Image#	2016	120890)399533	91
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FEC FORM 3X

12/08/2016 16 : 28

PAGE 1 / 39

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Us	e Only	
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Examp over th	le: If typing e lines.	g, type	12FE4	M5		
MVP Health Care Inc. Fe	ederal PAC							
ADDRESS (number and street)	625 State Street				<u> </u>			
Check if different than previously reported. (ACC)	Schenectady				NY	12305		
2. FEC IDENTIFICATION NUM	BER V	CITY ▲		S			ZIP CODE	
C C00431429		3. IS THIS REPORT	× (N	EW ≬) OR		AMENDED (A)		
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	N	lay 20 (M5)	Au	ug 20 (M8)	(No	ov 20 (M11) on-Election ar Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	un 20 (M6)	Se	ep 20 (M9)	(No	ec 20 (M12) on-Election ar Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	JI	ul 20 (M7)	0	ct 20 (M10)	Ja	n 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election		mary (12P)		Genera	al (12G)	Ru	noff (12R)
October 15 Quarterly Report (Q3)	Report for	the: Co	nvention (1	2C)	Specia	l (12S)		
January 31 Year-End Report (YE)		Election on	M M /	D D /	Y Y Y	Y	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elec Report for		neral (30G)	Runoff	(30R)	Sp	ecial (30S)
Termination Report (TER)			M M / 11	D D / 08	2016	Y	in the State of	NY
5. Covering Period		2016	through	M M 11	/ D D 28	/ Y Y 201	й 6	
I certify that I have examined this F	Report and to the b Estey, Jordan, T, ,	est of my knowled	dge and b	elief it is true	e, correct a	and complet	ie.	
Type or Print Name of Treasurer								
Signature of Treasurer	rdan, T, ,	[El	ectronically	Filed] Da	ate 12	M / D 08		2016
NOTE: Submission of false, erroneou	s, or incomplete info	rmation may subje	ct the pers	on signing thi	is Report to	the penaltie	es of 52 U.S	S.C. § 30109
Office Use Only							FORM ev. 05/2016	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page 2
١	Write or Type Committee Name		
_	MVP Health Care Inc. Federal PAC		
F	Report Covering the Period: From:	To:	M M / D D / Y Y Y Y 11 28 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	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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: 10	00 0010	D: 11 / 28 / 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2790.00	16210.00
(i) iternized (use Schedule A)		
(ii) Unitemized	1003.00	10567.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	3793.00	26777.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	3793.00	26777.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	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))►	3793.00	26777.00
D. Total Federal Receipts		

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



Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 26000.00 and Other Political Committees... 5000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

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)

			-7	3793.00
				0.00
-		4	-	0.00
				3793.00
-			-	3793.00
				0.00
-7	-		-7	0.00
				0.00
-7			7	0.00
				0.00
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						26777.00
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						0.00
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Ι.	_	_		_	_	26777.00
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	ī.	-	i.	i.	-	0.00
F	-		-	-		0.00
[. [.	-			-		0.00
		-7	-		-7	0.00

Page 5

COLUMN B

Calendar Year-to-Date

Image# 201612089039953396		
SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedu for each category of Detailed Summary Pa	
	sing the name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name of Individual (Last, First, M A. Austen, Karla, , , Mailing Address 25 Carriage House La	iddle Initial) or Full Organization Name	Date of Receipt
City Saratoga Spgs.	StateZip CodeNY12866	Transaction ID : SA11AI.35391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2016	C Occupation (for Individual) EVP, Network Management Aggregate Year-to-Date 1320	0.00
Full Name of Individual (Last, First, M B. Austen, Karla, , , Mailing Address 25 Carriage House La City Saratoga Spgs. FEC ID number of contributing	State Zip Code NY 12866	Date of Receipt 11 Transaction ID : SA11AL35392 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2016 Primary ✗ General Other (specify) ▼	C Occupation (for Individual) EVP, Network Management Aggregate Year-to-Date ▼ 1380	
C. Austen, Karla, , , Mailing Address 25 Carriage House La		Date of Receipt
City Saratoga Spgs. FEC ID number of contributing federal political committee.	State Zip Code NY 12866	Transaction ID : SA11AI.35393 Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) MVP Health Care Receipt For: 2016 Primary X General Other (specify)	Occupation (for Individual) EVP, Network Management Aggregate Year-to-Date ▼ 1440	0.00

								18	30.00	
SUBTOTAL of Receipts This Page (optional)	-	1	1	y	1		-			_
		1.1				 				
TOTAL This Period (last page this line number only)	L					 -			-	

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

39

	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 Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Bizzarro, Dominick, , , Mailing Address 32 Devonshire Way City	ial) or Full O	Zip Code	Date of Receipt
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	MVP Health Care	EVF	5	
	Receipt For: 2016 Primary ✔ Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00	
в.	Full Name of Individual (Last, First, Middle Init Bizzarro, Dominick, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 32 Devonshire Way			M M / D D / Y Y Y Y 11 10 2016
	City	State	Zip Code	Transaction ID : SA11AI.35398
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) MVP Health Care	Occ	upation (for Individual)	Memo Item
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 920.00	
с.	Full Name of Individual (Last, First, Middle Init Bizzarro, Dominick, , ,	Date of Receipt		
	Mailing Address 32 Devonshire Way			M M / D D / Y Y Y Y 11 25 2016
	City	State	Zip Code	Transaction ID : SA11AI.35399
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) MVP Health Care	Occi EVP	upation (for Individual)	Memo Item
	Receipt For: 2016	Aggregate	Year-to-Date ▼	_
	Other (specify)		960.00	
s	UBTOTAL of Receipts This Page (optional)		•	120.00

