) VP of Network Operations
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2016

Transaction ID : SA11AI.35509

Amount of Each Receipt this Period
20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Martin, Augusta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 457 Crescent Ave
 City Saratoga State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP Marketing
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35513
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Martin, Augusta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 457 Crescent Ave
 City Saratoga State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP Marketing
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35514
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Martin, Augusta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 457 Crescent Ave
 City Saratoga State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP Marketing
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35515
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Metheny, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Joellen Drive
 City Rochester State NY Zip Code 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35525
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Metheny, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Joellen Drive
 City Rochester State NY Zip Code 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35526
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Metheny, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Joellen Drive
 City Rochester State NY Zip Code 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35527
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Molloy, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 York Ave.
 City Saratoga Spgs. State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Of Strategic Accounts
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35528
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Molloy, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 York Ave.
 City Saratoga Spgs. State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Of Strategic Accounts
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35529
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Molloy, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 York Ave.
 City Saratoga Spgs. State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Of Strategic Accounts
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35530
 Amount of Each Receipt this Period 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Montepare, Carole, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 McLain Court

City Williamstown	State MA	Zip Code 01267
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

Transaction ID : SA11AI.35531

Amount of Each Receipt this Period
30.00

Memo Item

B. Montepare, Carole, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 McLain Court

City Williamstown	State MA	Zip Code 01267
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : SA11AI.35532

Amount of Each Receipt this Period
30.00

Memo Item

C. Montepare, Carole, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 McLain Court

City Williamstown	State MA	Zip Code 01267
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2016

Transaction ID : SA11AI.35533

Amount of Each Receipt this Period
30.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Montgomery, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 York Ave
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35534
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Montgomery, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 York Ave
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35535
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Montgomery, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 York Ave
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35536
 Amount of Each Receipt this Period
 20.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Odorizzi, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 East Claremond Drive
 City Voorheesville State NY Zip Code 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Director of Finance
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35537
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Odorizzi, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 East Claremond Drive
 City Voorheesville State NY Zip Code 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Director of Finance
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35538
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Odorizzi, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 East Claremond Drive
 City Voorheesville State NY Zip Code 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Occupation (for Individual) Director of Finance
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35539
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Poole III, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Spar Road

City Wilmington	State CT	Zip Code 06279
--------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP and CIO
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : SA11AI.35540

Amount of Each Receipt this Period
20.00

Memo Item

B. Poole III, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Spar Road

City Wilmington	State CT	Zip Code 06279
--------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP and CIO
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : SA11AI.35541

Amount of Each Receipt this Period
20.00

Memo Item

C. Poole III, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Spar Road

City Wilmington	State CT	Zip Code 06279
--------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP and CIO
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2016

Transaction ID : SA11AI.35542

Amount of Each Receipt this Period
20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Retajczyk, Lynne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3039 Williamsburg Dr.

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Senior Underwriter
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

Transaction ID : SA11AI.35547

Amount of Each Receipt this Period
10.00

Memo Item

B. Retajczyk, Lynne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3039 Williamsburg Dr.

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Senior Underwriter
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

Transaction ID : SA11AI.35548

Amount of Each Receipt this Period
10.00

Memo Item

C. Retajczyk, Lynne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3039 Williamsburg Dr.

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Senior Underwriter
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2016

Transaction ID : SA11AI.35549

Amount of Each Receipt this Period
10.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sauer, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Fifth Avenue
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35559
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Sauer, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Fifth Avenue
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35560
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Sauer, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Fifth Avenue
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35561
 Amount of Each Receipt this Period 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Stitt, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 684 Macelroy Road

City Ballston Spa	State NY	Zip Code 12019
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP	Occupation (for Individual) Pharmacy Director
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : SA11AI.35581

Amount of Each Receipt this Period
10.00

Memo Item

B. Stitt, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 684 Macelroy Road

City Ballston Spa	State NY	Zip Code 12019
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP	Occupation (for Individual) Pharmacy Director
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2016

Transaction ID : SA11AI.35582

Amount of Each Receipt this Period
10.00

Memo Item

C. Stitt, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 684 Macelroy Road

City Ballston Spa	State NY	Zip Code 12019
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MVP	Occupation (for Individual) Pharmacy Director
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2016

Transaction ID : SA11AI.35583

Amount of Each Receipt this Period
10.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Titsworth, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1394 Dean Street
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Associate Counsel
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35584
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Titsworth, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1394 Dean Street
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Associate Counsel
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35585
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Titsworth, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1394 Dean Street
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Associate Counsel
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35586
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Viscusi, Rico, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Autumn Run
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Internal Audit
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35593
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Viscusi, Rico, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Autumn Run
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Internal Audit
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35594
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Viscusi, Rico, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Autumn Run
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Internal Audit
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35595
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Walkuski, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Lillian Drive
 City Scotia State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) Sales Manager- East Region
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35596
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Walkuski, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Lillian Drive
 City Scotia State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) Sales Manager- East Region
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35597
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Walkuski, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Lillian Drive
 City Scotia State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) Sales Manager- East Region
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35598
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Wild, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2040 Mill Road
 City West Falls State NY Zip Code 14170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Sales Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35599
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Wild, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2040 Mill Road
 City West Falls State NY Zip Code 14170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Sales Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35600
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Wild, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2040 Mill Road
 City West Falls State NY Zip Code 14170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Sales Director
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35601
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Zdunczyk, Gale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Cypress St
 City Albany State NY Zip Code 12205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager Prospective Review
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.35602
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Zdunczyk, Gale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Cypress St
 City Albany State NY Zip Code 12205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager Prospective Review
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2016
Transaction ID : SA11AI.35603
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Zdunczyk, Gale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Cypress St
 City Albany State NY Zip Code 12205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager Prospective Review
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2016
Transaction ID : SA11AI.35604
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	2790.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. COLLINS FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO BOX 386		FEC Identification Number C H4NY24073 Transaction ID : SB23.35613
City CLARENCE	State NY	Zip Code 14031
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name KATKO, JOHN M, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 24	

Full Name (Last, First, Middle Initial) B. ELISE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address PO BOX 338		FEC Identification Number C H4NY21079 Transaction ID : SB23.35611
City WILLSBORO	State NY	Zip Code 12996
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name STEFANIK, ELISE M, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 21	

Full Name (Last, First, Middle Initial) C. KATKO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 5407 ANVIL DRIVE		FEC Identification Number C H4NY24073 Transaction ID : SB23.35612
City CAMILLUS	State NY	Zip Code 13031
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name KATKO, JOHN M, , ,		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 24	

SUBTOTAL of Disbursements This Page (optional).....▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. SEAN PATRICK MALONEY FOR CONGRESS

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement

011

Category/
Type

Candidate Name

MALONEY, SEAN PATRICK, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C H2NY22139

Transaction ID : SB23.35614

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement

011

Category/
Type

Candidate Name

REED, THOMAS W II, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2016			

FEC Identification Number

C H0NY29054

Transaction ID : SB23.35615

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

5000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 39
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done			Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street			
City Schenectady	State NY	Zip Code 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	0.00	338.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	483.00
2) TOTALS This Period (last page this line number only)..... ▶	483.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	483.00