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

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

100

Image# 201612089039953398			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 39 (check only one) 11a 11b 11c 12 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	ne name and a	ay not be sold or used by any address of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle In A. Cameron, Carl, , , Mailing Address 285 Willowcrest Drive	nitial) or Full C	Drganization Name	Date of Receipt
City Rochester	State NY	Zip Code 14618	10 28 2016 Transaction ID : SA11AI.35403 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) MVP Receipt For: 2016 Primary X General Other (specify) ▼	VP	eupation (for Individual) Medical Director • Year-to-Date ▼ 660.00	Memo Item
Full Name of Individual (Last, First, Middle In B. Cameron, Carl, , , Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee.	State NY	Drganization Name Zip Code 14618	Date of Receipt
Name of Employer (for Individual) MVP Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Cupation (for Individual) Medical Director • Year-to-Date ▼ • 690.00	Memo Item
Full Name of Individual (Last, First, Middle In C. Cameron, Carl, , , Mailing Address 285 Willowcrest Drive	nitial) or Full C	Drganization Name	Date of Receipt
City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.35405 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP		supation (for Individual) Medical Director	30.00 Memo Item
Receipt For: 2016 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional)								9	0.00	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		heo X	LINE ck only 11a 13				PAGE 11c 15		9 C 12 16	F
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributi 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)											

NAME OF COMMITTEE (IN FU	II)
MVP Health Care Inc	. Federal PAC

L				
A.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	itial) or Full Or	rganization Name	Date of Receipt
	Mailing Address 19 Julia Ct			10 28 2016
	City	State	Zip Code	Transaction ID : SA11AI.35406
	Mahopac	NY	10541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) MVP Health Care	Occu EVP	upation (for Individual)	Memo Item
	Receipt For: 2016 Primary ✗ General Other (specify) ▼			
в.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	itial) or Full Or	rganization Name	Date of Receipt
	Mailing Address 19 Julia Ct			M M / D D / Y Y Y Y 11 10 2016
	City	State	Zip Code	Transaction ID : SA11AI.35407
	Mahopac	NY	10541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) MVP Health Care	Occu EVP	upation (for Individual)	Memo Item
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
с.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	itial) or Full Or	rganization Name	Date of Receipt
	Mailing Address 19 Julia Ct			M M / D D / Y Y Y Y 11 25 2016
	City	State	Zip Code	Transaction ID : SA11AI.35408
	Mahopac	NY	10541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	MVP Health Care	EVP		
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	
s	UBTOTAL of Receipts This Page (optional)			120.00

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

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Im	age# 201612089039953400													
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)												
	ny information copied from such Reports and for commercial purposes, other than using th													
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal													
Α.	Full Name of Individual (Last, First, Middle In Colin, Wendy, , ,	itial) or Full (Drganization Name	Date of Rec	eipt									
	Mailing Address 985 Victor Road			10 28 2016										
	City Macedon	State NY	Zip Code 14502		on ID : SA11AI.35412									
	FEC ID number of contributing federal political committee.	С			ach Receipt this Period									
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ector	Memo I	ltem									
	Receipt For: 2016 Primary ★ General Other (specify) ▼		e Year-to-Date ▼ 220.00	1										
B.	Full Name of Individual (Last, First, Middle In Colin, Wendy, , , Mailing Address 985 Victor Road	itial) or Full (Zip Code	Date of Rec	D D / Y Y Y Y 10 2016									
	Macedon	NY	14502		n ID : SA11AI.35413 Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			10.00									
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) rector	Memo I	Item									
	Receipt For: 2016 Primary ★ General Other (specify) ▼	e Year-to-Date ▼ 230.00												
С.	Full Name of Individual (Last, First, Middle Ir Colin, Wendy, , ,	itial) or Full (Drganization Name	Date of Rec	eipt									
	Mailing Address 985 Victor Road			M M / / 11	25 / Y Y Y Y 2016									
	City Macedon	State NY	Zip Code 14502		on ID : SA11AI.35414									
	FEC ID number of contributing federal political committee.	С			ach Receipt this Period									
	Name of Employer (for Individual) MVP Health Care	Memo	ltem											
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00											

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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••			Detailed Summary Pag			×	11a 13		11b		11c	1:		17						
	ny information copied from such Reports and S for commercial purposes, other than using the						or the		pose	e of s	soliciting	g contr	ributi	ons						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F																			
<u>к</u>	Full Name of Individual (Last, First, Middle Init Deferio, Patricia, , ,	tial) or Full C	rganization Name		Date of Receipt															
	Mailing Address 7723 Majestic Drive					10 / ^y y y y y 28 2016														
	City Liverpool	State NY	Zip Code 13090								SA11AI									
	FEC ID number of contributing federal political committee.	С			40.00															
	Name of Employer (for Individual)		Occupation (for Individual) Regional Network Director																	
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.0	00																
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , ,							Date of Receipt												
	Mailing Address 7723 Majestic Drive								11 / D D / Y Y Y Y 2016											
	City Liverpool	State NY	Zip Code 13090			Transaction ID : SA11AI.35419 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	EC ID number of contributing								40.00										
	Name of Employer (for Individual) MVP		upation (for Individual) jional Network Director			Memo Item														
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 920.0	00																
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Deferio, Patricia, , ,	tial) or Full C	rganization Name			D	ate of	Re	eceip	ot										
	Mailing Address 7723 Majestic Drive					l	^M 11	/	D	25	/ Y	2016		Y						
	City Liverpool	State NY	Zip Code 13090						-		SA11AI									
	FEC ID number of contributing federal political committee.	С				ļ	_		, ,				40.0	0						
	Name of Employer (for Individual) MVP	Occ Reg		Memo Item																
	Receipt For: 2016 Primary X General Other (specify)	Aggregate																		
s	UBTOTAL of Receipts This Page (optional)			►	I		_		,	-	- y	1:	20.0	0						
т	OTAL This Period (last page this line number of	only)		🕨					-			-								

	-											
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)										
	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.	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Del Vecchio, Christopher, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 2854 W. Old State Rd			10 / Y Y Y Y Y 28 2016								
	City	State	Zip Code	Transaction ID : SA11AI.35421								
	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	Occ EVF	upation (for Individual) >	Memo Item								
	Receipt For: 2016	Aggregate	Year-to-Date V									
	Primary X General Other (specify) ▼		1320.00]								
В.	Full Name of Individual (Last, First, Middle Initia Del Vecchio, Christopher, , ,	Date of Receipt										
υ.	Mailing Address 2854 W. Old State Rd	11 10 2016										
	City	State	Zip Code	Transaction ID : SA11AI.35422								
	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	Occ EVI	cupation (for Individual) P	Memo Item								
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1380.00									
с.	Full Name of Individual (Last, First, Middle Initia Del Vecchio, Christopher, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 2854 W. Old State Rd			11 / D D / Y Y Y Y 25 / 2016								
	City	State	Zip Code	Transaction ID : SA11AI.35423								
	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	Occ EVF	upation (for Individual)	Memo Item								
	Receipt For: 2016	Agareaate	Year-to-Date V									
	Primary X General Other (specify)		1440.00]								
s	UBTOTAL of Receipts This Page (optional)			180.00								

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			r each category of the etailed Summary Page		X	11a 13		-	1b 4		11c		12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the													ntribu					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC																	
<u>А.</u>	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gauci, Michael, , ,						Date of Receipt												
	Mailing Address 329 Mohawk Ave Apt 4					10 28 2016													
	City Scotia	State NY	:	Zip Code 12302	_	A						Ceipt t							
	FEC ID number of contributing federal political committee.	С							,				_	10.	00				
	Name of Employer (for Individual) MVP Health Care			on (for Individual) e Director			N	lemo	o l	tem									
	Receipt For: 2016 Primary ✗ General Other (specify) ▼	Aggregate	Year	to-Date ▼ 220.00															
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gauci, Michael, , ,							of Re	ece	eipt									
	Mailing Address 329 Mohawk Ave Apt 4								11 / D D / Y Y Y Y Y 11 2016										
	City Scotia	State NY		Zip Code 12302	Transaction ID : SA11AI.35451 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	C					10.00												
	Name of Employer (for Individual) MVP Health Care	on (for Individual) e Director		Memo Item															
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 230.00															
с.	Full Name of Individual (Last, First, Middle Initia Gauci, Michael, , ,	al) or Full C	Drgani	zation Name		C	Date o	of Re	ece	eipt									
	Mailing Address 329 Mohawk Ave Apt 4			7. 0. 1			[™] 11	1		2	25		20	016	Y				
	City Scotia	State NY		Zip Code 12302	_	A						SA11A							
	FEC ID number of contributing federal political committee.	С				ļ			,			,	_	10.	00				
	Name of Employer (for Individual) MVP Health Care Receipt For: 2016	Ass	ociate	on (for Individual) 9 Director			N	lemo	οI	tem									
	Primary X General Other (specify)	Aggregate	Year	-to-Date ▼ 240.00															
s	UBTOTAL of Receipts This Page (optional)			•		[7			9	-	30.	00				
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SCHEDULE A (FEC Form 3X)	.			
ITEMIZED RECEIPTS				

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

FOR LINE NUMBER:

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11	EWIZED RECEIPTS		Detailed Summary Page		×	11a 12	F		F	110		12		7		
	ny information copied from such Reports and for commercial purposes, other than using the							se of				itions	7			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC														
Α.	Full Name of Individual (Last, First, Middle I Glavey, Patrick, , , Mailing Address 165 Windemere Road	nitial) or Full Or	ganization Name		Date of Receipt											
	City Rochester	State NY	Zip Code 14610	_						SA11	AI.354					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period]			
	Name of Employer (for Individual) MVP Receipt For: 2016	Occupation (for Individual) VP, Medicare Products				Memo Item										
	Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1760.00]												
В.	Full Name of Individual (Last, First, Middle I Glavey, Patrick, , , Mailing Address 165 Windemere Road	nitial) or Full Or	ganization Name		D	ate c	_		ipt		v	Y Y	Y			
	City	State		11 10 2016												
	Rochester	NY	Zip Code 14610		Transaction ID : SA11AI.35454 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	80.00]							
	Name of Employer (for Individual) MVP	f Employer (for Individual) Occupation (for Indi VP, Medicare Produ		Memo Item												
	Receipt For: 2016 Primary	Aggregate	Year-to-Date ▼ 1840.00]												
<u> </u>	Full Name of Individual (Last, First, Middle I Glavey, Patrick, , ,	nitial) or Full Or	ganization Name		C	ate c	of R	ece	ipt							
	Mailing Address 165 Windemere Road				ľ	^M 11	1	/	25	1		2016	Ŷ			
	City Rochester	State NY	Zip Code 14610		A					SA11		455 Perioc				
	FEC ID number of contributing federal political committee.	С		80.00												
			Occupation (for Individual) VP, Medicare Products						Memo Item							
	Receipt For: 2016 Primary Other (specify)	Aggregate Year-to-Date ▼ 1920.00														
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SCHEDULE A	(FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	ny information copied from such Reports and S for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
\backslash	MVP Health Care Inc. Federal F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Gonick, Denise, , ,	tial) or Full Or	ganization Name		Date of	f Re	eceipt								
	Mailing Address 803 Via Marchella				10 ^M	/	28) / Y	2016	Y					
	City	State	Zip Code	_		act	1.00	SA11AL	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
	Schenectady	NY	12303							4					
				_	Amoun		Lacini		t this Period						
	FEC ID number of contributing federal political committee.	С			Ŀ-		-y-	-	80	.00					
	Name of Employer (for Individual)	Occu	pation (for Individual)		М	emc	tem								
	MVP Health Care, Inc.	EVP	& Chief Legal Officer												
	Receipt For: 2016	Aggregate '	Year-to-Date ▼												
	Primary X General			11.											
	Other (specify) v		1760.00	4											
	Full Name of Individual (Last, First, Middle Init	tial) or Full Or	ganization Name												
В.	Gonick, Denise, , ,	,	-		Date of	f Re	eceipt								
	Mailing Address 803 Via Marchella		11 10 2016												
	City	State	Zip Code		Trans	acti	ion ID ·	SA11AL	35457						
	Schenectady	NY	12303					leceipt th		d					
	FEC ID number of contributing federal political committee.	political committee.			80.00										
	Name of Employer (for Individual) MVP Health Care, Inc.				Memo Item										
	Receipt For: 2016	Aggregate `	Year-to-Date ▼		-										
	Primary General Other (specify) ▼	1840.00													
			<u>, , , , , , , , , , , , , , , , , , , </u>	-											
C.	Full Name of Individual (Last, First, Middle Init Gonick, Denise, , ,	tial) or Full Or	ganization Name		Date of	f Re	eceipt								
	Mailing Address 803 Via Marchella				11 ^M	/	25) / Y	2016	Y					
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	35458						
	Schenectady	NY	12303		Transaction ID : SA11AI.35458 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.		С													
			pation (for Individual) & Chief Legal Officer		Memo Item										
	Receipt For: 2016			\neg											
	Primary X General	Ayyreyale		-											
	Other (specify)														
s	UBTOTAL of Receipts This Page (optional)								240	.00					

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SCHEDULE A (FEC Form 3X)					
ITEMIZED RECEIPTS					

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

FOR LINE NUMBER:

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	LED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and 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.								
	e OF COMMITTEE (In Full) P Health Care Inc. Federal P	AC							
A. Hard Mailin City Gleny FEC I federa Name MVP I Recei	ame of Individual (Last, First, Middle Initi ding, Daniel, , , g Address 310 Reserve Court ville ID number of contributing al political committee. e of Employer (for Individual) Health Care pt For: 2016 Primary ✗ General Other (specify) ▼	State NY C Occu Com	ganization Name Zip Code 12302 Ipation (for Individual) pensation Manager Year-to-Date ▼ 220.00	Date of Receipt					
B. Har	lame of Individual (Last, First, Middle Initi ding, Daniel, , , g Address 310 Reserve Court /ille	al) or Full Or State NY	ganization Name Zip Code 12302	Date of Receipt					
federa Name MVP I Recei	ID number of contributing al political committee. e of Employer (for Individual) Health Care pt For: 2016 Primary ¥ General Other (specify) ▼	Com	upation (for Individual) npensation Manager Year-to-Date ▼ 230.00	Memo Item					
C. Har Mailin City Glenv FEC I federa Name MVP Recei	lame of Individual (Last, First, Middle Initi rding, Daniel, , , g Address 310 Reserve Court ville ID number of contributing al political committee. e of Employer (for Individual) Health Care pt For: 2016 Primary X General Other (specify)	State NY C Occu Com	rganization Name Zip Code 12302 upation (for Individual) pensation Manager Year-to-Date ▼ 240.00	Date of Receipt					
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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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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than us			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC										
Full Name of Individual (Last, First, Mid A. Hogan, Rosemarie, , ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 45 Crestwood Drive			M M / D D / Y Y Y Y 10 28 2016								
City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.35465 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) MVP		upation (for Individual) ninistrative	Memo Item								
Receipt For: 2016 Primary ✔ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00									
Full Name of Individual (Last, First, Mid B. Hogan, Rosemarie, , ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 45 Crestwood Drive			11 10 2016								
City	State NY	Zip Code	Transaction ID : SA11AI.35466								
Schenectady		12306	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) MVP		upation (for Individual) ninistrative	Memo Item								
Receipt For: 2016 Primary x General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00									
Full Name of Individual (Last, First, Mic C. Hogan, Rosemarie, , ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 45 Crestwood Drive	1-		11 / 25 / Y Y Y Y 2016								
City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.35467 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) MVP	MVP Administrative		Memo Item								
Receipt For: 2016 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 720.00									
SUBTOTAL of Receipts This Page (optic	onal)		90.00								
TOTAL This Period (last page this line n	umber only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use for e Deta
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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 Husted, Kevin, , , Α. Date of Receipt Mailing Address 38 Fox Hill Drive M M 1 2016 10 28 City Zip Code State Transaction ID : SA11AI.35471 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP VP Information Technology Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General 660.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 10 2016 11 City State Zip Code Transaction ID : SA11AI.35472 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP VP Information Technology Receipt For: 2016 Aggregate Year-to-Date ▼ x General Primary Other (specify) 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive MM 11 25 2016 City Zip Code State Transaction ID : SA11AI.35473 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP VP Information Technology Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X General 720.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF (check only one)
or for commercial purposes, other than using			person for the purpose of soliciting contributions see to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name of Individual (Last, First, Middl Jablonski, Dawn, , , Mailing Address 213 Hansen Ave	e Initial) or Full O	rganization Name	Date of Receipt
City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.35477 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		upation (for Individual) of Legal Affairs	Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00]
Full Name of Individual (Last, First, Middl Jablonski , Dawn , , , Mailing Address 213 Hansen Ave	e Initial) or Full O	rganization Name	Date of Receipt
City Albany FEC ID number of contributing	State NY	Zip Code 12208	11 10 2016 Transaction ID : SA11AI.35478 Amount of Each Receipt this Period 50.00
federal political committee.		upation (for Individual)	Memo Item

Name of Employer (for Individual) MVP Health Care		upation (for Individual) of Legal Affairs	Memo Item			
Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1150.00				
Full Name of Individual (Last, First, Middle In Jablonski, Dawn, , ,	Date of Receipt					
Mailing Address 213 Hansen Ave	M M / D D / Y Y Y 11 25 2016					
City	State	Zip Code	Transaction ID : SA11AI.35479			
Albany NY 12208			Amount of Each Receipt this Period			

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С.

FEC ID number of contributing

federal political committee.

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP of Legal Affairs	Mer	no Item			
eceipt For: 2016 Primary X General Other (specify) Aggregate Year-to-Date ▼ 1200.00						
SUBTOTAL of Receipts This Page (optional)				, .	, ,	150.00
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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	b

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name of Individual (Last, First, Middle In Leonard, Margaret, , , Mailing Address 70 Benjamin Lane	nitial) or Full O	rganization Name	Date of Receipt
				10 28 2016
	City	State	Zip Code	Transaction ID : SA11AI.35492
	Niskayuna	NY	12309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	MVP Health Care	VP		
	Receipt For: 2016	Aggregate	Year-to-Date ▼	
	Primary X General			
	Other (specify) v	L	1540.00	
B.	Full Name of Individual (Last, First, Middle Ir Leonard, Margaret, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 70 Benjamin Lane			11 10 / Y Y Y Y 11 10 2016
	City	State	Zip Code	Transaction ID : SA11AI.35493
	Niskayuna	NY	12309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	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 ▼ , 1610.00]
с.	Full Name of Individual (Last, First, Middle Ir Leonard, Margaret, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 70 Benjamin Lane			11 25 2016
	City	State	Zip Code	Transaction ID : SA11AI.35494
	Niskayuna	NY	12309	Amount of Each Receipt this Period
		C		70.00
		Occu VP	upation (for Individual)	Memo Item
Popoint For: 0040			Year-to-Date ▼ 1680.00]
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC					
Α.	Full Name of Individual (Last, First, Middle Ir Mackinnon, Matthew, J., Mr., Mailing Address 1330 Park Avenue	nitial) or Full Or	ganization Name	Date of Receipt			
		1		10 28 2016			
	City	State NY	Zip Code	Transaction ID : SA11AI.35507			
	Rochester		14610	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
	MVP Service Corp.	VP a	f Network Operations				
	Receipt For: 2016	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		440.00				
в.	Full Name of Individual (Last, First, Middle Ir Mackinnon, Matthew, J., Mr.,	nitial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 1330 Park Avenue			11 10 / Y Y Y Y 2016			
	City	State	Zip Code	Transaction ID : SA11AI.35508			
	Rochester	NY	14610	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer (for Individual) MVP Service Corp.		pation (for Individual) f Network Operations	Memo Item			
	Receipt For: 2016 Primary X General	Aggregate `	Year-to-Date ▼	1			
	Other (specify) V		, 460.00				
c.	Full Name of Individual (Last, First, Middle Ir Mackinnon, Matthew, J., Mr.,	nitial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 1330 Park Avenue			M M / D D / Y Y Y Y 11 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.35509			
	Rochester	NY	14610	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		С		20.00			
	Name of Employer (for Individual) MVP Service Corp.		pation (for Individual) f Network Operations	Memo Item			
	Receipt For: 2016	Aggregate	Year-to-Date ▼				
	Primary X General Other (specify)		480.00				
s	UBTOTAL of Receipts This Page (optional)		····· ►	60.00			

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

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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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	for commercial purposes, other than using the											
\setminus	NAME OF COMMITTEE (In Full)											
	MVP Health Care Inc. Federal P	AC										
A.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	Organization Name	Г	Date of	Bo	coint					
А.	Mailing Address 457 Crescent Ave								Y Y	Y	Y	
					10	Ľ	28			016		
	City	State NY	Zip Code					: SA11A				
	Saratoga		12866	_ A	Amount	t of I	Each I	Receipt	this P	eriod		
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) Marketing		M	emo	ltem					
	Receipt For: 2016		Year-to-Date ▼	-								
	Primary K General	33 - 3										
_	Other (specify) v	<u> </u>	660.00									
B	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	Organization Name	Г	Date of	Red	ceipt					
υ.	Mailing Address 457 Crescent Ave				M M	/	D			Y	Y	
	City	State	Zip Code		11 -	٠.	10		20	-	_	
	Saratoga	NY	12866					SA11A				
	FEC ID number of contributing	С								30.0	0	
	federal political committee.	U		15	_		7	-	-	30.0		
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) Marketing		M	emo	ltem					
	Receipt For: 2016	Aggregate	Year-to-Date V									
	Primary x General Other (specify) ▼		, 690.00									
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name									
C.	Martin, Augusta, , ,	·			Date of	Red	ceipt					
	Mailing Address 457 Crescent Ave	1 -			M M 11	/	25	5	20	16 [°]	Y	
	City Saratoga	State NY	Zip Code 12866					: SA11A				
			12000		Amount	toti	Each I	Receipt	inis P	eriod		
		С					y	y		30.0	0	
			upation (for Individual) Marketing		M	emo	Item					
	Receipt For: 2016	Aggregate	Year-to-Date ▼	1								
	Primary X General											
	Other (specify) 720.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	for commercial purposes, other than using the																
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	۸ C															
^	Full Name of Individual (Last, First, Middle Initi Metheny, Laurie, , ,	al) or Full	Orga	anization Name	Date of Receipt												
Α.	Mailing Address 21 Joellen Drive						_	eceipt	D -		v	V	Y				
						10	<i>'</i>	2		/ 1	20	016	1				
	City	State		Zip Code		Transaction ID : SA11AI.35525											
	Rochester	NY		14626		Amoun	t of	Each	Red	ceipt thi	is P	eriod					
	FEC ID number of contributing federal political committee.	С	_			<u> </u>				-g=-	_	50.0	00				
	Name of Employer (for Individual) MVP Health Care	Oc VF		ation (for Individual)		М	em	o Item									
	Receipt For: 2016	Aggregat	e Ye	ar-to-Date ▼													
	Primary X General Other (specify) V			1100.00	11												
		<u> </u>	-7		41.												
в.	Full Name of Individual (Last, First, Middle Initi Metheny, Laurie, , ,	al) or Full	Orga	anization Name		Date o	f Re	eceipt									
	Mailing Address 21 Joellen Drive					11 10 2016											
	City	State		Zip Code		Trans	act	ion ID	: S/	A11AI.3	3552	26					
Rochester NY FEC ID number of contributing federal political committee. C				14626		Amoun	t of	Each	Red	ceipt thi	is P	eriod					
						<u> </u>		-		-y	_	50.0	00				
	Name of Employer (for Individual) MVP Health Care	Oc VI		ation (for Individual)		Memo Item											
	Receipt For: 2016	Aggregat	e Ye	ar-to-Date 🔻													
	Primary x General Other (specify) ▼		1150.00														
	Full Name of Individual (Last, First, Middle Initi	al) or Full	Orga	anization Name													
C.	Metheny, Laurie, , ,				_	Date o	f Re	eceipt									
	Mailing Address 21 Joellen Drive					11 ^M	1	2	5	/ Y)16	Y				
	City	State		Zip Code			sact	a second se	_	A11AI.:		1. Ale					
	Rochester	NY		14626		Amoun	t of	Each	Red	ceipt thi	is P	eriod					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	MVP Health Care	Dir.	Of Strategic Accounts												
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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	b

Use separate schedule(s) for each category of the

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC							
A. Montepare, Carole, , , Mailing Address 100 McLain Court City Williamstown FEC ID number of contributing federal political committee.	ailing Address 100 McLain Court ty State Zip Code /illiamstown MA 01267 EC ID number of contributing							
Name of Employer (for Individual) MVP Health Care Receipt For: 2016 Primary X General Other (specify) V	Aggregate	Vear-to-Date ▼ 660.00	Memo Item					
Full Name of Individual (Last, First, Middle B. Montepare, Carole, , , Mailing Address 100 McLain Court City	e Initial) or Full O	Zip Code	Date of Receipt					
Williamstown FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care	C	01267	Transaction ID : SA11AI.35532 Amount of Each Receipt this Period 30.00 Memo Item					
Receipt For: 2016 Primary ★ General Other (specify) ▼		Year-to-Date ▼ 690.00]					
C. Montepare, Carole, , , Mailing Address 100 McLain Court	e Initial) or Full O	rganization Name	Date of Receipt					
City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.35533 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 Receipt For: 2016 Primary X General Other (specify)	VP	upation (for Individual) Year-to-Date ▼ 720.00	Memo Item					
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
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	Mailing Address 96 Spar Road					10 / 28 / 2016											
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SCHEDULE A	(FEC Form	3X)
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF (check only one) 11a 11b 11c 12 13 14 15 16 16					
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC							

Α.	Full Name of Individual (Last, First, Middle Ini Sauer, Daniel, , ,	tial) or Full Or	rganization Name	Date of Receipt					
	Mailing Address 160 Fifth Avenue			10 / Y Y Y Y 28 2016					
	City	State NY	Zip Code 12866	Transaction ID : SA11AI.35559					
	Saratoga Springs		12800	Amount of Each Receipt this Period					
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	Name of Employer (for Individual) MVP Health Care	Occu VP	ipation (for Individual)	Memo Item					
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В.	Full Name of Individual (Last, First, Middle Ini Sauer, Daniel, , , Mailing Address 160 Fifth Avenue	tial) or Full Or	rganization Name	Date of Receipt					
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	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.35561 Amount of Each Receipt this Period					
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SCHEDULE A	(FEC Form 3X)
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	Mailing Address 234 Autumn Run		10 28 2016									Y					
	City State Zip Code Schenectady NY 12306							Transaction ID : SA11AI.35593 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			tion (for Individual) ernal Audit			N	/lem	0	lte	m						
Receipt For: 2016 Aggregate Year-to-Date ▼ Primary X Other (specify) ▼																	
В.	Full Name of Individual (Last, First, Middle Initia Viscusi, Rico, , ,	al) or Full C	Drgai	nization Name			Date o	of Re	ec	ceij	pt						
	Mailing Address 234 Autumn Run				11 10 2016												
	City Schenectady	State NY		Zip Code 12306		Transaction ID : SA11AI.35594 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С							4	,	_		-		10	.00	
	Name of Employer (for Individual) MVP Health Care		•	tion (for Individual) ernal Audit		Memo Item											
	Receipt For: 2016 Primary ★ General Other (specify) ★ 230.00																
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Viscusi, Rico, , ,	al) or Full C	Drgai	nization Name			Date o	of Re	ec	ceij	 pt						
	Mailing Address 234 Autumn Run						11	/	/	[25		/ Y)16 [°]	Y	
	City Schenectady	State NY		Zip Code 12306		/	Tran Amour						11AI eipt th				
	FEC ID number of contributing federal political committee.	Ŭ								,	_		9		10	00	
	Name of Employer (for Individual) MVP Health Care		•	tion (for Individual) rnal Audit			N	/lem	10	lte	۶m						
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00													
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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

FOR LINE NUMBER:

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TIEMIZED RECEIPTS			Detailed Summary Page		× 11a	•	_	11b 14	11c		12	47			
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	NAME OF COMMITTEE (In Full)		duress of any political commute	, 10 3		50110	indu	110113			///////////////////////////////////////				
	MVP Health Care Inc. Federal F	PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Walkuski, Matthew, , ,	tial) or Full O		Date of Receipt											
	Mailing Address 11 Lillian Drive				M M / D D / Y Y Y Y 10 28 2016										
	City	State	Zip Code		Transaction ID : SA11AI.35596										
	Scotia	NY	12302		Amount of Each Receipt this Period										
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	Name of Employer (for Individual)	Memo Item													
	MVP Health Care, Inc.	Sale	es Manager- East Region												
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	Other (specify)		220.00												
В.	Full Name of Individual (Last, First, Middle Ini Walkuski, Matthew, , ,	tial) or Full O	rganization Name		Date of Receipt										
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	City	State	Zip Code		Transaction ID : SA11AI.35597										
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	Primary X General	riggrogato		11.											
	Other (specify) v	L	230.00	4											
с.	Full Name of Individual (Last, First, Middle Ini Walkuski, Matthew, , ,	tial) or Full O	rganization Name		Date	of F	Rec	eipt							
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	City	State	Zip Code		Tra	nsa	ctic	on ID :	SA11A	.355	98	_			
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	MVP Health Care, Inc.		s Manager- East Region												
	Receipt For: 2016	Aggregate	Year-to-Date ▼												
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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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39

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC									
Α.	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , , Mailing Address 2040 Mill Road										
	City West Falls	State NY	Zip Code 14170	Transaction ID : SA11AI.35599 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 Receipt For: 2016	Sale	upation (for Individual) es Director Year-to-Date ▼	Memo Item							
	Primary General Other (specify) V		220.00								
в.	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , , Mailing Address 2040 Mill Road										
	City	State	Zip Code	11 10 2016							
	West Falls	NY	14170	Transaction ID : SA11AI.35600 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) es Director	Memo Item							
	Receipt For: 2016 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2040 Mill Road			11 / D D / Y Y Y Y 25 2016							
	City West Falls	State NY	Zip Code 14170	Transaction ID : SA11AI.35601 Amount of Each Receipt this Period							
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) s Director	Memo Item							
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
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SCHEDULE A	(FEC Fo	orm 3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	×	1 1a		11b	11c	12						
					13		14	15	16	17					
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	OF COMMITTEE (In Full) P Health Care Inc. Federal F	PAC													
	ame of Individual (Last, First, Middle Init hczyk, Gale, , ,		Date of Receipt												
Mailing	g Address 7 Cypress St				10 / 28 2016										
City Alban	у	State NY	Zip Code 12205	_	Transaction ID : SA11AI.35602 Amount of Each Receipt this Period										
	D number of contributing I political committee.	С							10.00						
MVP H	of Employer (for Individual) Health Care		upation (for Individual) nager Prospective Review		Memo Item										
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City Alban	У	State NY	Zip Code 12205	_				: SA11AI. Receipt th							
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	ot For: 2016 Primary X General Other (specify)														
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	y information copied from such Reports and State for commercial purposes, other than using the na																	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-																
	MVP Health Care Inc. Federal PA	C																
^	Full Name (Last, First, Middle Initial)					T	Det	<u></u>										
А.	COLLINS FOR CONGRESS						Date of Disbursement											
	Mailing Address PO BOX 386																	
	City CLARENCE	State NY	Zip Code 14031				FEC ld	entif	icatio	n N	umbe	er						
	Purpose of Disbursement			-	-		С	H4N	IY240)73								
				0)11					-	SB2	23.35	613					
					egory	/	Transaction ID : SB23.35613 Amount of Each Disbursement this Period											
	KATKO, JOHN M, , ,	mort F		Ty	ype				-				1000.0	00				
	Office Sought: X House Disburse Senate	ement For: Primary	2016 X General						,	-	-9-	_	1000.0					
	President	Other (spe	••															
	State: NY District: 24		, , , , , , , , , , , , , , , , , , ,				Me	emo	Item									
_	Full Name (Last, First, Middle Initial)																	
Β.	ELISE FOR CONGRESS						Date of	f Dis	burse	eme	nt							
	Mailing Address PO BOX 338						10 24 2016											
	City	State	Zip Code				FEC Identification Number											
	WILLSBORO Purpose of Disbursement	NY	12996															
	rupose or Disbursement		11	С Н4NY21079														
	Candidate Name			la de la compañía de)11 egory	/	Transaction ID : SB23.35611 Amount of Each Disbursement this Perioc 1000.00											
	STEFANIK, ELISE M, , ,				ype	/												
		ement For:	2016															
	Senate	Primary	x General						/		,							
	State: NV District: 21	Other (spe	ecify)				Me	emo	Item									
_	State: NY District: 21 Full Name (Last, First, Middle Initial)																	
C.	KATKO FOR CONGRESS						Date of	f Dis	burse	eme	nt							
							M M	/	D	D	/	Y I	Y	Y				
	Mailing Address 5407 ANVIL DRIVE						10		2	4		2	016					
	City	State	Zip Code				FEC Id	entif	icatio	n N	umbe	er						
	CAMILLUS	NY	13031							-		-	-					
	Purpose of Disbursement				11	11	С	H4N	JY240)73								
	Candidate Name	011						Transaction ID : SB23.35612 Amount of Each Disbursement this Period										
	KATKO, JOHN M, , ,				egory ype	/	Amoun	ιOΓ	∟acn	UIS	JUISE	-men		renod				
		ement For:	2016		· I -						_	_	1000.	00				
	Senate	Senate Primary x General							7		-9-							
	President							emo	Item									
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 38 OF 39													
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b													
Any information copied from such Reports and State or for commercial purposes, other than using the na																	
	•																
MVP Health Care Inc. Federal PA																	
Full Name (Last, First, Middle Initial) A. SEAN PATRICK MALONEY FOR	CONGR	ESS		Date of Disbursement													
Mailing Address PO BOX 270	iling Address PO BOX 270																
City NEWBURGH	State NY	Zip Code 12550		FEC Identification Number													
Purpose of Disbursement		12000		С н2NY22139													
Candidate Name			011	Transaction ID : SB23.35614													
MALONEY, SEAN PATRICK, , ,			Category/ Type	Amount of Each Disbursement this Period													
Office Sought: X House Disburse Senate President	ment For: 2 Primary		1000.00														
State: NY District: 18	Other (spe	city) 🔻		Memo Item													
Full Name (Last, First, Middle Initial) B. TOM REED FOR CONGRESS Mailing Address PO BOX 10847	TOM REED FOR CONGRESS																
City ROCHESTER	State NY	Zip Code 14610		FEC Identification Number													
Purpose of Disbursement Candidate Name			011 Category/	C H0NY29054 Transaction ID : SB23.35615 Amount of Each Disbursement this Period													
REED, THOMAS W II, , , Office Sought: x House Disburse Senate Image: Constraint of the senate Image: Constraint of the senate	ment For: ; Primary	2016 X General	Туре	Amount of Each Disbursement this Period													
State: NY District: 23	Other (spec	cify)		Memo Item													
Full Name (Last, First, Middle Initial) C.				Date of Disbursement													
Mailing Address																	
City	State	Zip Code		FEC Identification Number													
Purpose of Disbursement	Purpose of Disbursement																
Candidate Name	Amount of Each Disbursement this Period																
Senate	ment For: Primary	General															
State: District:	Other (spe	спу) 🔻		Memo Item													
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SCHEDULE D (FEC Form 3X)				PAGE 39 OF 39
			(Use separate schedule(s)	FOR LINE NUMBER:
			for each	(check only one)
Excluding Loans	ทเ			X 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
Deluxe Business Checks			Check Prin	ting
Mailing Address P.O. Box 742572				
City	State	Zip Code		
Cincinnati	OH	45274		
Outstanding Balance Beginning This Period 145.00			Transactio	on ID : SD10.4163
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.0		145.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			ebt (Purpose):
Media Well Done			Advertising	
Molling Address				
Mailing Address 96 Jay Street				
City	State	Zip Code 12305		
Schenectady	NY	12305		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4165
338.00				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.0	00	338.00
				7 7 7
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
Mailing Address				
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period	•	•		
	-			
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)			···· • • • • • • • • • • • • • • • • •	483.00
2) TOTALS This Period (last page this line number of	only)		►	483.00
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	nly)	►	0.00
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page or	nly) 🕨	483.00